

FIS Bulletin

From the Editor

Thanks are extended once again to all contributors, and to Pat O'Keeffe for assistance with inputting of text. We are pleased to be able to notice in this issue a new publication, edited by Dr David Kelleher and Professor Sheila Hillier, *Researching Cultural Differences in Health*, which integrates an Irish aspect into the treatment of the subject and which contains much, in its discussion of other ethnic communities, which will be of interest to those working with the Irish community. We are also pleased to publish an article on the important subject of volunteering - by Anne-Marie Hannon, who developed the excellent programme of Haringey Irish Community Centre - and also a profile of Emigrant Advice, Dublin. We plan to alternate profiles of British and Irish based agencies as part of our commitment to encouraging networking between agencies on both sides of the Irish Sea.

Readers will note an update in this issue on the preparations for Census 2001. The best data we have - which is not good enough - indicates worrying issues around, for example, health and housing. We need better data in order to gain a fuller understanding of the Irish community in Britain; and such data is needed for the planning of social services, housing, health care and many other support services. The organised Irish community in Britain overwhelmingly supports an Irish category in Census 2001; and it is to be hoped that the Office of Population Studies will decide on 24 October to include an Irish category in the Census Test to take place next year.

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Notice of events, etc.: 2, 3, 5, 8, 9, 13.

 ★ 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. ★

The deadline for submission of material for issue 12 is 9 December.

◆ COMMUNITY CARE

The Rough Guide to Community Care

Máire Gaffney, an independent researcher currently working with Cara Irish Housing Association, has provided the following evaluation of, and guide to, the complex and developing mechanism of Community Care based on the London experience. As can be seen from her article, there are considerable variations, within a common structural spine, from local authority to local authority. It will be clear also that to operate effectively within a local authority, agencies must be clear on the general structure, plus local variations; and they also need to identify the key players at officer level and have some understanding of their attitudes and the weight they carry within the system: There are a number of levels to the operation of community care in London. Each level can have different structures from council to council, each level can have different relationships, and have differing amounts of influence on the final result.

The first level is the **consultation** element. Councils use a mixture of community advisory groups, public meetings and seminars to carry out the requirement to consult the community. These meetings are open, and the councils do include their comments in the final plan. However, it is a long step from consultation to carrying out the varied wishes identified at this level.

At the second level are **joint planning groups**, which are supposed to liaise between social services and other council departments and to include bodies such as the Health Boards, the police and the voluntary sector. There is a lot of scope for variation in these structures. There is also a lot of scope for talking shops. The problem here is that different departments and different bodies have very different remits and cultures. This makes it difficult to achieve concrete results. At this level there is an opportunity for voluntary bodies to become involved systematically, however it is a long haul.

The third level consists of the **officers** who are responsible for drawing up the community care plans and the commissioning officers. These may or may not be integrated. The influence they have in the councils they serve depends greatly on the individual concerned and on the internal politics of their departments. These officers attend the joint planning groups and are responsible for filtering the work of the planning groups and the community consultations into the council structure and into the final community care plan. These officers may or may not be in tune with the work of the planning groups or the local community.

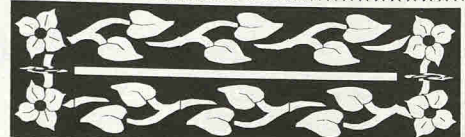
At the final level are the **chief officers**. They are ultimately responsible for policy and its implementation. A chief officer can make or break a policy or a proposal. Some chief officers attend the planning groups. They are also informed by their commissioning officers. But chief officers can still accept or stall the recommendations put forward in the Community Care Plan itself.

The central document resulting from the working of this structure is the **Community Care Plan**. Community Care Plans can vary in quality and in intent. Some can be a weighty reports including a lot of figures on council spending. However they are generally short on detail. The policies which appear in Community Care Plans are broadly sketched. Some plans will make an attempt to bridge the gaps between social services and housing, or between social services and the health authorities. However funding is short, and no department is keen to take on extra responsibilities which will cost more money and eat into its own services.

For the voluntary body, community care structures are not an easy way to influence councils. However they do represent a way in for the determined and patient. Councils are looking for spending cuts and will make them where they find least resistance. The individual care plans, which are now the way that social services are provided, are supposed to be a way of making services and funding more open and flexible, and therefore more accessible to the voluntary sector. In reality the clients receiving these plans have such severe needs that voluntary bodies are often not geared up to meet their requirements. The severity of needs has increased partly because the criteria for receiving community care plans has been rising as budgets have been under pressure. This, added to the reluctance of other bodies to accept extra responsibilities, makes community care a difficult source of funds.

Máire Gaffney can be contacted via Cara Irish Housing Association, Cara House, 339 Seven Sisters Road, London N15 6RD. Tel.: 0181-800 2744.

 ★ CAMDEN ELDERLY IRISH NETWORK ★
 ★ The AGM of the Camden Elderly Irish ★
 ★ Network will take place on 11 October 1996 at ★
 ★ 3.00 p.m. at Interchange, Dalby Street, NW5. ★
 ★ Lord Stallard is the invited speaker. ★
 ★ Glenda Jackson MP and the Mayor of Camden ★
 ★ will be present. ★
 ★ Refreshments will be provided. ★
 ★ The Camden Elderly Irish Network exists to ★
 ★ provide support, advice and information to all ★
 ★ elderly Irish citizens of Camden, and to ★
 ★ promote Irish pensioners' clubs in the ★
 ★ Borough. ★
 ★ Irish elders and their partners living in the ★
 ★ Borough of Camden are very welcome to ★
 ★ attend and take part. ★
 ★ For further details contact Sally Mulready on ★
 ★ 0171-428 0471. ★
 ★*****



◆ **COMMUNITY HEALTH COUNCILS**

Guide to becoming a CHC Member

The following extracts are taken from a leaflet published by the North Thames Regional Office of the NHS Executive. Members of CHCs are appointed for four years, with a member intake every two years. Candidates for membership should have an understanding of health and health issues, and have sufficient time available to devote to the work of the CHC (at least 10-15 hours a month, including some evenings and sometimes weekends). They must live or work in the area covered by the CHC, but should not be working for an NHS organisation or be a health professional in the district covered by the CHC of which they seek membership. New members of CHCs receive training; and members of CHCs can claim for travelling expenses and, in some cases, for loss of earnings and childcare or carers' costs. Interested? Well, now read on!

What do CHCs do and what would I do as a CHC member?

CHCs are independent organisations, set up by Parliament to represent the local community's interests on health issues. Their job includes assessing local health services and making suggestions for improvements.

As a member you will be asked to join at least one of the CHC working groups or committees. These are set up to look at local health issues and may also involve members of other local organisations.

You might visit to monitor the services provided locally, for example, an accident & emergency department, or maternity services. You might do a survey on services provided by your local GPs. Your group would then write a report of its findings and

recommendations.

You will be asked to comment on consultation documents, perhaps where a change in local service is proposed. You might also help monitor District Health Authority contracts and make recommendations to improve them.

CHCs hold regular formal and informal meetings which are open to the public and press. They might also hold public meetings on specific issues of local concern. You will be expected to take part in these.

