

FIS Bulletin

From the Editor

Among significant developments since the appearance of the last edition of the Bulletin have been the 'Health of the Irish in Britain' conference at the King's Fund, the report of which we are now preparing for publication, and the development of the project for a London-wide Employment & Training Consortium. The latter, incubated within Job Powerhouse with the support of Irish Centre Housing Ltd, is a project with great potential for the Irish voluntary sector in enhancing the range of services provided to meet the needs of Irish people.

The need for an increase in the Díon allocation has been consistently argued for some years now by FIS in meetings with the Minister for Enterprise and Employment, as well as in visits to Dublin to brief members of the Irish government and opposition on issues of concern. Happily, we can now thank the Irish government for the £100,000 increase in that allocation.

While the announcement of a firm date for the launch of the CRE-sponsored research on the Irish community in Britain is welcome; the reaction of the ONS to the sustained request from very many quarters for an Irish category in the Census has been very disappointing. While it is stated that the issue of an Irish category in Census 2001 is still open, ONS has informed us that an Irish category will not be included in the Census Tests which will take place in a matter of months. It is important that Irish people identify as Irish in the Tests and FIS will advise how this can be done once the form of the Ethnic Group Question becomes clear.

 * The FIS Bulletin is published on behalf
 * of the Community Care Committee of
 * the Federation of Irish Societies. It
 * exists to provide a voice for,
 * communication between, and
 * information to agencies and projects in
 * the Irish voluntary welfare sector in
 * Britain; and also to raise the profile of
 * that sector. Views expressed by
 * individual contributors are not
 * necessarily those of the FIS.
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His Excellency the Irish Ambassador, Edward Barrington, in conversation with Peter Temple-Morris, MP, at the Health Conference jointly organised by the King's Fund and FIS on 14 November 1996. The Conference Report will be published later this year. (Photo: Terry Smith)

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The deadline for submission of material for issue 13 is 20 May.

◆ VOCATIONAL GUIDANCE & TRAINING

Presentation on Consortium to Community Care Committee

At the meeting of FIS's Community Care Committee on 7 December, Seán Hutton of FIS and Catherine O'Hara of Job Powerhouse made a presentation on the proposed Irish Employment and Training Consortium.

Seán Hutton informed affiliates about the background to the consortium. This had originated with Job Powerhouse's vision of a London-wide consortium around vocational guidance and training for employment. He felt that the success of such an initiative would enhance the services offered by Irish agencies in a logical way; and that it would also encourage consideration of wider issues of development. The meetings which had taken place so far had been co-hosted by Job Powerhouse, FÁS and FIS.

Catherine O'Hara gave a presentation on the consortium project, indicating a number of reasons for the initiative:

- * as a response to the poor socio-economic status of a section of the Irish population in Britain, and their social exclusion;
- * to develop further, and in a logical way, the holistic approach of Irish agencies in answer to the needs of Irish service users;
- * to respond to changes in the structure of the labour market, with the growth of skilled jobs, finance, the arts, tourism, etc., and where the service sector had become a much more significant in the economy;
- * to take advantage of new structures of funding which were becoming available and which favoured

consortia and partnership approaches;

- * to break the vicious circle which could arise from 'workfare' policies and the Job Seekers Allowance, through the forcing of people into poorly paid jobs, reinforcing poor socio-economic status.

A consortium would have a number of benefits for agencies:

- * it would enable agencies to work

aim to develop their own vocational guidance in the future, expanding their services and adding to their capacity to combat the social exclusion of their service users;

- * access to funding is often easier within a consortium: 'Integra' funding requires partnerships, and the European Social Fund is going down this road;
- * a consortium minimises competition and unnecessary duplication.

At this meeting, attention was drawn to the work of two other affiliates who, in addition to Job Powerhouse, have a training role: Safe Start and the Luton Day Centre.



Joan Kane, Community Care Officer, FIS, Seán Hutton, Community Care Development Co-ordinator, FIS, Mary Tilki, Chair, Cara Irish Housing Association's Research Committee, and Tom Devine, Advice Worker, Irish in Greenwich Project and Secretary, Community Care Committee, FIS. (Photo: Terry Smith)

together in enhancing their services and it would improve communication between agencies;

- * agencies would bring their knowledge of their clients and their specialisms to the consortium;
- * apart from the economic benefits to agencies, there would be opportunities to access and share expertise and resources;
- * agencies could benefit from access to vocational guidance; or could

Update on Consortium

Since the presentation to the Community Care Committee a number of further developments have taken place. A grant, administered by FIS, was obtained from FÁS to carry out research into the vocational guidance, training and employment needs of the Irish population of London. FÁS has

(Continued col. 3, p. 3.)

◆ VOLUNTEERING

Haringey Volunteers Access Employment

The following statistics and commentary from Haringey Irish Community Care Centre's Volunteering project covering the period September 1994-November 1996 indicate the links between well being and social usefulness. They also indicate the value of volunteering in assisting people back into employment. (The article by Anne-Marie Hannon in *FIS Bulletin* 11 indicated the structured nature of this volunteering scheme.)

Number of Volunteers	57	
Unemployed	48	
Employed	9	
Employed within 3 months of becoming Volunteer	10	17%
Medically unfit for work	11	19%
Now fit for work	3	5%
Volunteers who were unemployed & are now employed	27	47%
Further education	6	10%

Since September 1994, the number of volunteers has fluctuated from the original 32 after the first recruitment drive up to 60 at times. This is due to the continuous movement of volunteers. Volunteers may leave the scheme if they move to full time employment or further education, but new volunteers are constantly joining the scheme. The total at 1 December 1996 is 57.

During the last two years, 48 of the volunteers were unemployed. 11 of these were medically unfit for work for various reasons. Subsequently 5% of these moved into employment in a relatively short period.

On first contact with unemployed volunteers, the loss of confidence and self esteem was very apparent. Whatever voluntary work these people performed had an obvious impact on their confidence. They realised their capabilities and their newly found skills, and they were able to face the world in a much more positive way.

The project gave volunteers a chance to use skills they may not have used for a long period, or not at all. The volunteers gained work experience, which gave them the motivation to find employment or to go into further education.

57% of volunteers are no longer unemployed. 10% have gone into further education.

The change in a volunteer from first contact with the project can be immense. Some have a very low self esteem, think they are unemployable, and have given up trying. Some are suffering from depression. Within a matter of weeks they display a new found confidence and enjoy using their new found skills.

Consortium Update (continued from p 2)

also assisted the consortium in identifying an Irish partner for its INTEGRA bid for funding.

Following Derek Hanway's return to Ireland to take up a position with the Blanchardstown Partnership, two persons have taken over his responsibilities at Job Powerhouse and with the Consortium: Eleanor Jackson, who was previously with NCVO, and Catherine O'Hara.

Following the completion of the report on needs, a further meeting was held with agencies to present the report (with the help of Máire Gaffney, independent consultant and author of the report, and Greg Clarke of Greater London Enterprise) and to decide on further steps. Arising out of this meeting, bids have been prepared by Eleanor Jackson for Dion, Lottery and INTEGRA funding, with Job Powerhouse as the lead partner (or 'incubator' of the project, using Greg Clarke's terminology).

