

## Foreword



Since the late 1940's and early 1950's, Luton has been home to a large Irish community who have contributed a great deal to Luton's cultural identity, it's workforce and it's economy.

Unfortunately, despite this the Irish have remained largely an invisible ethnic minority group.

The Luton Irish Forum was founded in 1997 in order to provide a much needed cultural centre for the Irish community and to begin to address the issue of their invisibility.

In answer to a growing number of people seeking advice on a variety of issues a Welfare Advice Service was born. providing culturally sensitive advice, information and support to Luton's Irish and those of Irish decent. We have continued to expand this service.

2001 saw the Luton Irish Forum gain charitable status and, as demand for the service increased, it was felt to be a timely moment to seek funding for an in depth look into the needs of the local Irish community.

As a result we were awarded funding from the SRB and Dion to finance the recruitment of a Development Worker and to commission research into Luton's Irish dimension.

RehabCare was asked to undertake this task and we greatly value the extensive work they have put into this project.

Since July 2004 we also employ a full time Advice Worker and look forward to implementing the recommendations of the report and enhancing the quality of life for those who are disadvantaged and socially excluded.

A handwritten signature in gold ink that reads "Mary Dee". The signature is written in a cursive, flowing style.

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Mary Dee  
Chairperson, The Luton Irish Forum



## Foreword

The period after World War II saw many Irish people move to the UK in search of a better life for themselves and their families. Most settled in the major cities London, Birmingham, Manchester, Coventry, Liverpool and the surrounding areas. These people had a positive affect on industry and services, working in construction to rebuild and develop the UK infrastructure, in hospitals as nurses and care workers, and the newly developing car industries.



Many people raised families and educated their children. They contributed to society and their local community. Many prospered and achieved their goal of a better life. Others did not.

Research, substantiated by the 2001 national census in the UK, demonstrates that Irish emigrants have not achieved the same level of economic or health gains as other ethnic groups or the indigenous population. Homelessness, poverty, addiction and poor health is all too common among first and second generation Irish.

Voluntary organisations, such as the Luton Irish Forum, have a long involvement with the Irish communities in these cities. Through their work on the ground with the Irish population these groups identify the urgency that is required to prevent greater deterioration in health and economic status. For some it is genuinely a matter of life or death.

RehabCare became involved with the Irish community in Luton when the Forum asked RehabCare to conduct research into the needs of the Irish population in the city. Helena Duigan together with other colleagues carried out this research in a most professional and dedicated way. Through our numerous visits to the city we learned first hand the many success stories and the contributions the Irish people have made to Luton. However we also learnt that many others who had worked for numerous years in industry, supporting themselves and their extended families back in Ireland, had now become increasingly isolated.

This study explores the current situation of the Irish population of Luton, it examines the populations self-identified needs, the level of service provision currently and barriers to access, and makes strategic recommendations to bridge the gaps and improve the Irish communities quality of life today. It represents the most extensive and authoritative research on the Irish community of Luton to date.

This research has given RehabCare a further opportunity to continue its work with the Irish population in the UK. We first began with our involvement with the Coventry Mayo Association and the development of Teach Na hÉireann a specifically designed service, which addresses needs of the elderly members of the Irish community in Coventry.

RehabCare now looks forward to maintaining and building on the contacts we have made in Luton and particularly looks forward to playing our part in making a real difference to the lives of people, who themselves in tough times, gave so much to the people of Ireland.

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Angela Kerins  
Chief Executive, RehabCare

# Luton Irish Dimension Research

Helena Duignan

## Acknowledgements

RehabCare, the Author and the Luton Irish Forum would like to thank the following organisations for invaluable support and participation in the research.

Luton Borough Council, Housing and Social Services Department

Luton Mental Health PCT

Age Concern

NOAH Enterprises

ACE Enterprises

Cara Housing

Luton and Dunstable Disability Resource Centre

Luton Traveller Education Support Service

Luton Volunteer Action

Luton's Parish Centres

We would especially like to acknowledge and thank the Irish community of Luton for their valuable time and support in helping to compile this report.