CHCs also provide information to members of the public on access to health services and health issues. They offer advice on how to complain and often act as a 'patient's friend'. This is usually carried out by CHC staff.

How to become a CHC member:

Members are appointed by one of the following methods:

- * Appointment by a **Local Authority**: you do not necessarily have to be a Councillor. Contact your Local Authority.
- * Elected by local **Voluntary Organisations**: you need to be nominated by a voluntary organisation connected with health issues and to complete a nomination form. Contact your local CHC or the NHS Office who will arrange for you to receive a form.
- * Appointed by the **NHS Regional Office**: you need to look out for advertisements in your local CHC or NHS Regional Office for a nomination form. This form should be completed and sent to the Regional Office CHC Unit at the address on the front cover.

Your local CHC may also co-opt members with interests in health issues. These are not full members, but take part in some CHC activities. If your application is unsuccessful, reserve lists are kept to fill casual vacancies as they occur.

If you have any questions about becoming a CHC member or co-optee, ask your local CHC or NHS Regional Office for further information. To locate your local CHC write to or call the Association of Community Health Councils for England & Wales, 30 Drayton Park, London N5 1PB. Tel: 0171-609 8405.

SAFE START FOUNDATION
189 The Broadway
West Hendon
London NW9 7DD
Tel: 0181-203 7788

- a Quality Training Provider since 1990 -
is now providing the training you need in

- * MS Word for Windows V.7
- * Typing/Keyboard Skills
- * CV Preparation and Jobsearch Assistance

Up to date Computers
Small Groups - 15 per class
Flexible Courses - 4 weeks duration

These courses are for unemployed people under 25. Over 25s who have been unemployed for six months or more will also be considered subject to availability.

ALL FREE OF CHARGE

Lunch & Travel Fares Provided

These courses are funded by Barnet Council and the European Social Fund.

They run September-December 1996.

How to get there:

British Rail:
Hendon Thameslink, 10 mins. from Kings Cross

Underground:
Hendon Central + 83 bus to West Hendon

Busses:
32, 83, 142, 183

Walk:
20 mins. from Hendon Central Tube

◆ **NEW PROJECT****Introducing ICAS**

Deirdre Robinson, Team Leader at the Irish Community Alcohol Service, writes: The Irish Community Alcohol Service was established by Arlington Care Association in April 1996 in response to the needs of Irish men and women experiencing alcohol related harm in Brent. ACA received funding and support for this new service from Alcohol Concern, Brent Social Services and Brent and Harrow Health Authority. Following an initial development period, the service became operational at the beginning of June 1996.

Studies published by Brent Irish Advisory Service and Brent and Harrow Health Authority have all pointed to the high incidence of alcohol misuse among the Irish in Brent. The Irish have the highest death rates due to alcohol misuse of any minority community in the Borough. In Mc Collum's study *Alcohol and the Irish Community in Brent* (1994), Irish problem drinkers were identified as experiencing high levels of physical and mental ill-health. In addition, it was recognised that this group were also likely to experience housing, economic and social disadvantage and that consequently their needs were particularly difficult to address. Furthermore, the report indicated that Irish people experienced significant difficulty accessing services which were both culturally appropriate and tailored to their needs. The work of BIAS and other local agencies highlighted the clear need for new resources to be directed towards meeting the multiple and diverse needs of this group.

AN EFFECTIVE SERVICE RESPONSE

Given the prevalence of the racist "drunken Irish" stereotype, it is unsurprising that alcohol misuse is a

politically sensitive issue for the Irish community. Such stereotypes contribute to the reluctance of many Irish drinkers and their families to seek support for alcohol dependency problems.

In order to effectively address such issues, ICAS aims to provide a service to Irish drinkers and their families which is both culturally appropriate and easily accessible. A range of dependency, advice and support services are delivered by an Irish staff team who have wide experience of providing specialist alcohol services and Irish specific services. ICAS aims to respond to the many needs of a group for whom it has traditionally been difficult to provide services.

INTEGRATING DEPENDENCY, SUPPORT AND CARE SERVICES

ICAS takes a creative and flexible approach to working with Irish problem drinkers. The team have adopted a harm minimisation approach to support, with the focus on improving the service-users' physical, mental and social well-being.

Access to the service is not dependant on abstinence from alcohol and support from ICAS is equally available both to those who wish to continue drinking and those who wish to reduce or cease drinking.

ICAS recognises that it is difficult for vulnerable heavy drinkers to consider change while many other problematic issues in their lives, such as homelessness and poor physical and mental health, remain unresolved. For this reason, ICAS offers an integrated package of care which includes support with housing/resettlement, tenancy maintenance, welfare rights, debt counselling and legal advice. These practical services compliment the more traditional dependency services on offer such as access to detoxification/rehabilitation programs,

counselling and post detox/rehab support.

With the recent recruitment of volunteers to the Project, ICAS plans to add to existing provision with the introduction of a befriending and advocacy service which it is hoped will go some way towards countering the negative impact of isolation on many of those we are working with.

ACCESSIBILITY

ICAS is committed to ensuring that all sections of the Irish community in Brent are able to receive the service appropriate to their needs. Outreach surgeries have been set up across Brent to ensure that ICAS is easily accessed by all sections of our community. At present ICAS offers drop-in sessions at Daycentres, specialist residential provision, with further weekly sessions available at local alcohol and drugs agency AGAPAY. Other outreach provision includes a women -only service at Cricklewood Homeless Concern, a Travellers on-site service, home visiting and a streetwork programme which targets street drinkers, many of whom are homeless.

INTER AGENCY WORKING

ICAS believes that a joint approach to care will enable Irish drinkers to gain equal access to the best possible range of services. Positive collaborative relationships have been developed with other statutory and voluntary providers in the Borough. This has contributed greatly to the team's ability to offer a speedy service response to our client group. To build further on this partnership approach, ICAS provides a training and consultancy service to local agencies which focuses on creating awareness of Irish needs and building effective intervention skills.

USER - PARTICIPATION AND COMMUNITY INVOLVEMENT

ICAS acknowledges the central position of its users and actively encourages them to comment on and

evaluate ICAS provision. Several mechanisms have been created to involve service-users in the planning and development of service provision including a user-friendly complaints procedure, user evaluation surveys and participation the ICAS Steering Group. The Steering Group is an advisory committee which meets on a bimonthly basis to monitor and inform the development, service planning and development of ICAS. The group involves service-users, commissioners, local alcohol agencies, special needs housing providers and Irish Welfare organisations.

ENSURING QUALITY

In addition to operating the Standardised Information System to collate data on service-users and service-activity, ICAS has developed an additional system for measuring performance in terms of outputs and outcomes.

To date, the ICAS model of care and intervention, with its emphasis on partnership, flexibility, accessibility and inclusion, has proved extremely effective. The significant take-up of services and the positive changes reported by service-users has been extremely encouraging. Of 90 service-users surveyed after an intervention period of 4 weeks, all reported an improvement in general health. 90% reported an improvement in social circumstances and 34% a reduction in alcohol related harm.

ICAS plans to build on this early success by ensuring that the equality of the service is maintained and that the ICAS model of care continues to respond with flexibility to the external needs of service-users and purchasers.