The preparation of bids involved a further meeting, chaired by Margaret Toale of FÁS, with the agencies; and further direct and detailed consultations between Eleanor Jackson and participating agencies.

The innovative nature and the potential of the project are widely recognised and bode well for its prospects.

For further information on the Consortium contact: Eleanor Jackson or Catherine O'Hara, Job Powerhouse, The Irish Centre, 52 Camden Square, London NW1 9XB. Tel/Fax: 0171-916 9191.

The Federation of Irish Societies has identified, in its submission to the Haringey Employment Commission, three broad groups of Irish people who can benefit from vocational guidance and training:

- * unqualified Irish people over 35, likely at present to be unemployed, with a background in poorly paid manual work - with little access to, or expectation of retraining;
- * younger immigrants from 16 to 25 without qualifications;
- * Travellers, whose need for services which are sensitive to their culture are acute.

HIV/AIDS

Post-PIAA Conference

A conference on HIV/AIDS services to Irish people post-PIAA was held at the Irish Centre, Camden Square, London, on 24 October 1996, under the auspices of the Federation of Irish Societies. In June of 1996, Positively Irish Action on Aids (PIAA) was forced to close down due to the withdrawal of its main funding. The aims of the conference were firstly to begin a process of bringing information about HIV and AIDS services for Irish people, since the demise of PIAA, to front-line Irish agencies; and second to identify some issues in order to provide better services.

Seán Hutton, Community Care Development Co-ordinator of the Federation of Irish Societies, opened the conference by explaining the reasons why it was taking place.

Oonagh O'Brien, the former Research and Information Co-ordinator of PIAA, then gave an update on the winding up of PIAA. PIAA had formally closed on 28th June, and was currently in the process of liquidation. She said that although PIAA had gone, the need was still there. PIAA had been told by their health authority funders that the money had been withdrawn from them as an organisation, not from the Irish community as a whole, and so that therefore the money that had previously gone to PIAA would be re-distributed to the Irish community. Part of the arrangements for the post-PIAA landscape was supposed to be the general publication of the *Irish People & HIV/AIDS* directory which the staff at PIAA had written in the last few months of PIAA's existence. However it was not clear to what extent such distribution had taken place. A hardship fund which PIAA had established should still continue, hopefully administered through the

London Lighthouse centre. Some money from fundraising events organised by Amach Linn (Irish lesbians & gay men in London) will go towards this fund. Oonagh concluded by saying how glad she was that a conference such as this was taking place, as it showed the concern Irish agencies had around the issue of provision of HIV and AIDS services for their clients.

The next part of the conference was given over to three speakers from the statutory sector and Irish voluntary sector who were to talk about their own organisations in relation to good practice in the area of HIV and AIDS provision. The texts of the presentations by Donal Brennan, Community Care Development Co-ordinator at the Irish Support and Advice Service, Hammersmith, and Anne, a volunteer with the Irish Support and Advice Service, are given separately. (Pages 5-6)

Barry Butler, a Project Manager from Cara Irish Housing Association, was next to speak. He explained that Cara had a health-related scheme in Kensington. The scheme has twelve places, and when it opened, six of these were for people with HIV/AIDS. Barry was the first support worker there. PIAA made referrals to the project and gave ongoing support, and Barry found them especially good for advocacy and move-on housing (five out of the six original residents with HIV/AIDS were accepted as priority homeless). Now that PIAA is gone there is a big void.

The final speaker was Mike Ward, from L B Hackney Social Services. In Hackney's ethnic monitoring, 9-10% of users of the borough's HIV/AIDS services are Irish. Currently 17 adults, 9 children and 4 families from the Irish community are using the services.

Hackney produces a booklet which tells users what they can expect from these services. Users are given information on what voluntary organisations, health services (e.g., community nurse team), etc., they can access within the borough. People can be given travel passes, meals on wheels, free phone rental, home helps, etc., as required. People suffering from HIV/AIDS-related illnesses are given a care plan which is reviewed constantly as such illnesses tend to be progressive and people's needs therefore constantly change. Confidentiality is ensured for people accessing Hackney's HIV/AIDS services. Public consultations are held every year to ensure that all needs are being met, and there is also a formal complaints system.

After a break, Oonagh O'Brien gave a presentation on the *Irish people and HIV/AIDS* directory which PIAA wrote just before their demise. The directory is particularly aimed at helping individuals to access Irish agencies in Britain and HIV/AIDS services in Ireland. Oonagh highlighted some aspects of the directory of the specific epidemiology of HIV/AIDS among Irish people, and of the specific experience of being Irish and living with HIV/AIDS. Almost half of the HIV/AIDS cases in Ireland are caused by drug use, unlike cases in Britain. Ireland has a conservative/moralistic ethos, and so Irish people with HIV/AIDS in Britain must be made to feel comfortable presenting to agencies. The particular problems of the Irish community in Britain, such as poor housing, high unemployment, rates of long-term limiting illness, etc., exacerbate HIV/AIDS problems. There are also problems with the Irish community accepting gay and lesbian people. The PIAA directory has a list of counsellors sympathetic to those living with HIV/AIDS. The directory also has a list of drug agencies in Dublin. The drug scene in the two countries is very different and users

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INITIATIVE

need reliable information to try to avoid the many dangers. Individuals and agencies can try to get a copy of the directory by writing to their health authority and asking them to obtain a copy from the East London and the City Health Authority, Tredegar House, 97-99 Bow Road, London E3 2AN. (A review of the directory will appear in the next issue of *FIS Bulletin*).

The final session of the conference was given over to three workshops which considered how voluntary agencies and statutory services might offer a safe and culturally sensitive service around HIV/AIDS to Irish people. A number of common points came up:

- * To make a service culturally sensitive, agencies could display newspapers, posters, etc., or have events that would appeal to those affected by HIV/AIDS.
- * Support groups could be set up.
- * Outreach projects could be considered, and networking and training should be prioritised.
- * There could perhaps be user forums of service users initiated.
- * There should definitely be stronger links with health services and prescription services.
- * Getting adequate housing, especially for families, is important.
- * There must be much better communication between Britain and Ireland.
- * Concerns were raised over the perceived lack of sympathy at some Irish centres.
- * There was a suggestion that a forum (perhaps facilitated by FIS) should be formed around issues of HIV/AIDS to share ideas and promote progress.

Seán Hutton closed the conference by thanking all those that had taken part. It was apparent to all that there was a definite 'buzz' about the afternoon, and that the event had been very productive and positive.

- *Report by Tom Devine*

The following contribution by Donal Brennan to the Post-PIAA Conference on 24 October 1996 explains how and why the Irish Support & Advice Service, Hammersmith, established their Irish HIV/AIDS Information Service.