# I Introduction

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## I.1 Background to the Research

This research has been commissioned by The Luton Irish Forum (LIF) and conducted by RehabCare. RehabCare is an integral part of the Rehab Group, and is an independent not-for-profit organisation working for social and economic inclusion among people who are marginalised. RehabCare commenced operations in 1995 and has grown stronger since. In 2003 a total of 2,876 people accessed almost two and a quarter million hours of RehabCare service support in locations across Ireland and the UK.

This research was commissioned in order to establish a profile of the Irish community in Luton, to explore existing service provision for this group and to enable LIF to offer a proposal for further service provision, particularly targeted at the Irish population.

## I.2 Background to the Researcher

Helena Duignan, M.A., B.A. (Hons), is an independent social researcher specialising in Irish community issues. Based in Birmingham she has an M.A. in Research and Social Policy and is the author of the recent oral history book “Keeping the Game Alive: One hundred years of camogie in Britain.” She can be contacted by email at [helena.duignan@virgin.net](mailto:helena.duignan@virgin.net)

## I.3 Aims of the Research

- Provide a demographic profile of Irish people living in Luton, investigating population figures, age range, socio-economic indicators, housing, and health status.
- Establish the range of social centres, organisations and services targeted specifically at the Irish population of Luton.
- Establish the range of general social centres, organisations and services targeted at the older population in Luton.
- Identify any issues of access experienced by Irish people in Luton to the voluntary and social services available to residents.
- Identify specific needs of Irish people in Luton and to highlight particular sectors of the Irish population who may be experiencing particular disadvantages.
- Identify the level of awareness and access to benefits and entitlements among the Irish people in Luton.
- Consider how the needs of the Irish in Luton may reflect general trends of the Irish in Britain.
- To offer an evaluation of the needs of Irish people in Luton based on research findings.

## 1.4 Executive Summary

This report commissioned by The Luton Irish Forum examines the experience of the Irish population in Luton with specific reference to their employment, health, housing, financial and social situation. The research findings are based upon an extensive review of the current literature of the experiences of the Irish population in the UK and Luton. Direct feedback for the Irish population of Luton through the completion of 213 completed structured questionnaires, and then followed by 28 semi-structured interviews. This took place over a six-month period concluding in January 2004. The key findings include:

- The Irish constitute 5% of the population of Luton according to the 2001 census, and this is likely to be an under-estimate. This is the first time an “Irish” tick box was included in the census, under the “white” category.
- The first generation Irish population of Luton is an ageing one, with immigration having slowed in recent years. The high level of immigration in previous decades has resulted in a large second and third generation Irish population.
- Irish community organisations, which fulfilled vital links between isolated persons, have declined in recent years, leaving a void that has not fully been filled.
- Compared with the general population, our survey shows the Irish population in Luton to suffer from higher incidence of:
  - Health problems: Over 35% of Irish people suffer from a limiting condition, compared with only 15% of the general population. There is evidence of a low take up of relevant benefits, such as Disability Living Allowance and Attendance Allowance.
  - Isolation: There are significant numbers of older Irish men living in isolation in poor quality private accommodation. Their cultural attitudes make them unlikely to seek help of their own accord.
- Almost 1 in 5 Irish men feel their work has affected their health.
- Only a quarter of respondents have had a professional benefits check in the last 5 years. This indicates many people may not be receiving what they are entitled to, or in need of.
- Almost half of Irish men, and a third of Irish women, said they would find it easier to talk to an Irish worker about financial matters.
- The Irish are one of the highest givers of unpaid care, both nationally and within Luton.
- Over half of Irish men have experienced discrimination due to being Irish.
- There is no full time, fully accessible dedicated Irish community centre in Luton, despite almost two thirds of Irish people expressing that they are more comfortable socialising with other Irish people.
- Official monitoring systems are inadequate to monitor the situation with regard to the Irish community in Luton, and need to be reviewed.