For further information please contact Deirdre Robinson at the ICAS office, 25 Station Road, NW10 4UP. Tel: 0181 961 7510.



IRISH ELDERS

Who cares for the Irish?

There is growing concern at the increasing numbers of frail older Irish people often living alone in British inner cities. In the 1991 Census, 53% of the Irish Community in Hammersmith and Fulham was over 45 years of age.

The Irish Support and Advice Service are planning to publish a research report entitled *Who Cares for the Irish?*. This report is written by Donal Brennan, Community Care Development Officer, and is based on in-depth research into the experiences of a sample of older Irish people in the London Borough of Hammersmith and Fulham in 1995. This is an area which has not been widely researched, and research that has been conducted has focused solely on quantitative issues.

In his research, Donal Brennan chose to focus on themes which related to older Irish people's lives including moving from Ireland, living in Britain, issues related to housing and health; and, in particular, their knowledge and use of local social services. Since recent changes to Community Care legislation and government financial cutbacks have heightened the threshold whereby vulnerable people can obtain a Social Service, the research particularly dealt with older Irish people's experiences and knowledge of their local Social

Services Department.

The qualitative nature of this research offers a vivid and fascinating insight into the experiences of Irish people living in Britain. Important themes emerged such as the specific problems Irish people face when living in Britain and a lack of knowledge of existing social services and how to access them. A desire for specific day and residential services for Irish people also emerged as older Irish people clearly want services which show understanding of them and their needs.

The research also undertook a detailed literature review on existing research into both Irish people and older minority ethnic communities in Britain. It also makes a number of recommendations for local authorities, Irish welfare agencies and the British and Irish governments.

The report will contribute to a greater understanding among Local Authorities and Voluntary Agencies of the specific experiences and needs of Older Irish people in Britain. It will also contribute to an improvement of service provision and encourage older Irish people to assert their unique experiences and needs.

For further information, please contact Donal Brennan, Community Care Development Officer, Irish Support and Advice Service on 0181 741 0466.

WORLD MENTAL HEALTH DAY CAMPAIGN CONSULTATION MEETING

'SHARING GOOD PRACTICE IN MENTAL HEALTH PROMOTION WITH BLACK AND MINORITY ETHNIC COMMUNITIES'

Friday 1 November 1996 - 10.30 a.m.-3.30 pm

Servol Community Trust, 227-235 Dudley Road, Winson Green, Birmingham

Aims:

- To provide an opportunity for consultation about the World Mental Health Day campaign with black and minority ethnic groups involved in mental health promotion
- To share examples of good practice around mental health promotion within different black and minority ethnic communities
- To contribute to WMHD '97

Around 60 places will be available on a first come, first served basis, but limited to one person per organisation.

Contact: Mary Tidyman, WMHD, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX. Tel: 0171-413 1991.

◆ VOLUNTEERING

Volunteers + Staff = A Network of Care

A **anne-Marie Hannon, the author of this article, is Volunteer Organiser with Haringey Irish Community Care Centre. The article is based on a presentation she made at an FIS Training Day on 'Volunteering and Development' :** Voluntary organisations have been common-place for many years, offering services and support in a diversity of areas. Often started by well meaning people, by choice and without payment, to fill a perceived need in the community.

These people - volunteers - have a dedication to a cause and willingly give their time to enable voluntary groups to grow and meet previously unmet needs.

As a group grows it must structure itself more formally and form a management committee. These people are still unpaid volunteers who come together for the good of the service/community. As the service gets larger they need to secure funds for paid staff to enable services to develop and grow. They become employers, but remain volunteers.

Not all people have the confidence to become management committee members, but have other skills which will be of benefit to an organisation.

Volunteering increases the resources available in the community to meet the needs of its members.

Volunteering gives people an opportunity to try out and develop new skills and should be encouraged. It offers greater flexibility and a variety of different skills.

When carefully placed, volunteers can offer a complimentary service to that provided by paid professionals.

Hence, mutual respect and understanding between staff and volunteers should always be of a high

standard.

At Haringey Irish Community Care Centre Ltd, we are very proud of our volunteers who work closely with staff of the good of individuals and the organisations.

Volunteering should be PURPOSEFUL and ENJOYABLE

WHAT MAKES A VOLUNTEER ?

*** To be a volunteer you need some spare time and a willingness to help.** As little as an hour a week may help to improve the quality of life for another person.

*** Volunteers are special people.** Time is precious and anyone prepared to give their time freely to others is a special kind of person.

*** Volunteers are all very different people** with a diversity of skills, interests and life experiences.

*** All have their own reasons for volunteering.** I always ask what these reasons are and find out what people hope to get from their volunteering (e.g. work experience, alleviation of loneliness, increased confidence, etc.), so that they can be helped to achieve this objective.

As an organisation develops and employs professionals it is important that it does not lose sight of its main objectives.

In some organisations the volunteers are thought of as an extra pair of hands, great when needed but a hindrance at other times. However, volunteers should be respected and valued by organisations; and what better way to do that than by securing funding for a volunteer organiser, to offer support to the volunteers and help develop confidence and skills in individuals for the benefit for both the volunteers themselves and the organisation.

My post as volunteer organiser is funded by the Opportunities for Volunteering Project (Department of Health) with Age Concern to expand the care of elderly people.

I was employed in June 1994 and during my month's induction - with support from management and using the staff's local knowledge - I made contact with statutory and voluntary agencies, churches, hospitals, etc., to publicise the scheme we hoped to develop at H.I.C.C.C. Ltd. Networking in those first few months proved invaluable and still continues today.

It was important that "old volunteers" did not feel neglected as new developments took place. They had been offering their support, some for many years, and I had no intention of standing on any toes! Their skills, knowledge and time were still important. I kept them informed on how the scheme was developing and they felt proud and excited as the volunteer scheme went from strength to strength.

Any organisation should be clear on its procedures and guidelines for volunteers. These should reflect the status afforded to the volunteers, as well as the responsibilities expected of them in order to provide as professional a service as possible. Once these have been clearly formulated, a volunteer pack can be prepared to give/send to any prospective volunteers. It should include an introductory letter, information leaflets and an application form.

Having all your literature prepared and ready before a publicity/recruitment drive is very important so that as soon as a person makes contact you can give the information straight away. Undue delay may cost you a prospective volunteer.

All those who work for an organisation as volunteers have rights and responsibilities. These should be clear to both staff and volunteers.

VOLUNTEER RIGHTS

1. Placement on basis of skills and abilities. Some volunteers may not feel sufficiently confident to use their skills and abilities at first. The volunteer organiser should encourage them and hopefully, with time, they will become more confident.
2. Support from volunteer organiser. In addition to organising of system of support meetings, the volunteer organiser should be approachable and available to see individuals when necessary. If appropriate, the volunteer organiser should inform other members of staff of any support needs.
3. Only personal information that is needed to ensure adequate support for a volunteer will be passed on. Confidentiality is a must. If it is necessary to pass on information to other staff the volunteer organiser should inform the volunteer that this is happening. Trust is very important.
4. If a volunteer has a complaint or grievance he/she should be entitled to use the grievance procedure. The grievance procedure should be available on request.
5. Volunteers will be given help and support with their voluntary work and access to relevant information and advice. The support will be from all those connected with the centre, including management and staff, but should not interfere with service delivery.
6. Volunteers are entitled to clear information about their role and should be consulted about decisions and changes that will effect their work. Volunteers should be kept up to date on developments by means of regular support meetings and a newsheet. If individuals have particular concerns, deal with these individually.
7. Volunteers are covered by employers liability insurance. Inform the insurance company that volunteers

will be working for you.