As part of my work with the Irish Community in West London, I became increasingly aware that our services were not being used by Irish people living with HIV/AIDS. We did refer Irish people living with HIV/AIDS to PIAA, however the numbers were small. This fact was reflected in the FIS/AGIY report *Developing A Community Response*, which rightly recognised that appropriate advice and support should be offered to Irish people living with HIV/AIDS. While it stopped short of recommending that Irish agencies themselves develop such services, the report also made clear that services for Irish people living with HIV/AIDS have to take account of the particular epidemiology of HIV/AIDS among Irish people, and of the particular circumstances of Irish people in Britain.

I was concerned that our service should develop strategies to encourage Irish people living with HIV/AIDS to use our agency and to access the existing HIV/AIDS support services. I did not want to replicate the valuable work of PIAA; however, I felt that Irish welfare agencies needed to develop strategies to encourage all Irish people, including gay men and drug users, to use our services - as this clearly was not happening.

I first contacted Mike Doyle, a HIV/AIDS outreach worker who worked with the Drugs and Alcohol Team of Hammersmith and Fulham Social Services Department. As a result of these discussions it was decided that he would establish a weekly HIV/AIDS Information Stall at the Hammersmith and Fulham Irish Centre. I then obtained permission from the Management Committee of the Irish Support and Advice Service and from the Manager of the Hammersmith Irish Centre. After some discussions agreement was reached to run the service on a trial basis for three months. Condoms were to be freely distributed. It was agreed to locate the stall outside the building as more people would use it. The service was monitored for three months and in that time 41 people used the service and 20 of these were Irish.

A report outlining this success together with an outline of the aims and objectives of this service was reported back

to our Management Committee and agreement was reached to continue the service. There were some reservations about giving away condoms on the stall outside the building as this could cause embarrassment to Irish people. However, this issue was discussed and it was agreed to stick with the original plans.

Contact was made with The River House, a local day service for people living with HIV/AIDS and following a visit there, we were introduced to Anne, who agreed to become a Volunteer Worker on our service.

I found organising three monthly review meetings for this service was very useful. Joseph Burke, Director of The River House, Paul Murphy, Director of the Irish Support and Advice Service, John Gordon Smith, Team Manager of the Drugs and Alcohol Team, together with Luke Tierney of PIAA, Anna Canavan, Health Advisor, Charing Cross Hospital, together with myself, Anne and Mike Doyle, attended these.

I certainly felt that this service is just the beginning of work which needs to be done. I do hope that we can submit applications to the Ealing, Hammersmith and Hounslow Health Agency to commission specific services for Irish people living with HIV/AIDS. In early 1996 our agency organised a public Community Care Plan Consultation Meeting for Irish people, and as a result we submitted comments on the local Community Care Plan requesting clear ethnic monitoring of services provided and supporting the work of PIAA who, in the previous nine months, had supported 23 people living in Hammersmith and Fulham. We recently collaborated with the EHHHA on their strategy initiatives on Sexual Health and an HIV Prevention Workers Forum. We have also made links with Gay Men Fighting AIDS and I am delighted that they have established a fortnightly support group for people living in West London which is based in the Hammersmith Irish Centre. We have made links with other organisations in Ireland in Ireland, including Cork AIDS Family Support Group, GayPoz and the Northern Ireland AIDS Helpline.

The closure of PIAA and the lack of specific Irish culturally sensitive services for Irish people has dealt a heavy blow to an already marginalised section of the Irish community in Britain. Culturally sensitive services for Irish people are often the only lifeline which people have, where they feel safe, welcomed and understood. Irish people in Britain continue to face discrimination, racism and disadvantage. The impending report on this by the CRE must be welcomed. Increasing research is throwing

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light on the levels of ill-health amongst the Irish community in Britain. Irish agencies need to do more to respond to the many needs of Irish people living with HIV/AIDS. A lot of work still remains to be done with Irish welfare agencies, statutory and voluntary agencies, and with existing HIV/AIDS services if they are to become welcoming places where Irish people can feel relaxed and made to feel welcome. The specific needs of Irish people are generally not understood by statutory and voluntary organisations and PIAA's closure is evidence of this. Education and training will be vital if perceptions are to change. Often Irish

workers in these agencies are reluctant to raise the needs of Irish people and they need encouragement.

I hope that our experiences in developing this service will give ideas and momentum to other agencies to develop specific services for Irish people. I also hope that several ideas for future support will come out of the Federation of Irish Societies' HIV/AIDS training day.

Donal Brennan is Community Care Development Officer with the Irish Support and Advice Service.

Post-PIAA Update

Following the demise of PIAA a number of aspects of their work are being continued as follows:

Welfare, Care & Support Fund for Irish people affected by HIV/AIDS:

This fund is administered by The London Lighthouse, 111/117 Lancaster Road, London W11 1QT (0171-792 1200). The contact is Nanda Sirker.

Irish People & HIV/AIDS: Advice, Information & Directory of Services:

This handbook, which was prepared by the Staff Team of PIAA, before the organisation's demise, is available from: Mary Rogers, Ealing Hammersmith & Hounslow Health Authority, 1 Armstrong Way, Southall, Middlesex UB2 4SA. Tel: 0181-893 0303. Fax: 0181-893 0398.

Research: HIV Infection and Irish Migration in Britain

is a collaborative research project between AGIY and the Mortimer Market Centre, a clinical and research centre for people living with HIV/AIDS, and is funded by Dion and the London Borough of Brent. The project timetable is from January to December 1997 with a researcher working three days a week. Oonagh O'Brien, ex-research and information co-ordinator with PIAA, is the researcher and is located at the Mortimer Market Centre. PIAA's other research reports can be obtained from: Action Group for Irish Youth, 356 Holloway Road, London N7 6PA (0171-700 8137).

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Support Needs of People Living with HIV

The following contribution was made to the FIS Post-PIAA conference by Anne, a volunteer with the Irish Support and Advice Service in Hammersmith.

I have been living with HIV since 1985, when my husband and I were diagnosed HIV positive. For five years I thought I was infected until I got retested and was diagnosed negative. My husband wasn't as lucky.

Due to a number of reasons we moved to London six years ago, and we found it extremely hard to find support specific to our needs. After about six months we were told about Positively Irish Action on AIDS. Through PIAA we developed a support network that has gone since PIAA closed down.

To maintain confidentiality around HIV my husband and I never use services in our own area. We have had to move twice in the past three years due to my husband's status becoming known in our area and us being shunned by nearly everyone.

I started to do voluntary work through PIAA at River House in Hammersmith, from where I was introduced to the Irish Support and Advice Service. I have worked as a volunteer there for one afternoon a week over the past nine months managing the HIV advice stall, where you can get advice about HIV and AIDS, and free condoms and literature.

For three months during the summer I worked with Mick Doyle from Hammersmith and Fulham Social Services Department on the stall. During that time we saw 58 people of mixed nationalities, from all walks of life. The weather has been good since Mick left, so I am still outside the Centre for the time being. I have been getting a lot of people regularly coming back to the stall.

If there were more stalls in other

Boroughs it would make people more aware of the issues around HIV and AIDS, and there wouldn't be so much ignorance and discrimination which I have witnessed personally.