## 1.5 Key Recommendations

- Expansion of a fully accessible Irish community resource centre, as provided to other minority groups, to act as a focal point for a professional advice and information service, education and training skills development, and social and cultural events.
- Establishment of Irish assertive outreach services to identify the most vulnerable members of the Irish community and to ensure adequate service provision for these members of the Irish community.
- Develop the meaning of what culturally sensitive issues mean to the Irish community, so to provide training for mainstream staff on cultural sensitivity with regard to Irish service users within the current statutory services.
- The statutory and voluntary services within the boundaries of Luton need the comprehensive monitoring of Irish people in relation to key service use. Data from this monitoring to be analysed and/or made available for analysis.
- Further investigation into the housing needs and conditions that vulnerable members of the Irish community currently endure. Development of a local authority strategy to address identified gaps in service provision.

## 1.6 Research Method

The research project involved a multi-dimensional approach; encompassing a review of current information regarding the experience of the Irish in the UK, consultation with the Irish community of Luton, and with existing groups and services.

The research commenced with an extensive review of current information and literature to give a sound grounding into people's experiences to date. This information was to both assist in the synthesising of the data obtained throughout the research process, and to inform the development of the subsequent questionnaire.

Secondly a survey was undertaken in order to gain a snapshot profile of the Irish community in Luton, this involved a questionnaire seeking information in a broad range of issues. This included information on health issues, personal perceptions of service provision, and experiences of being Irish in Luton (See Appendix 4.4). The aim was to gain a representative sample from which useful conclusions could be drawn, and the findings used to inform policy-makers on the situation of the Irish in Luton. Over 1000 questionnaires were distributed around Luton, targeted at the Irish community. Services, community centres, churches, and Irish community organisations were approached to access their members or contacts. Frontline workers in services were asked to help clients complete them, in order that a sample included as full a cross section of the community possible would be obtained. In addition a random mailing was done to 100 Irish names from all over Luton, to add to the variety of the sample.

A total of 213 completed questionnaires were received from Irish people, and these form the basis of the analysis for this study. The age and gender profile of our survey corresponds closely with the profile of the Irish community as identified by the 2001 census. This provides us with a good representative sample, from which we are able to draw viable conclusions as to the situation of the Irish community in Luton. The questionnaire used was kept as brief as possible so as not to deter people, but asked a broad range of questions on a number of topics of interest, ranging from health and welfare factors to socialising and experiences of discrimination.



In order to expand upon the findings of the survey and gain more in depth information, individual interviews and group discussions with members of the Irish community were held. These people were identified through responding to the questionnaire. In these circumstances the questionnaire formed the bases of the interview to examine some of the nuances that quantitative data cannot examine. Others from more vulnerable groups, where the completion of a questionnaire was seen as a barrier to participation, were interviewed without the need to complete a questionnaire, some of these discussions were very informal. In a total of 28 members of the Irish community were consulted. Questions asked in interviews were not rigid and by necessity varied greatly between cases, as the profile and situation of interviewees varied.

In addition to this survey, consultations were held with existing services and groups working in the voluntary and community sector, covering the range of social and community services in existence from healthcare, to housing and mental health. Frontline workers as well as senior managers were consulted, to gain an insight not only into the everyday situation affecting Irish people in Luton, but also to gain an idea of how this is viewed by the services which are charged with meeting their needs.

Statutory services, including Luton Borough Council Social Services and Housing Department, Luton Mental Health PCT, the Equalities Division of Luton Borough Council, were asked what steps they took to ensure the Irish as an ethnic group were being comprehensively monitored by their service, in terms of service provision and access.

## **1.7 Working Definition of “Irish”**

The 2001 census included for the first time a separate “Irish” category where people could define their ethnicity as Irish, regardless of where they were born. Irish groups campaigned for many years for this inclusion, and it is felt to be important to include the second and third generation in any analysis of the Irish community, as their ethnicity is for them to define, and generations often tend to share health and social tendencies and problems.

This research encompassed those who define themselves as Irish. The working definition of ‘Irish’ used in this research refers to those of Irish origin whether they were born in the UK (or elsewhere) or in Ireland. The research thus includes those who were born in the UK whose parents or grandparents were born in Ireland.