8. Volunteers should receive out of pocket expenses. It should be clear for what expenses can be claimed, and how much. This may depend partly on the group's budget.
9. Ongoing Training should be provided on the basis of a programme to which volunteers have had an input. If a volunteer asks for training in a certain area the volunteer organiser should try to find access to that training.
10. Volunteers will be entitled to a reference for their voluntary work. Many volunteers who have gained confidence through volunteering look for paid work. Support for personal development and provision of references ensures that scheme does not lose volunteers.

VOLUNTEERS' RESPONSIBILITIES

1. Volunteers are expected to treat all carers, service users, staff AND other volunteers with dignity and respect. H.I.C.C.C. Ltd. have a clear equal opportunities policy and endeavour to ensure it in service delivery.
2. Any discrimination, abuse or any other offensive behaviour will be a disciplinary offence. Volunteers will be quite clear that any deviant behaviour will be dealt with in the same way as in the case of paid staff, and if necessary they will be asked to stop their volunteering.
3. Volunteers must respect confidential information and preserve independence and individuality of service user. A volunteer may not always agree with the service user on things, but must not try influence them too strongly. Choice is the right of any individual.
4. If a service user has complaints or suggestions volunteers should encourage them to raise these with organisation. Volunteers are often the front line to the organisation by

working closely with other staff it ensures high standards of service delivery are maintained.

5. Volunteers must refuse to take on tasks for which they do not feel adequately prepared. The volunteer organiser may feel a volunteer is able to rise to a task, but without confidence the volunteer may not be aware of their full potential. It is the job of the volunteer organiser to build up their confidence, to provide training to meet any shortfalls volunteers may feel they have, and to encourage them to develop these skills.
6. Volunteers should keep the volunteer organiser informed of any changes in their clients emotional or physical well being. As front line service deliverers volunteers must speak up about any concerns before these reach crisis proportions.

SUPPORT GROUPS

Support groups are often an opportunity for volunteers to discuss any worries they may have with the volunteer organiser and other volunteers. They allow volunteers to unload worries and concerns and to give and receive praise for a job well done. Meeting on an informal basis also has a social aspect, as it may be the only time volunteers meet.

Confidentiality is a golden rule for these groups. Nothing discussed by anyone in them should go any further than the four walls.

At H.I.C.C.C. Ltd we aim to have these meetings every two months, alternating time and place between two venues. Every other month we produce a Newsheet for volunteers with information about training, centre news, etc. This has now developed into a Newsheet for the centre, with all staff contributing. A volunteer (Alan) has taken on the responsibility as Editor.

Not all volunteers can attend these support groups and sometimes

volunteers need to unload in private, so it is important that contact is made easy. Volunteers should feel that, no matter how trivial they feel a concern may be, they can contact the volunteer organiser, or in their absence speak to another member of staff if they need to.

At H.I.C.C.C. Ltd we are lucky enough to have a volunteers' room which is private so that confidentiality is secured. Any volunteer organiser who does not have a room available should find a quiet place to discuss any concerns with volunteers without people interrupting them.

TRAINING

Training is dependent on the type of service delivered. At the start of a volunteer training scheme the volunteer organiser must provide a comprehensive training programme tailored towards the needs of the volunteers working in a particular field i.e. health issues, awareness around the homeless, first aid, assertiveness, etc.

The timing of the training should be discussed with volunteers, some may find that 2-3 days of blocked training is too demanding. By spreading the training programme over a number of months training can be on-going and new volunteers can join the programme at any time. Repeating the programme ensures that any training sessions missed by a volunteer can be caught up on.

A limited budget for training may be included in the funding for volunteer organiser. Providing trainers can be costly but by good networking with

other voluntary groups a knowledgeable trainer can be found. Training does not have to be too costly: some groups are happy with a donation. You may find that you have the knowledge and skills in house.

The training volunteers receive should be accessible to service users and staff. This helps dispel the "them and us" attitude that many groups have towards their volunteers.

A good volunteer scheme is one that is supported by management, staff and volunteers. It evolves and changes with the needs of the community it serves. Volunteers give so much of themselves but they get so much more back: including confidence, self worth, knowledge, new skills and circle of good friends. It is rewarding seeing a volunteer that may have little self esteem on first approaching the organisation, due to depression, redundancy, the breakdown of a relationship, etc., becoming a confident, self assured person believing in their abilities.

Many volunteers move on to further education or employment but still remain volunteers although their time is limited they help when they can (many of our befrienders are in full time employment).

Remember that an hour a week can help to improve the quality of someone's life and the volunteer that gives that hour is as special as the one that gives twenty.

Anne-Marie Hannon can be contacted at Haringey Irish Community Care Centre Ltd., 72 Stroud Green Road, London N4 3ER. Tel.: 0171-272 7594.

ADVICE

Comprehensive Advice Package

Tom Devine, Advice Worker at the Irish in Greenwich Project and Lewisham Irish Centre, writes: For the past eighteen months or so, I have been using the National Association of Citizens Advice Bureaux Information System to help in advice work.

The system contains some 18,000 pages of information, and consists of information items, leaflets, an update, and reference books such as the CPAG welfare guides, the Disability Rights Handbook, and the Magistrates' Court Guide. Every month new pages are issued as the law changes or new regulations come into force.

What this resource means to agencies is that they have got information on the vast majority of queries that they are ever likely to get. It is especially useful for new or inexperienced workers who are unsure of legislation, regulations, etc.

The strength of the system is not so much in its depth (although it is adequate for 95% of cases) as in its breadth: it covers all sorts of recondite subjects, which although they may not come up very regularly in an area of enquiry, can stump even the best of advice workers when they do arise.

The package is not cheap - costing at least £658 for the first year - and it does not have local or specifically Irish information. On the other hand, an agency possessing the system can compete with any in the information to which it has access, and is in a position to demonstrate its professionalism to funders.

Worth buying if you can afford it, or obtain the funding to purchase it.

Tom Devine can be contacted on 0181-305 2545 (Irish in Greenwich Project) or 0181-695 9608 (Lewisham Irish Centre).

'IRISH EXPERIENCE OF DISCRIMINATION IN CRIMINAL JUSTICE SYSTEM'

FIS is co-operating with a number of other organisations in an initiative to highlight Irish people's experience within the criminal justice system, the launch of which was reported in *FIS Bulletin* 10. Please remember to send contributions of information, research, or case studies which demonstrate unfair or discriminatory practices experienced by Irish people within the criminal justice system to: Harry Fletcher, Assistant General Secretary, NAPO, 3/4 Chivalry Road, Battersea, London SW11 1HT. Tel: 0171-223 4887. Fax: 0171-223 3503.