I don't think I would have a normal life in London, only I have the stall to use as an outlet, since PIAA closed down and my support network disappeared along with it. Maybe some people can't relate to that. But if they were Irish in this country and had to live with HIV without support specific to their needs, they might begin to understand.

We, as Irish people living with HIV and AIDS are being told to use other agencies. I, for one, have already been there, and didn't find the support I need; and I'm not the only one.

I have lost contact with all the other HIV positive Irish people that I knew when PIAA was open.

There is still nobody taking PIAA's place in fulfilling the needs of Irish people living with HIV and AIDS.

Where is all the support that was promised in the standard replies that we all received from PIAA's funders when we protested at PIAA's closure?

Where is all the money for Irish people with AIDS going?

IAN

The development of an Irish Aids Network (IAN) is a project on which Dean Dumoulin is working at the moment. This he sees as having a number of objectives relevant in the post-PIAA situation:

- * the highlighting of the specific needs of Irish HIV positive people to service providers in London;
- * liaison with AIDS organisation in Ireland to improve the quality of information available to people living with HIV/AIDS who contemplate coming to Britain;
- * the provision of information and a more general social network for Irish people with HIV and AIDS.

Dean can be contacted on: 0171-607 9667.

◆ **MENTAL HEALTH****Sharing Good Practice in Health Promotion**

Sharing Good Practice in Mental Health Promotion with Black and Ethnic Minority Communities: the Irish Community - A presentation by Mary Tilki to the Health Education Authority World Mental Health Day Consultation Group November 1st 1996.

Difficulties in the area of mental health are common to all ethnic communities but each group will experience or express them in a different way. Like other minority ethnic groups the Irish fail to access services or do not continue to use them because of their inappropriateness, insensitivity, and the hostility they experience. It is easy to forget that people with fair skin and who speak English have cultural needs different to the British. Language is not as great a problem as it is for other groups, but, like the English which is spoken by people from the West Indies, it is not unproblematic. Racism is common but it is frequently recognised only in relation to black communities. Anti-Irish feelings and more overt anti-Irish racism is common, but is not always recognised and rarely challenged. It is not surprising that Irish people, in common with others, lack confidence in their own identity and origin and tend to keep a low profile and avoid making a fuss. It is commonly assumed that the stigma of mental illness prevents Irish people from seeking help for mental illness but there is no evidence to say that this is particularly different to any other group. As in other communities and in the indigenous population mental health illness in Irish people is stigmatised and is a taboo subject.

People from minority ethnic groups are subject to stereotyping and the stereotype of the drunken, stupid Irish person impacts on the care they

receive. Irish people more likely to be diagnosed as having alcoholic problems and other mental disorders are not recognised. Even when other disorders are diagnosed alcoholism is frequently recorded as a secondary diagnosis. Research is needed but there is a suggestion that Irish people like those from other minority ethnic groups are more likely to be cared for in detention, and possibly more frequently under section. It is probable that they too are treated with drugs rather than psychological therapy.

The tendency to stereotype neglects the wider social disadvantage that Irish people share with other ethnic groups and, consequently, treatment fails to take account of the reality of life for the individual. Irish people tend to be concentrated in the lowest paid jobs and poor housing and, as such, are predisposed to stresses which contribute to their illness and impact on the speed of recovery. It is frequently assumed (as it is with the Asian and Caribbean communities) that Irish people have large supportive families and thus are not offered community care. Like all other groups, there are a combination of social and cultural needs which interact with each other to increase the propensity to mental illness and to compound the experience for the individual and the family. As with other immigrant groups there is a great expectation by the individual, as well as the family at home, that one will do well. In addition to the social disadvantage and discrimination this can contribute to mental and physical illness.

Although Irish people share many of the problems that other minority ethnic groups experience there are a number of particular issues to be considered which relate more specifically to Irish people with mental illness. There is a high incidence of poor health, long

term disability and social disadvantage in the Irish community. Each aspect in itself can contribute to mental illness but the augmenting effect of each on the other is a recipe for disaster.

There is a tendency to assume that 'culture' is a concept which relates only to 'exotic' groups rather than to every member of society. Culture goes beyond music, art and literature and is concerned with values, beliefs and ideas. There is little clarity about what the values, beliefs and cultural norms of Irish culture are, but it is clear that there are similarities with other cultures as well as specific differences. The differences occur within the Irish themselves and are shaped by age, place of birth, religion, class and education. However many Irish people lack confidence about their cultural identity and have difficulty with being Irish on the one hand and living in England on the other. A positive cultural identity can enhance self-esteem and can resist mental ill-health. A positive Irishness may be difficult but can be crucial to those who are marginalised and can be fostered by confident role models and an organised community which values, supports and empowers its members.

Irish culture, especially for the older generation and particularly men, tends to be a macho culture with a reluctance to express feelings, fears and anxieties. This happens in major life stresses and, perhaps more importantly, over every day life events. There appears to be a tendency to absorb guilt and blame oneself, and to avoid sharing feelings because of the belief that the individual is responsible for his own problems. This may lead to deteriorating health or self medication with alcohol which can compound the problem and contribute in no small way to misdiagnosis. The reluctance to access health/welfare may arise from internalising the blame and guilt as well as fear of reproach by health professionals. For Irish people it is not unrelated to other aspects of their mistrust of authority and their

dislike of bureaucracy. These feelings are compounded by the experience of harassment and the draconian effects of the Prevention of Terrorism Act whereby survival for some groups is related to invisibility.

Irish people are invariably seen as Catholics and, as such, guilt ridden and inhibited. There is a tendency to blame mental illness on guilt resulting from oppressive Catholicism and, not infrequently, social and emotional factors are neglected. Irish professionals may well project their own experience and discomfort with religion on clients and fail to look beyond psychodynamic explanations of mental ill-health. There is need for a recognition that traditional societies are generally oppressive and oppression is not just related to religion. Whilst not denying the oppressive nature of Irish society, and the oppressive Catholicism and Protestantism experienced by some, the evidence of the relationship between religious beliefs and better health is worth consideration. For many Irish people, especially women and older people, faith and prayer are important and therapeutic, complementing, or in some cases replacing, other therapeutic measures.

It is important to remember that although Irish people speak the same language, English is used in a different way. Expressions vary and meanings are often misconstrued and people are ridiculed for colloquialism and accent. Because Irish people do not speak 'standard' English they are often presumed to be stupid. For many Irish people there is a fear of 'formal' language and they are reluctant to open up to non-Irish professionals. They feel more comfortable with those who speak the same language both literally and metaphorically. Culturally specific counselling and therapeutic services can be best delivered by Irish people who are attuned to the specific needs of the Irish community. Uptake is likely to increase and assessments, therapeutic interventions and health

care activities have the potential to be more effective if conducted by Irish professionals who are aware of the uses and meanings of language and can communicate with the client at a different level. Early intervention is likely to reduce the distress of hospital admission and the impact of mental illness on the individual.