## **1.8 The Irish in Britain: Some important background research**

In order to ascertain what issues affect the Irish in Luton, it is necessary to look at work done elsewhere in Britain, to see whether there are common themes that can inform our investigation in Luton. A thorough review of relevant literature has been undertaken in order to ensure the Luton situation can be properly put into perspective. The main issues and findings are outlined below:

There have been many useful pieces of research undertaken which contribute to the debates on the situation of the Irish in Britain. There are several Irish Studies Centres in Universities around the country and the Federation of Irish Societies provides a focal point for Irish community groups and service providers nationally. These organisations regularly conduct research and campaign for greater awareness of the needs of the Irish in this country. The Federation of Irish Societies has published a full bibliography of Irish research, entitled “The Irish in Britain: a bibliography.”

One aspect of the debate relates to whether the Irish should be treated as a separate ethnic group in their own right. It has often been assumed that there was widespread cultural assimilation by this predominantly white group, and that they had no particular needs to be taken into account.

As Mary Hickman pointed out in her 1997 report for the Commission for Racial Equality, CRE, "Discrimination and the Irish Community": "There is little acknowledgement that Irish people might have experiences or be subject to practices which are based on ethnic differentiation or racist discrimination. The Irish are excluded from consideration in these terms because they are white and the dominant paradigm for understanding racism is constructed on the basis of a black-white dichotomy." (Hickman & Walter 1997, p7)

Statistics show, however, that there are stark health and social inequalities affecting Irish people, and there is no justification for allowing race debate to exclude the Irish from consideration. Research such as that outlined below points to health and social inequalities, experiences of discrimination, working conditions and poor health expectancy, to argue the case for culturally sensitive services for this group.

The Race Relations Act 1976 makes it unlawful to discriminate on racial grounds in employment and the provision of goods, facilities and services. Racial grounds include "colour, race, nationality or ethnic or national origins". In 1971, the House of Lords confirmed that the words "national origin" covered the differences between English, Irish, Scots, and Welsh. (CRE 1997)

Statistical data from the Irish agencies working in the UK indicate poor housing and living conditions, homelessness, low paid employment, unemployment and harassment as major problems for Irish people. (Kowarzik U, 1997)

The Irish are more than twice as likely to be admitted to hospital with a diagnosis of mental illness as the indigenous population. (Thompson, A. 'Irish Missed' Community Care 16-22 January 1997)

Irish-born people are more than twice as likely as native-born people to be hospitalised for mental distress. (Bracken, P, et al, 1991). In the case of men, the number of Irish-born admissions is more than triple the figure of English people and other minority ethnic groups. (Meltzer, H., et al, 1995). Greenslade, 1992, found that the Irish are over-represented as users of psychiatric services and suffer from high levels of most psychiatric disorders.

It is estimated that 11 per cent of people sleeping on the streets of Greater London are Irish. (Housing Services Agency, 1999). A survey of day centres offering frontline support to the homeless in London found that 22 per cent of users were Irish. The National homelessness charity Shelter reported that in 2000, 24 percent of users of Irish advice centres were homeless. (Shelter, 2000). This is a major problem, but one that has not been adequately investigated elsewhere in the country at present.

Research has shown that some of the serious health inequalities present in the first generation Irish in Britain carry on into the second generation: -

A longitudinal study in 1996 found that second generation Irish continue to experience adverse mortality risks, particularly at younger ages, and for all major causes of death. These patterns are very similar to those reported for the first generation Irish (Harding and Balarajan, 1996). This is a trend unique to the Irish, as all other ethnic groups tend to improve their health status by generation in this country. The Harding and Balarajan study itself did

not venture into speculation on causes, and research into the health of the second generation Irish is a relatively under-researched area. However, recent health figures show smoking levels at all ages of the Irish community to be higher than for any other group. (Health Survey for England 1999). Behavioural and cultural attitudes to health may therefore follow through between generations more than they do for other ethnic groups, and this is something that effective monitoring must examine in the future.

Irish women are in many respects a hidden minority in this country, and are an under-researched group. National work indicates high levels of mental illness, especially depression, among this group, and further specific work needs to be done to examine the issues surrounding this group.