A questionnaire on which information can be presented is available from the same address.

BOTH SIDES NOW

**UK/Ireland Transfrontier
Committee Update**

We are very pleased to receive the following update on the work of the Transfrontier Committee, and of activities with which it is associated, from Margaret Toale, FÁS Official at the UK Department of Employment.

TFC Terms of Reference: *To provide appropriate support to worker seeking to move between Ireland and the UK and to minimise the difficulties of entry to employment and training markets and training markets by arriving or returning migrants.*

Representation: Employment Service, UK; FÁS, Training and Employment Authority, Ireland; Training and Enterprise Councils (UK); Careers Service (UK); Voluntary Sector (UK and Ireland).

Funding: EURES Budget

Following the success of the two conferences organised by the TFC in May 1994 and October 1995, continuing input is being made into supporting networking efforts.

On 14 March last, a workshop entitled "Tackling the Issues Together" was organised by Emigrant Advice, Dublin with FÁS support and EURES funding. Approximately 35 people from both voluntary and statutory organisations in Ireland attended. Recommendations from small working groups formed during the day included:

- * The establishment of a centralised resources unit;
- * A research study/survey of users of pre-migration advice agencies;
- * Emphasis to be placed on standardising information;
- * The formation of a small working group to continue the networking process.

Note: This network has already been set up and is composed primarily of voluntary sector representatives in Ireland.

On 11 June an "Emigrant Advice Information Session" was organised by the above working group. Attendance was approximately 20 people, with the majority from the voluntary sector, two from FÁS and one from the Dept. of Social Welfare. Three speakers with wide experience in organising and maintaining networks were invited - Seán Hutton from FIS, London, Stacia Crickley, Co-ordinator of Community Workers, Ireland, and Noreen Byrne of the National Women's Council, Ireland. Their practical advice and guidance was very useful and generated valuable discussion. The event was partially funded by the EURES/FÁS budget.

Small gatherings were held in Dublin during this period concerning emigration and developing services in Ireland. Another workshop is proposed for 12 September in Dublin.

FÁS in Ireland is currently engaged in the compilation of a "EURES Migration Pack" to incorporate the following useful aids:

- * A video entitled "Don't go till you know" - specially produced for this pack - plus an accompanying manual.
- * Full set of EURES information leaflets (Covering all EU countries).
- * AGIY's *Guide to London* (New edition to be published by the end 1996)
- * Dept. of Social Welfare, Ireland, (DSW) booklet - *Thinking of Going to London?*
- * DSW100 booklet (outline on how Welfare systems in both countries are organised, listing benefits and qualifying conditions.) - subject to availability
- * Dept. of Education (Ireland) leaflet on Leaving Certificate.

- * Relevant poster e.g. Helpline
- * Full list of FÁS offices and other FÁS information
- * Full lists of Youth Information Centres
- * Copy of Directory of Help Agencies in Ireland and UK
- * Various Conference Reports

Further material may be added as appropriate.

The intention is that the pack will be circulated to persons working in an advisory capacity, those working with young people, voluntary sector management, educationalists, training establishments, etc.

Margaret Toale is based at the The Employment Service, South East Region, Regional Office, 236 Gray's Inn Road, London WC1X 8HL. Tel.: 0171-211 4320.

**FIS TRAINING &
INFORMATION PROGRAMME**

**'HIV/AIDS SERVICES POST-
PIAA'**

An afternoon conference for front line Irish voluntary welfare agencies and projects and those with Irish clients.

1.30 p.m. to 4.45 p.m.
on Thursday, 24 October 1996
in the Kennedy Room
at
THE IRISH CENTRE
CAMDEN SQUARE, LONDON
(Murray Street entrance)

(Tea/coffee & sandwiches will be available from 1.00 p.m. for those attending.)

Speakers include:

Oonagh O'Brien
(formerly Research & Information
Co-ordinator, PIAA)

Donal Brennan
(Community Care Development Officer, Irish
Support & Advice Service, Hammersmith)

Registration forms available from:
Community Care Development Co-ordinator, Federation of Irish Societies, 52 Camden Square, London NW1 9XB. Tel: 0171-916 2733.
Fax: 0171-916 2753.

◆ **FIS COMMUNITY CARE COMMITTEE****FIS Welfare Affiliates Meet in Birmingham**

The Community Care Committee of the FIS consists of affiliated welfare agencies and projects. It is Chaired by Joan Kane, Centre Manager of Haringey Irish Community Care Centre Ltd., who was re-elected Community Care Officer of FIS at National Congress in May. At the most recent meeting of the Committee, which took place in Birmingham on 21 September, Tom Devine, Advice Worker with the Irish in Greenwich Project, was elected Secretary for 1996-7. He succeeds Danny Kelly, Assistant Administrator, Luton Day Centre for the Homeless.

Two applications for affiliation were approved by the Committee. The new affiliates are Leeds Irish Health & Homes and the Coventry-based Irish Community Advice & Resource

Group (ICARG).

Gobnait Ní Chrualaí, Development Officer of the Tionól na nÉireannach (The Birmingham Irish Forum), and Pat McAllister, a member of the Form, made a presentation on the structure and development work of the Forum.

There was also a discussion of issues for included in the FIS Training and Information Programme for the coming year.

A National Meeting of FIS delegates took place in the afternoon.

The next meeting of the Community Care Committee will take place in London, at the Irish Embassy, on 7 December.

The next National Meeting of FIS will take place at The London Irish Centre, Camden Square, on 30 November.

◆ **LIWC****Women's Rights at Work**

The London Irish Women's Centre (LIWC) held an Information Session for Irish women on 'Rights at Work' on the evening of 12 September. The guest speaker was Maureen Byrne, Women's Equality Officer at the Transport & General Workers Union (TGWU). Maureen Byrne's presentation and the question-and-answer session which followed highlighted the problems experienced by Irish women workers in areas such as contracts, maternity rights, discrimination, and health and safety in the workplace.

A team of advisers from the Service Workers Advice Project (SWAAP) were also present, and the information session was followed by refreshments and live traditional Irish music from Brid Boland and Kathy Walton of the Sheelas

The information session was organised in response to the growing number of employment queries received by LIWC in recent months, particularly at the evening surgeries which the Centre has been providing in Kilburn and Hackney.

Expressing her hope that the session would increase women workers' awareness of their rights, Angie Birtill, Housing & Welfare Rights Worker at the LIWC stated: "Irish women are disproportionately concentrated in low paid and unskilled work, but there are problems encountered in all types of employment."

Contact details: London Irish Women's Centre, 59 Stoke Newington Church Street, London N16 0AR. Tel: 0171-249 7318. Fax: 0171-923 9599.