It is clear that alcohol problems are related to transient housing, insecure employment and income, social and relationship problems. However, without wishing to perpetuate the stereotype, the social role of alcohol for Irish people must be considered if victim blaming is to be avoided and if health promotion and health advice is to be effective. The pub or the Irish centre is still the place to find work and accommodation for single Irish men. Living in lodgings is not conducive to meeting friends or leading a 'normal' home life and the pub provides opportunities to keep in touch with culture, music, friends and to be protected from the hostility experienced in the outside world. This makes recovery from alcohol problems more difficult since the culture of heavy alcohol consumption in some groups poses additional pressure for those who wish to stop drinking. There is also a crying need to support those whose accommodation, work or relationship problems force them to return to alcohol.

The social acceptance of alcohol in the Irish community is a factor which needs further exploration. There is still a high tolerance of overuse of alcohol especially in men. It can be either denied as being a "wee bit fond of the drink" or accepted as "a decent man's problem". This means it may create many social and health problems before any help is sought - if it is sought at all. For those who want to stop drinking there is little social pressure to stop and probably even pressure to continue. Although a significant proportion of Irish people are total abstainers the level of

acceptance of alcohol misuse in the community in general is a barrier to a change.

There is a strong belief that the large family is a source of social support in West Indian, Asian groups and also in the Irish community. Although this assumption is problematic for all groups, it is distinctly inappropriate in the case of the Irish. The pattern of migration for Irish people differs greatly from other groups in that for most Irish people migration was as young single people. Low pay, sporadic employment and work in construction industry meant great mobility for men and significant numbers never set down roots. The pattern was similar for women, and both are statistically more likely to be unmarried in old age. Being a relatively older population, widowhood is common and older women and men are likely to be isolated and alone. Contrary to common assumptions there is high incidence of divorce, greater than the host population or other groups. The number of women caring for families alone has the capacity to increase the possibility of mental illness as well as having implications for social support for those who are affected by age or illness.

It is crucial that professionals and policy makers recognise the Irish as a distinct cultural community. Awareness needs to be raised about the discrimination and disadvantage experienced by Irish people and this awareness raising must be targeted at the Irish community as well as the general public and policy makers. Providers of health promotion services will need to be sensitive and creative around the naming of services. Service names which suggest mental illness, psychiatry or psychology may be a barrier to uptake. Outreach work is needed to reach marginalised Irish people and the provision of health promotion or counselling services within Irish centres or residential settings may

increase uptake. Health promotion must recognise the social context within which Irish people live and take account of this in promotional materials and information services. Health promotion activities should take a whole community approach and take measures to alter social attitudes and behaviours.

The relationship between mental health and employment is an important one and employers might well consider positive action, job creation or sponsorship to improve opportunities for self respect and fulfillment. Training programmes which skill people for the job market, can provide Irish agencies with a volunteer work force and give something back to the volunteer. There is a need to support these who have suffered mental illness and encourage their return to the job market. A whole change in attitude however desirable is unlikely, but small support networks and opportunities to socialise and chat about problems are needed as well as employers who are willing to give those who have mental health problems the opportunity to recover their self-esteem.

There is an urgent need for every member of society to challenge racism

in all its forms and to recognise and value diversity. Low self esteem and problems with identity can only be redressed in a society which sees diversity as enrichment and allows scope for a variety of cultural expressions. Irish professionals and celebrities could go a long way to challenging stereotypes and helping raise understanding of cultural nuances and conventions, as well as articulating the needs of their own community.

The Irish community must be enabled to adopt a more open expression of everyday problems and stresses. Those working with the Irish community must provide an environment where it is safe to express fears and anxieties. They must not limit activity to clients but must take a wider community role which fosters compassion, encourages expression, and recognises the challenges that people face or have overcome in a non-judgmental way. Good practice in mental health is rooted in a whole community approach and is the responsibility of every Irish person, not just the professionals.

Mary Tilki is chair of Cara Irish Housing Association's Research Subcommittee and lectures in the School of Multi-Professional Health Care, Middlesex University.

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COMMUNITY CARE COMMITTEE, FEDERATION OF IRISH SOCIETIES

Meeting at Irish Embassy, London, 7 December 1996



Collette Gamble (Cricklewood Homeless Concern), Mary Healy, Safe Start Foundation), Sean McFadden (Cricklewood Homeless Concern), and Pat Prendergast and Rita Andrews (Southwark Irish Pensioners Project). (Photo: Terry Smith)



Jerry Kivlehan (London Irish Centre), Bernie McGee (Haringey Irish Community Care Centre Ltd) and Vivien Harvey (London Irish Centre). (Photo: Terry Smith)

REVIEW

Elderly Return Emigration from Britain to Ireland: a preliminary study, National Council for the Elderly, 1996, £5

This timely report is published by the Council for the Elderly who, in 1994, commissioned the Institute of Irish Studies at the University of Liverpool to undertake research and prepare a preliminary report for the Council, exploring the recent scale of, and background to, return emigration to the Republic of Ireland amongst elderly Irish born people living in Britain.

The research report was prepared by Dr Elizabeth Malcolm and it aimed to develop recommendations for policy and practice in the areas of health care, social security, housing and social services to meet the needs of elderly migrants returning from Britain. However, in the report, Dr Malcolm acknowledges the lack of precise statistics and detailed studies of the experiences of older Irish people who have returned to Ireland. This factor leads the report to analyse and describe influencing factors for returning elders and makes tentative conclusions on the extent and nature of returned migration.

In the 1991 Census, 27% of the Irish community in Britain who were born in the Republic of Ireland were of pensionable age compared to 11.4% in the Republic of Ireland. The report highlights the fact that return migration of elders will continue, that the majority will come from Britain and that they are likely to face specific problems once they go back home. These factors together with the high levels of ill-health among the Irish community in Britain will clearly have implications in relation to demands for health, housing and social services provision in Ireland.

The National Council for the Elderly add their own comments and recommendations to the report. However, despite Dr Malcolm's clear recommendations for further detailed research, they appear reluctant to accept the significance of this issue. While they recognise that no substantial survey has been undertaken of the characteristics of older Irish return migrants, several assumptions are made which cannot be verified by this report. These include the views that returning numbers of older people will not alter to the year 2011, that the wealthier section of older Irish people are more likely to return and that many older Irish people regret their decision to return.

It is unfortunate that the National Council for the Elderly do not commit themselves to any further action to assist

older Irish people who wish to return home. Instead, literature on returning home is called for which should be targeted at older Irish people in Britain. However, it is not made clear as to who should produce and distribute this. Agencies in Ireland and Britain are also requested to designate a specific officer to deal with the issues of returning home.

The Council for the Elderly also appear not to fully appreciate the reasons for the high levels of ill-health of Irish people, including second generation, in Britain. While recognising that significant sections of Irish "born" in Britain seem to have a poor economic and health-related quality of life it is suggested that, in the areas of health and housing, this is linked to the economic dislocation experienced by first generation migrants. The term "economic dislocation" is surely too narrow to address factors such as racism, discrimination and low-paid, insecure jobs, which a large percentage of older Irish people faced when coming to Britain.

Despite commissioning this report, the lukewarm response from the National Council for the Elderly could indicate an unwillingness to take the issue seriously, given the fears of encouraging larger numbers of vulnerable older Irish people to return home. It could be interpreted as a lack of priority for the concern for the needs of emigrants. The recent heated national debate on emigrant voting rights in Ireland is an indicator of this.

In this report there are useful chapters on Return and Elderly Migration Research, Movement Between Ireland and Britain, Demographic and Socio-Economic Characteristics of Returning Elders from Britain to Ireland. The chapter on Pension, Welfare Entitlements and Advice in Britain and Ireland is of particular interest. Important issues need to be borne in mind for older Irish people who wish to return to Ireland and who are in receipt of state pensions. These include the possible delay in paying their pension in Ireland (pensions will only be paid every four to thirteen weeks), and possible lower value in their pension, with the rate of exchange and higher tax levels on pensions received in Ireland. However, older Irish people will be entitled to free travel at the age of 66 and other benefits. They will also automatically be entitled to a medical card if they are not in

receipt of any Irish welfare payments otherwise they will be means tested.

Historically, a majority of older Irish people had to leave Ireland to escape poverty and unemployment. Many regularly sent money home to their families, who greatly welcomed this support. If they now choose to return home surely they are entitled to proper advice and support around this important decision. Irish older people in Britain have had to endure many stresses and strains as a result of emigrating to Britain. Many are suffering poor ill-health and are living in poor housing while facing lonely, impoverished lives in British inner cities. The serious decline in the British welfare state and rises in poverty and crime will continue to add to their impoverishment. If increasing numbers do choose to return home how are they going to be supported? Should Irish welfare agencies in Britain support legal challenges which would enable care managed clients to receive nursing and residential care in Ireland?

The lack of concern and priority for the welfare of older Irish people in Britain is a serious issue. Their specific needs surely need to be researched and addressed by both statutory and Irish welfare agencies. Why has the Council for the Elderly not requested the Irish government to develop a Repatriation Programme to help older Irish people go home? This programme could also aim to educate people living in Ireland around the needs of returning migrants. If they do choose to return, why can't Irish agencies develop strategies to help returning older Irish people deal with the stresses of this change?

This report is a welcome addition to the limited knowledge of older Irish people in Britain and will be of great benefit to welfare agencies who are advising older Irish people on the issues with regard to returning to the Republic of Ireland. It has highlighted an area which for too long has been neglected by statutory and voluntary agencies in Ireland and Britain and by academic researchers.

- Donal Brennan

In addition to the useful article 'Irish Missed: Should Irish people in Britain be regarded by providers of services as a separate ethnic group?' in *Community Care*, 16-22 January 1997, *Nursing Times*, 12-18 March 1997, has featured Irish nurses in a number of contributions under the general title 'Have you heard the one about the Irish nurse? It's no joke', with contributions from Janet Snell, Brian Dolan and Ethel Corduff.

REVIEW

A Guide to London for Young Irish People, Action Group for Irish Youth, London, 1996, pp. 228.

The Action Group for Irish Youth have published a new version of their book *A Guide to London for Young Irish People*.

This new edition has a handy ring binder and is very user-friendly. There are attractive graphics; the book looks good and even feels good to touch. There is a useful fold-out section at the end which has a tube map (to help ease the confusion the underground system seems to give all new arrivals in London!), an index, and a quick reference list of the different Irish welfare agencies in London.

The guide is based on the previous one, which is now some years out of date, and has now been restructured and enlarged - in addition, as indicated above, to being redesigned.

There is a new, separate section on alcohol and drugs, which previously had been part of

the 'Staying Healthy' section. The order of the chapters has been changed slightly since the previous edition - and for the better. As a result, the order makes more sense now and the chapters flow more naturally.

The book is especially useful in the first four chapters, which deal with pre-emigration advice and the practicalities of actually coming to London. Young Irish people not knowing these things make up a significant proportion of the work of front-line agencies, and it is important that good advice to them is put down in black and white.

The guide then goes through every aspect of life in London in logical order. First there is welfare and housing, then health, then rights. There are separate sections for women, young mothers, gay men and lesbians, travellers and the disabled. It is especially good that it highlights these sometimes overlooked categories of Irish young people -

because these are the people who may be put off personally accessing services, for various reasons, and who could use a guide like this at home.

There is a comprehensive listing of Irish advice centres, mainstream advice centres, Citizens' Advice Bureaux, and Law Centres. The book is very good on housing rights, rights in relation to benefits claims, and rights under the PTA.

Overall the Guide has three main strengths: its accessibility, its comprehensiveness, and the practical, 'nitty gritty' information it gives.

The AGIY Guide to London for Young Irish People is indispensable. Hopefully it will be widely available in Ireland, because young Irish people should not be allowed to emigrate without having read it first. A lot of hard work has obviously gone into it and Brian McCarthy and Dónal Mac Kinney of AGIY should be congratulated on a fine piece of work.

- Tom Devine

A Guide to London for Young Irish People is available to agencies at the price of 50p per copy (to cover p & p) from: Action Group for Irish Youth, 356 Holloway Road, London N7 6PA (Tel: 0171 700 8137).

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- * The average length of time that Irish tenants have lived in the House is over eight years....
 - * 56% of the Irish tenants left Ireland to look for work
 - * 38% have aspirations to return to Ireland to live
 - * 38% have no connection with family
 - * Average length of time spent in England is approximately thirty years
 - * Half of the Irish tenants have experienced discrimination because of their nationality
 - * More than half (60.5%) want their remains buried in Ireland.
- The report suggests that the Irish tenants in Arlington House are a specific group, with their own particular problems and care needs. Their disparity from other ethnic groups, it suggests, is best illustrated by statistics noting their age and length of time in the hostel:
- * The Irish are nearly nine years (8.71) older, on average, than the other tenants.
 - * The average Irish tenant has spent nearly twice as long in the hostel as tenants from other ethnic groups.

The report looks in detail at health, housing and employment issues affecting the Irish tenants, as well as aspects of their relationship to Ireland.

Copies of this report, which cost £3, can be obtained from Bridge Housing Association, Bridge House, 233-234 Blackfriars Road, London SE1 8NW. Tel: 0171-928 9966. Fax: 0171-928 6333.

REPORT SUMMARY

One Better Day: A Profile of the Irish Tenants of Arlington House, Bridge Housing Association, 1997, pp 36.

Summary: To discover why the Irish should form such a large proportion of the population of Britain's largest hostel for homeless men, Arlington House, in London's Camden Town, an extensive research project was set up, with the full backing and co-operation of the Irish tenants Association, and Bridge Housing Association. More than 30% of the Irish tenants in the House took part in a major survey, while many others were involved in both personal interviews and discussion groups focused on various issues.

Analysis of the data collected from the survey has highlighted the extent to which the Irish in Arlington House have become a community of long-stay tenants, many of whom now have little or no contact with Ireland or family members. These tenants are mainly older men, who have been in the country for some considerable time, often longer than thirty years: a large proportion suffer from long-term illness; and

all are on some form of benefit or other.