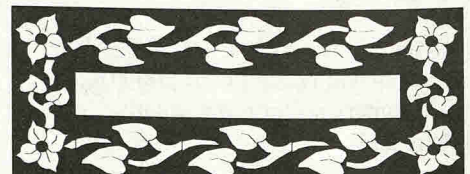
◆ **TRAINING & INFORMATION****Vocational Guidance Consortium for Irish Voluntary Sector**

The most recent Training & Information session in the FIS's Training & Information Programme took place on 12 September, in association with Job Powerhouse, to consider issues around the development of a vocational guidance consortium for the Irish voluntary sector. Speakers were Derek Hanway (Community Initiatives, Irish Centre Housing) who spoke on 'Building a vocational guidance network', Diane Burrige (Director, London Voluntary Sector Training Consortium), who spoke on 'European funding programmes and policy for vocational training and guidance', and Greg Clarke (Greater London Enterprise), who spoke on 'Key issues in developing a

consortium'. There were also workshops to identify issues around the development of consortia.

The Federation of Irish Societies, FÁS UK and ICH-Job Powerhouse are continuing the development of a vocational guidance consortium for the Irish voluntary sector in London with a development and training meeting for members of management committees at the Department for Education & Employment, Caxton House, London, on 19 November 1996 at 6.00 p.m. The facilitator will be Greg Clarke (Greater London Enterprise).

For further details contact the Federation of Irish Societies on 0171-916 2733 or Job Powerhouse on 0171-916 9191.



◆ REVIEW

**David Kelleher and Sheila Hillier (eds.),
*Researching Cultural Differences in
 Health*, Routledge 1996, pp 244, £14.99**

This book written by a Reader in Sociology and a Professor of Medical Sociology is a must for those interested or involved in research into culture, particularly the cultural dimensions of health. It is also useful for those whose research relates to inequality or inequity in other aspects of life and is only the second book of its kind which addresses a chapter to the health of the Irish in Britain. It will be of interest to health and welfare workers who deal with members of minority ethnic groups. It could be of interest to the general public, especially those from Asian and African/Caribbean communities. It will confirm their experiences of the healthcare sector and may give them the confidence to challenge professionals and encourage them to consider the clients views on the management of their illness.

The introduction sets out the difficulties of researching ethnicity and health and highlights the danger of seeing ethnicity as a problem rather than a difference. It questions the categorisation of ethnic groups and emphasises the neglect of structural factors, and institutionalised racism. The book sets out to deal with the topic from a range of perspectives and attempts to achieve this by a variety of studies using different theoretical approaches and research methods. Contributors to the book are specialists in the field and it includes a chapter by one of the gurus, Waqar Ahmad. The material is well researched, uses contemporary evidence and exposes the weaknesses in earlier studies. Each chapter offers a wide range of evidence from a variety of familiar and new sources and most suggest ideas for future research studies. Although there is a specific chapter on Irish people, each chapter has lessons for those concerned with the health of this group.

Myfanwy Morgan examines the meanings of health, health beliefs and practices in Afro-Caribbean and white people with high blood pressure. Her findings demonstrate that both groups share the perception that stress and social conditions contribute to hypertension. The study describes the impact of high blood pressure on lifestyle and relates how both groups comply (or otherwise) with prescribed drugs as well as using herbal and folk remedies. Another significant finding was the acceptance of the normality of hypertension in the Afro-Caribbean group which may relate to beliefs shaped by culture, experience and also religion. This chapter on health beliefs has relevance for

Irish people who appear to accept poor health as inevitable and often rely on self treatment or the power of prayer.

Sheila Hillier and Suraiya Rahman describe a study of child development in a Bangladeshi community in East London. This study raises useful issues for Irish researchers, such as the advantages and disadvantages of researchers from within the community. On balance it favours the use of "insiders" who understand cultural norms and are able to recognise material factors and like poverty and may have personally experienced the hostile environments clients live in. The findings highlight useful information about perceptions of mental illness, suspicion of social services, the impact and role of religion, and the place of family and community in mental illness.

David Kelleher defends the use of the terms ethnicity and culture in research. He acknowledges the need to address racism and its role in constructing disadvantage and poor health. He is critical of previous studies which focussed on ethnic difference rather than recognising the many similarities which are shared by all cultures. He argues the need for a dual approach which recognises both the structural dimension and racism, but explores the way in which individuals and groups construct identities and meanings. He points out that culture is not static or consistent because individuals draw selectively on aspects which help them make sense of and manage different situations. He also draws attention to the need to consider the additional impact of class and gender. This chapter is important for anyone involved in researching or providing services.

Mary Pierce and David Armstrong describe a study using a focus group to examine lay beliefs about diabetes in Afro-Caribbean people. The findings demonstrated that whilst the patients views did not equate with those of their professional carers the group were surprisingly knowledgeable and their views about the causes and effects of their illness quite sophisticated. These findings are worthy of note by health and other professionals and are unlikely to be confined to this group. They also discuss the relative strengths and weaknesses of using focus groups as a research method. This discussion may be useful for those who wish to research similar topics in the Irish community.

Helen Lambert and Leena Sevak ask whether cultural difference is a useful concept and point out the problems associated with its

use. They highlight the tendency to use the concept of culture to explain inequalities in terms of lifestyle and behaviour, focussing on so-called "bizarre" beliefs and practices and ignoring wider social factors like poverty. They are sceptical of the selective use of data and when research exists the failure to use it to inform policy. The study is highly informative about the pitfalls of researching culture and although it relates to Asian groups it has many applications to the study of other cultures and has messages for those involved in health promotion and service delivery.

Elizabeth Anionwu stresses the importance of having staff from the relevant minority group in counselling services for people with Sickle Cell and Thallassaemia clients. She identifies the strengths such professionals would have in a counselling setting but also argues that they have an important role to play in influencing policy decisions and service evaluation. She stresses that it is important that the person is adequately skilled in the specialism as well as being able to identify with the beliefs, needs and language of the affected family. When selecting staff she suggests that there is also a need to have a person of the appropriate ethnicity on the selection panel so that the applicants ability to relate to the culture and speak the language can be assessed. Ms Anionwu does not preclude the employment of professionals from other backgrounds but raises strong arguments for as close a match as possible. The recommendations in this chapter can be translated for the Irish community, particularly for sensitive services such as alcohol, mental health and HIV/AIDS. Meanwhile the large numbers of Irish people in the health service have an important role to play in raising awareness of the needs of their own cultural group.

Waqar Ahmad presents a stimulating and enlightening debate around issues of 'race' and culture. He stresses the dynamic nature of culture, the added impact of gender, age and social relations and the influence of experience and education. He questions research which attempts to fit minorities into existing provision rather than changing practices or services to meet the clients needs. There is a lengthy discussion around racist discourses which define cultures as alien and as such less belonging or deserving and gives examples from the pronouncements of the New Right to illustrate his contention. He discusses how professionals as well as the State construct an image of what is normal, invariably shaping the image of minority ethnic people as divergent from the norm and even deviant. He demonstrates the impact of colonial imperialism on professional attitudes, which blame disadvantage and poor health on religious beliefs and "backward" or "primitive" practices. He identifies the need for anti-racist practice but argues for

achieving a balance which recognises that culture is flexible, dynamic and negotiated by individuals and groups in different circumstances. This chapter is particularly pertinent to the Irish community who are confounded by stereotypes yet their rich culture and the experience of racism is invisible.

David Kelleher and Sharif Islam examine the difficulties experienced by Bengaledeshi people in managing Non-Insulin Dependent Diabetes within their religious codes and material constraints. There is an interesting discussion about attitudes to changing lifestyle which may have some resonance for those involved in helping Irish people to live healthier lives.