Main Findings: Although the Irish are over-represented in hostels for the homeless throughout Britain, in Arlington House the figures are particularly stark:

- * The Irish-born comprise 158 (41.36%) out of a total of 382 tenants, almost as numerous as the UK/European tenants who number 167 (43.72%).
- * Compared to the Irish, other migrant groups are only represented in small numbers.
- * The proportion of the Irish in the hostel is much higher than in the local area: in the London Borough of Camden the Irish comprise 7.87% of the population.
- * 84% of the Irish tenants are over forty years old
- * Over two-thirds originate in rural areas
- * Many of the Irish tenants have health related problems
 - * 40% suffer from long-term illness
 - * Over a third are currently on medication
 - * 64% are drinking at levels deemed harmful by the Health Education Authority
 - * Over half stated that their health has been affected by alcohol
- * The unemployment rate among the Irish tenants is 98%

◆ **COMMUNITY FORUM****Tionól na nÉireannach
Birmingham**

The following article by Pat McAllister is based on a presentation made to the FIS Community Care Committee at its meeting in Birmingham in September 1996, by Pat and by Gobnait Ní Chrualaóí, Community Development Officer with the Forum. It concerns the structure and exemplary work of the Birmingham Irish Community Forum, which already has an impressive track record of achievement to its credit.

The fourth AGM of Tionól na n-Éireannach was held on 23 January 1997 at the Irish Centre in Digbeth. It gave the Irish Community in Birmingham an opportunity to look back at the work and progress of the last four years.

The Community Development worker,

Gobnait Ní Chrualaóí, along with the various committees have followed a strategic model of Community Development which has opened up a new way forward for Irish people in Birmingham.

The Tionól is an umbrella group for Irish organisations in the city. It comprises the dancing schools, county associations, GAA, Conradh na Gaeilge, Comhaltas Ceoltóirí Éireann, the Irish Information and Welfare Centre, The Irish Centre, and many more. An Irish Youth Group has also been established.

Representatives from these organisations are elected to the Executive Committee which has overseen the work of the last twelve months. Sub-committees have also been set up in the form of task groups each focusing on different areas of need within the Community.

SUB-COMMITTEES**Health & Social Services**

- 1 Alcohol Project - £50,000
- 2 Mental Health Project ?
- 3 Irish Elders - £20,000
- 4 Irish Welfare Drop-In Centre £30,000
- 5 Research: Health & Social Care Needs of Older Irish Men £8250

Education

- 1 Irish Studies
- 2 Cultural dimension for schools curriculum

Employment & Training

- 1 Employment Resource Centre £70,000
- 2 Research report on the economic needs of the Irish Community in Birmingham

Parade

- 1 Re-launch of St Patrick's Day Parade

Housing

- 1 Housing project (21-22 flats) for single older Irish Elders £378,000

Funding/Publicity

- 1 Funding for Tionól infrastructure

AGM/Civic Reception

- 1 Organise the AGM
- 2 Organise Annual Civic Reception at the Council House for 17/03 each year

In 1993 very little statistical information was available about the true circumstances of the Irish Community in Birmingham. This was due to the lack of recognition of the Community as a distinct minority, the lack of consistent monitoring and the silencing effect which the Birmingham pub bombings has on the whole Community.

The role of the Tionól was therefore * to be used as a **Consultative** body for Birmingham Council and other organisations;

* to provide a **link** between the community and the City Council and other agencies;

* to **network** and develop contacts with Irish community organisations, Irish individuals and those who work with Irish people;

* to **identify what the main issues/needs** of Irish men and women are within the community in Birmingham;

* to **facilitate** the establishment of projects and initiatives which address the specific needs of the Irish community in Birmingham;

- * to access **funding** to ensure existing Irish projects are maintained and new projects can be established;
- * to commission **research**;
- * to **lobby and campaign** for the rights of Irish people.

To date considerable progress has been made by the Tionól, as indicated in the table of achievements opposite.

The success of the AGM, with Cllr Theresa Stewart, Leader of Birmingham City Council, and Fr Paul Byrne, Director of the Irish Episcopal Commission on Emigration, as guest speakers, reflects what has been achieved and a vision that will continue to develop for the whole of the Irish community.

Pat McAllister is Secretary of the Birmingham Irish Community Forum.

**TIONÓL NA n-ÉIREANNACH, BIRMINGHAM
ACHIEVEMENTS TO DATE**

June 1993	Forum founded
March 1994	Civic reception to celebrate St Patrick's Day
April 1994	Community Development Officer appointed. She established six subcommittees including Housing, Health & Social Services, Employment & Training, Parade, Education and Public Relations. A Youth Group was also set up. These are all made up of members of the local community and giving of their voluntary time.
Jan 1995	£372,000 secured for Family Housing Association to build an Irish Elders Project.
March 1995	Civic reception to celebrate St Patrick's Day.
April 1995	£40,000 of City Council money secured for the Irish Welfare Centre.
Nov 1995	£7000 from Irish government for researching the needs of older Irish men.
March 1996	Civic reception to mark St Patrick's Day. St Patrick's Day parade re-launched after 22 years. First Irish President ever to officially visit Birmingham.
April 1996	£100,000 secured from Social Services for Irish Elders and Irish Alcohol projects.
July 1996	Research into economic needs of the Irish community completed.

COMMUNITY CARE COMMITTEE, FEDERATION OF IRISH SOCIETIES

Meeting at Irish Embassy, London, 7 December 1996



Kiron Drennan & Mary McSweeney (Bristol Irish Society), Leo Stenson & Pauline Roche (ICARG, Coventry), Malcolm McDonald (Bristol Irish Society), Antoinette McGrath (Luton Day Centre for the Homeless), Katherine McLoughlin & Elizabeth Cahill (Manchester Irish Community Care), Teresa Moore & Frank Ryan (Irish Welfare & Information Centre, Birmingham), Mavis O'Connor (Irish Community Care, Merseyside), Leo Sheedy (Chair, Irish government's Dion Committee).
(Photo: Terry Smith)

◆ AGENCY PROFILE

Ealing Travellers Project

Michael Pitchford, Co-ordinator of Ealing Travellers Project, has provided this agency profile.

The Ealing Travellers Project is a voluntary group of Irish Travellers and committed individuals, working together to tackle the difficulties experienced by the Travelling community. The Project originated in late 1992 and since this time has provided a range of innovative and effective self-help schemes.

The success of the Project has been due in large part to the adoption of a community development strategy in which emphasis is placed upon the empowerment of the Travelling community. Travellers input at all levels and have developed a sense of ownership of the project.

Whilst initially based upon the official Ealing caravan site in Bashley Road, Park Royal, the Project has begun to work with housed Travellers elsewhere in Ealing and has also started work in Hammersmith.

Project activities and schemes are aimed at addressing the severe difficulties faced by the Travelling community, including social exclusion and isolation, deprivation, racism and discrimination, refusal to recognise Travellers and Traveller culture and a chronic lack of appropriately provided services. For the majority of Travellers the problem is multi-dimensional and thus requires a strategy which addresses the whole array of difficulties experienced by the Travelling community.

Our work began with the development of on-site early years education provision provided by trained Traveller women. Last year the early years project on the Bashley Road site worked with 59 children providing culturally appropriate activities, designed to enhance the development of the young Traveller children. Feedback from the education department, which has applauded the work of the Project, has highlighted

improved attendance and attainment levels as a result of the scheme. A similar service is currently being developed with housed Traveller women in the West of Ealing.

Other work with children consists of play-schemes and a recently piloted after-school project, both of which are provided in conjunction with Traveller women and have proved extremely popular amongst the community.

The Project has almost completed the pilot year of a Traveller youth programme, providing youth work and vocational training to Travellers in Ealing. Basic literacy skills combined with taster sessions and courses in a range of areas (computing, woodwork, dress-making, beauty therapy and hairdressing) have been provided to young Travellers from the boroughs of Ealing, Brent, Hammersmith and Kensington & Chelsea.

From January 1997 the valuable work that has taken place to date within the Traveller Youth Programme will be developed and extended within a two year project funded by the Lottery. The Project aims to provide further training opportunities and qualifications to young Travellers in Ealing and Hammersmith combined with opportunities for social and personal development.

Work with adult Travellers takes the form of training for Traveller women, adult literacy, on-site primary health care and liaison with the local authority concerning the welfare of the Travelling population.

Training for Traveller women has consisted of NVQ early years management training; training for women working with children in after-school clubs which is to be extended in January 1997 in conjunction with Thames Valley University; introductory empowerment training

which will be extended through funding from Ealing Council and provided by an outside training consultant.

Our adult literacy scheme is a new venture staffed voluntarily by a local adult literacy tutor who is currently running successful one-one sessions on the Bashley Road site. We are currently looking to expand this scheme to include Travellers from elsewhere in West London.

Health work consists of a weekly on-site primary health care session provided by a local GP. We liaised with the Health Authority to provide such a service which has proved of great value and is extremely well attended. A health and social care empowerment training programme for Traveller women commencing in April 1997 will develop an awareness of health issues for Travellers within their own community as well as amongst the wider community.

In addition, the Project assists Traveller families facing eviction, many of whom do not have access to the basic necessities of life. We work to ensure the provision of education and health care as well as basic necessities such as water and sanitation.

The Project places a great emphasis upon working with others and members are increasingly working on a number of different levels ranging from the local to European networks. We aim to further develop links with Irish agencies and to encourage them to take on board the issue of Travellers in their planning and delivery of services.

The Project has achieved a great deal to date. However, the challenges ahead remain enormous and we shall continue to develop our work over the coming years in order to realise long-term change in the situation of the Travelling community.

Michael Pitchford and the Ealing Travellers Project can be contacted at Palingswick House, 241 King Street, London W6 9LP. Tel: 0181-741 9094.

WHAT IS THE FEDERATION OF IRISH SOCIETIES?

The Federation of Irish Societies (FIS) is an umbrella organisation established in 1973 to draw together Irish clubs and societies in Britain. It promotes the interests of Irish people through community care, education, culture and arts, youth and sports activities and information provision. The FIS is non-politically aligned and non-sectarian. It has some 100 affiliates throughout Britain.

Among the aims of the FIS is to provide access to the Irish community for members and non-members alike. This valuable service is available to, and helps people across a range of social, commercial, welfare, media, and cultural needs.

As part of its commitment to representing the interests of the Irish community in Britain the FIS has regular meetings with representatives of the governments and political parties in Britain and Ireland, as well as with statutory and voluntary bodies in both states in these islands. It campaigns for consistent ethnic monitoring with an Irish category by local authorities and service providers, and for an Irish category in the ethnic question in the 2001 census, in order that information will be available to support service development and to ensure that the needs of Irish people in Britain are met on an equitable basis.

The FIS is a member of the National Council for Voluntary Organisations and of the London Voluntary Service Council. It is also a member of the Irish Housing Forum. FIS is an Affiliated Member of the Office for National Statistics' 2001 Census Working Subgroup on the Ethnic Group Question.

COMMUNITY CARE

Irish welfare agencies and projects affiliated to the FIS are represented on the Community Care Committee. It acts as a forum where these organisations can discuss matters of common concern and develop policies. These organisations also make their contribution to the development of FIS policy at National Meetings and Annual Conference. The current Chair of the Community Care Committee, and Community Care Officer of the FIS, is Joan Kane, Centre Manager of Haringey Irish Community Care Centre Ltd. It's current Secretary is Tom Devine, Advice Worker with the Irish in Greenwich Project and Lewisham Irish Centre.

FIS affiliates provide advice, housing and training, as well as a wide range of support to particular sections of the Irish community - including young migrants, women and elders - via specific projects.

Through its Community Care Committee and its Community Care Development Co-ordinator, the FIS aims to co-ordinate the work of front-line Irish agencies within the voluntary sector in Britain, to assist them in enhancing the quality of their services, and to raise awareness of the needs of the Irish community throughout the British statutory and voluntary sectors.

Through the Co-ordinator, the FIS provides training for the Irish voluntary sector focusing particularly on the development and information needs of the Irish front-line agencies. Issues

addressed to date have included: 'community care' and service contracts, the SRB, volunteer support programmes, and the needs of managing committees. Regular bulletins of funding and development information are also distributed to affiliates.

The FIS is also engaged in an important collaborative project with the Action Group for Irish Youth and Irish front line agencies: the development, management & promotion of a Standardised Information Database to assist the work of the Irish voluntary welfare sector in Britain.

FIS PUBLICATIONS

Index of Member Organisations. Free, SAE.

FIS Directory of Membership Organisations. £15 (voluntary organisations); £40 (statutory and commercial organisations).

Larry Harrison and Roy Carr-Hill, *Alcohol and Disadvantage amongst the Irish in England.* £4.95 + 80p p&p.

Seán Hutton, *Report on the Needs of Irish Agencies: to assist Development.* £4.95 + £1 p&p.

Ute Kowarzik, *Developing a Community Response: the Service Needs of the Irish Community in Britain.* (A joint publication with AGIY.) £4.95 + £1 p p&p.

The Irish Community: Discrimination and The Criminal Justice System (A collaborative publication with the AGIY, The Bourne Trust, ICPO and NAPO.) £1 p&p.

CONTACTS

On issues concerning the Community Care role of the FIS please contact: Seán Hutton, Community Care Development Co-ordinator, Federation of Irish Societies, The Irish Centre, 52 Camden Square, London NW1 9XB. Telephone: 0171-916 2733. Fax: 0171-916 2753.

On general issues concerning the FIS please contact: Mark Kelly, Administrator/Co-ordinator, Federation of Irish Societies, The Irish Centre, 52 Camden Square, London NW1 9XB. Telephone: 0171-916 2725. Fax: 0171-916 2753.

This post is supported by Bank of Ireland.

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