David Kelleher and Sheila Hillier's chapter on the health of the Irish in Britain is refreshing. They address the subject from a range of perspectives, highlighting the problems with census data and the weaknesses in other research studies. They raise arguments around explanations which suggest that the unhealthiest people emigrate. They question explanations which blame poor health on the

concentration of Irish people in social classes 4 and 5, and in the older age bands of the population. They challenge the common wisdom which blames lifestyle factors such as smoking and drinking without any consideration of the impact of wider social factors. They refute the argument that the overall picture is coloured by the presence of a small but significant minority of Irish people who live in hostels or on the streets.

The chapter deals with illness patterns using comparisons between the Irish in Britain, English and in some cases the Irish in Ireland and raises questions about diet and lifestyle factors. They tackle the issue of uptake of health services, raising the suggestion that Irish people are unwilling to reveal information about alcohol, smoking sexuality and other sensitive matters to outsiders and because of this are reluctant to use mainstream services.

The chapter emphasises identity, cultural and economic factors and their relationship to health. The authors consider the post-colonial relationship with Britain and examine issues around the changing but still

traditional Irish society. They explore the ambivalent attitude towards emigration in Ireland and argue that it is difficult for Irish people in Britain to develop or sustain a sense of identity. This insecurity may emerge at some stage as a health problem but also contributes to an unwillingness to make demands on the healthcare system.

The chapter uses familiar material with a critique of earlier studies and includes some newer literature and research evidence which covers the breadth and depth of the subject. The chapter is essential for those researching Irish health but raises issues of importance for all who are involved in the care of people from minority cultures. It is a sound contribution to the body of knowledge on culture and health especially in relation to Irish people in England. It should enable health practitioners to challenge some of their professional and personal prejudices and it has the capacity to inform culturally sensitive care for the Irish community.

- Mary Tilki

CENSUS 2001

Update from ONS on Census 2001

FIS Chair, Gearóid Ó Meachair has written to Dr John Fox, Director of the Census, Population and Health Group at the Office for National Statistics (formerly the Office of Population Censuses and Surveys) - drawing attention to recent publications which, in the opinion of the FIS, strengthen the case for an Irish category in Census 2001. These include:

- * S Harding and R Balarajan 'Patterns of mortality in second generation Irish living in England and Wales: longitudinal study' (*British Medical Journal* 1996; 312: 1389-92)
- * the critique of the existing Census-derived data on the Irish community contained in Judith Chance, 'The Irish: invisible settlers' in Ceri Peach (ed.) *Ethnicity in the 1991 Census: Volume 2 - The ethnic minority populations of Great Britain*, ONS, HMSO, 1996; 221-2, 237)
- * Peter J Aspinall's *The Development of an Ethnic Group Question for the 2001 Census: The findings of a*

consultative exercise with members of the 2001 Census Working Subgroup on the Ethnic Group Question, April 1996 (Revised version)

The letter reiterates the Federation's concern that the issue of an Irish category should remain a priority; and asks about the outcomes of the User Consultation Programme and the Small Scale Testing Programme which have been carried out during this year.

Dr Fox has replied that ONS is still consulting users about the form of the ethnic group question, and is evaluating the outcomes of the consultation to date and of the small scale testing of possible questions.

The final decision on the question to be included in the Census Test to be held in 1997 will be taken by the UK Census Committee on 24 October.

The planned date for this test is Sunday, 27 April 1997. If there is an election in Spring 1997, the test will be delayed until Sunday, 15 June

1997.

It is proposed to hold the Test in selected wards for six area types in the UK chosen to provide a varied cross-section of the population and types of housing that would be covered in the full Census. The 1997 Test Areas in England, and Scotland (there are none proposed for Wales at the moment) will be as follows:

- * Brent, London: 15, 700 households
- * Birmingham: 17,600 households
- * Glasgow: 9,400 households
- * Alton/Petersfield, East Hampshire: 13,500 households
- * Bridlington, East Yorkshire: 7,100 households
- * Craven, North Yorkshire: 9,800 households
- * Thame, South Oxfordshire: 10,000 households
- * South West Argyll: 6,600 households

Census News is published by the Office for National Statistics. The Mailing List contact number is: 01329 -813429 (England & Wales); 0131-3144254 (Scotland).

◆ **REPORT**

Paddy Walls, Researching Irish Mental Health: Issues & Evidence: A study of the mental health of the Irish in Haringey **Muintearas, 1996, pp. 75, £8 incl. p & p.**

The Irish Mental Health Group (Muintearas) was formed in Haringey in 1994 in order to provide a forum for the discussion and resolution of issues around mental health and the Irish community. In June 1995 a six month research project was initiated in order to examine the extent and experience of mental health within the Irish community. This research was funded by Mental Health Services, LB of Haringey, and Enfield and Haringey FHSA.

Data was gathered from a number of sources including psychiatric admission statistics, psychiatric in-patient case notes, community-based voluntary and statutory mental health/other welfare agencies and users of mental health services.

The results of the research indicated that:

- * Irish people have highest overall psychiatric admission rates compared to any other group, a rate of 32 per 10,000 population.
- * Irish women are particularly over-represented, with a psychiatric admission rate of 40 per 10,000 population.
- * Irish psychiatric admissions are concentrated in the 25-44 age band, with rates within this age band reaching 76 per 10,000 for Irish women and 35 per 10,000 for Irish men.
- * Irish people have highest admission rates for depression and alcohol abuse and

second highest for schizophrenia/other psychoses.

- * Irish in-patients are significantly more likely than other groups to be living alone, in supported housing, or homeless.
- * Case note data revealed that nearly half of Irish patients not given a primary diagnosis of alcohol abuse, were given a secondary diagnosis of alcohol abuse.
- * The majority of Irish people admitted for depression had attempted suicide.
- * Data from community organisations revealed an under-use of community-based statutory mental health services among the Irish and an over-representation of Irish people among clients of the local alcohol agency.
- * Interview data revealed a particular Irish migrant experience involving high levels of material and social disadvantage, experience of racism and low levels of social support as relevant to eventual psychiatric intervention.
- * Alcohol use was perceived as a mode of coping with mental distress, as well as a means of accessing social support, re-affirming one's cultural identity and masking culturally unacceptable mental health difficulties.
- * Current Irish social/welfare services were perceived as important by users of mental health services, sometimes providing the only access to support and care for socially isolated Irish individuals.

* A review of other available research on the physical and mental ill-health of Irish people revealed a disturbing picture of Irish disadvantage which requires further explanation. This research evidence should provide a basis for health providers to honour their commitment to providing appropriate services to all sections of the community, highlighting as it does, many areas of health concern which particularly affect the Irish.

* From the findings of this study, particular services directed at vulnerable Irish people - including a Mental Health Outreach Worker, a 'Wet' hostel and a culturally sensitive counselling/psychotherapy service - have been proposed as appropriate measures to initiate the process of addressing the needs of Irish people with mental health problems.

The report is structured as follows:

- * Part One: research context of the study, including a profile of the Irish community and a summary of previous research on Irish health.
- * Part Two: aims, methodology and results of the Irish mental health study.
- * Part Three: discussion of findings of the Haringey study.
- * Part Four: recommendations for mental health practice in Haringey based on findings of the study and proposals for practice.

The report is described as "an exploratory look at what is undoubtedly a very complex issue".

Copies of the report can be obtained from Tony Brennan, Haringey Irish Cultural and Community Centre, Pretoria Road, Tottenham, London N17 8DX. Tel: 0181-885 3490.

Federation of Irish Societies - King's Fund

'THE HEALTH OF THE IRISH IN BRITAIN'

14 November 1996 at The King's Fund Development Centre, 11-13 Cavendish Square, London W1M 0AN.

10.00 Registration

10.30 Opening Remarks:

- Mr Peter Temple-Morris, MP, and Mr Paul Bradford, TD, Co-Chairs of British-Irish Inter-Parliamentary Body
- Mr Hugh Harris, Deputy Chair, Commission for Racial Equality

11.10 Presentations:

- Ms Seeromanie Harding, Office of National Statistics - The Health of Irish in Britain
- Mr Gearóid Ó Meachair, Chair, Federation of Irish Societies - Irish Health Issues: Myths & Realities

12.30 Lunch

1.45 Workshops

- Mental Health: Ms Paddy Maynes, Clinical Director, Islington Women's Counselling Centre
- Substance Use (Alcohol & Drugs): Ms Deirdre Robinson, Team Leader, Irish Community Alcohol Project & Ms Christine Kelleher, Nurse Specialist Drug Counsellor, DASH

- Older Irish People: Mr Donal Brennan, Community Care Development Officer, Irish Support & Advice Service, Hammersmith

- Health Promotion: Ms Mary Tilki, Research Centre for Transcultural Studies, Middlesex University, Chair, Research Committee, Cara Irish Housing Association

- HIV/AIDS: Ms Oonagh O'Brien, ex-Research & Information Co-ordinator, PIAA

03.15 Coffee/Tea

03.40 Summing-up

- Ms Tahera Aanchawan, Project Manager, Share

04.00 Celebration of Irish Culture: Reading, Music & Refreshments

- Readings: Shane Connaughton: Actor, scriptwriter and novelist; screenplays - 'My Left Foot', 'The Playboys', 'Run of the Country'; novels - Border Station, Run of the Country; most recent publication A Border Diary.

- Music: The Healey Duo

Fee: £30 Statutory Organisations; £15 Voluntary Organisations - Further information: Community Care Development Co-ordinator, FIS, The Irish Centre, 52 Camden Square, London NW1 9XB. Tel: 0171 916 2733 Fax: 0171 916 2753.

◆ AGENCY PROFILE

Attention All Affiliates - Dublin calling!

Whilst wandering through the fair city on a sunny summer's day, dedication to the cause bolstered by a pint of plain porter, Mark Kelly - our Roving Reporter, took time out to visit Emigrant Advice - an information and counselling service for those preparing to leave Ireland.

As I looked at the information on display in the windows of Emigrant Advice, I noticed that a number of the posters and leaflets carried information about Irish projects in Britain. It was ironic that among them was one from Positively Irish Action on Aids! Who said "Bad news travels fast"?

Emigrant Advice has existed in some shape or form since the 1940's when it was founded by the then (R. C.) Archbishop of Dublin. The current format came to being in 1987 when the Emigrant Welfare Bureau was reformed to meet the changing needs of increasing numbers leaving the country. The project is funded by the Dublin Diocese.

The service on offer is well defined by the Education/Information officer Mari Keegan who says that "we aim to provide people with the opportunity to sit down and discuss their reasons for going in a non-judgmental environment" Going? Was it not on his recent visit to London that the Minister for Enterprise and Employment justified the failure to increase the Dion fund on the basis that Ireland now has net inward migration? "It's very hard to calculate, but we estimate that ten thousand still leave each year," suggests Mari who adds "Emigration is so much part of the Irish psyche that it is one of the first options people consider when things go wrong. It's almost a national characteristic, the far away hills look greener". Yes Minister, people are still leaving Ireland.

The most common destinations are still

the United States, Britain, Australia and Europe. Germany is quite popular at the moment. The service has also seen clients preparing to leave for less common destinations such as South Africa, Egypt and the Camen Islands.

Would-be emigrants seek advice, information and counselling. Common areas of advice and information concern visas, legal issues, social welfare, housing, accommodation, employment and, perhaps most importantly, Irish contacts. Information about Irish contacts abroad is very important to those leaving who see such contacts as a safety net. Mari describes much of the counselling, especially for ill prepared and vulnerable clients, as "dissuasion counselling - encouraging people to think again".

There are many reasons why people chose emigration as an option. Economics is the most obvious and common reason. People either have no job, are about to lose their job, or are just plain fed up with their job and the lack of options. Debt, crime and recent release from prison are amongst the legal problems which prompt clients to leave. Personal reasons such as family and or marital problems, sexuality, HIV status and dissatisfaction with life are also common.

Some 20% of Emigrant Advice users are bound for these shores. With no visa required, entitlement to benefit and no language problems, Britain is mistakenly seen by some as a quick solution to long term problems. Misinformation is common. "I know someone who went over there and got a house," is the type of statement which haunts staff at Emigrant Advice. Staff seek to dispel the perception that both benefits and housing are easy to access.

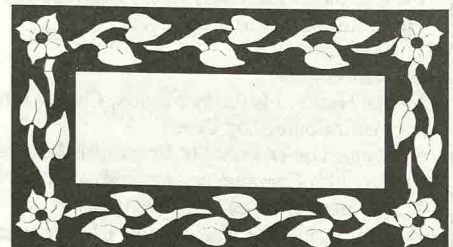
Because of the popularity of the U.S.A. as a destination with the vast majority of its clients in recent years, Emigrant Advice has built up a special expertise in this area - which is maintained by close contact with Irish agencies in there (- reminding us that, as in the past, contacts with America can sometimes be closer than contacts with Britain).

You can't help being impressed with Emigrant Advice and it's staff - Director, Rosaleen Maguire, Education/Information Officer, Mari Keegan, and Clerical Officer, Patsi McDonnell. The service they provide is comprehensive: counselling, advice and information with factsheets available on various issues and various destinations. They also keep a register of users both to monitor patterns of emigration and so that they can keep in contact with clients.

Emigrant Advice is anxious to maintain and to improve its links with agencies in Britain. Mari herself made visited Irish agencies in Britain in 1994 and Rosaleen Maguire has visited more recently. However, information is quickly out of date and personnel change quite quickly also. "There is contact but not as close as we would like" says Mari. "An issue for us all is how to improve our networking. Naturally we get bogged down in our own affairs but we need to make a conscious effort to maintain links with other agencies".

Indeed we do. Affiliates wishing to establish contact should write to: Emigrant Advice, 1a Cathedral Street, Dublin. Tel: 00-353-1-8732844

Mark Kelly is Information & Outreach Worker with Cairde na nGael. He is also Cultural Officer of FIS. He can be contacted at Cairde na nGael on 0181-519 5089.



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