Hickman and Walter (1997) found that in reality cultural sensitivity, which is often provided for other ethnic minorities through specialised services and awareness training, only occurs for Irish people if an Irish professional by chance happens to be involved: "If there are no Irish people in a team, then there is frequently less sympathy and understanding of the cultural needs of Irish people." (Hickman & Walter 1997: 110-111)

Part of the underlying reason for low take-up of services by Irish people is their tradition of self-reliance, pride and reluctance to ask for help. The prevalence of casual work often without paying the stamp led to a distrust of authority, and confusion between social security and social services has also been found to be a problem. (Williams 1998)

Mary Tilki argues that "culturally-sensitive provision is central for all minority groups but there is a distinct resistance to Irish sensitivity." (Tilki, 1996)

It is reported that there are approximately 400,000 older Irish people now living in Britain. This population is mainly living in hostels, in dilapidated council flats or as tenants in chronically sub-standard houses - often owned by Irish landlords - many of the men who built Britain live out the end of their lives in appalling poverty. It should be noted that while the Irish government have a responsibility to these people, so do the British Government, both centrally and at local levels. The duty of care toward vulnerable Irish people in Britain must not be neglected.

## **1.9 The Irish in Luton: Background**

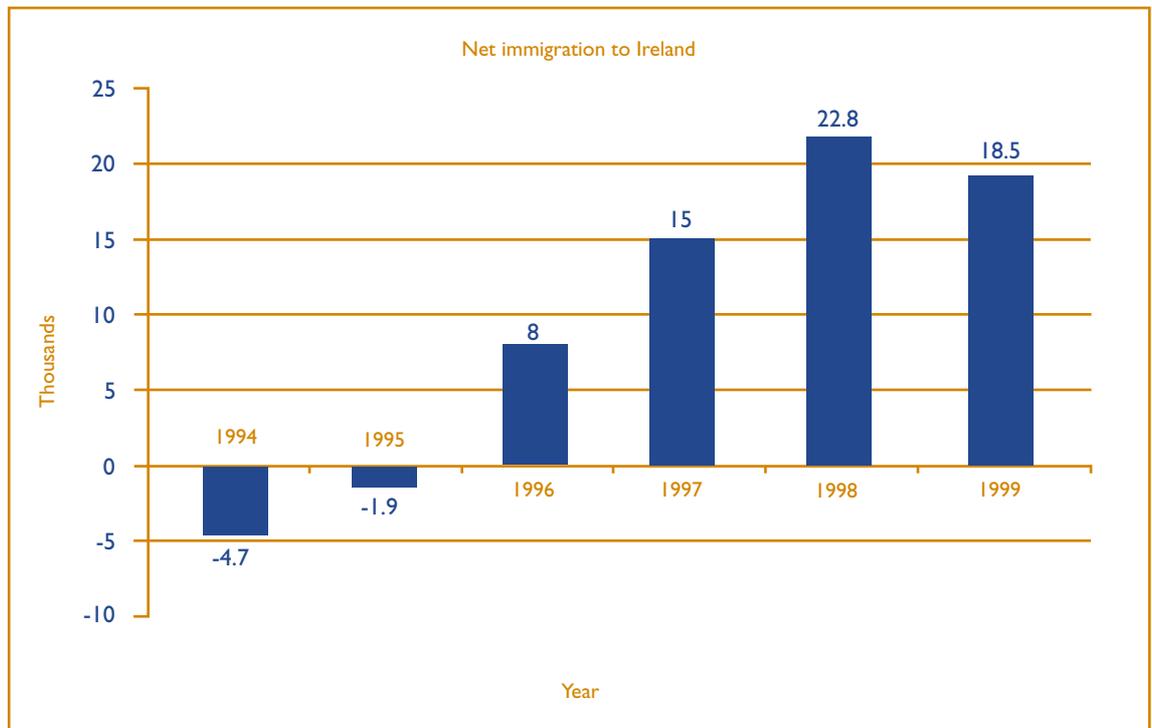
Luton lies just north of London, between two junctions of the M1 motorway. The demography of the town reflects its location; it has a very large and diverse ethnic minority population, with a particularly large Asian population of 18.1%. Many of the town's migrants moved to the town after first moving to London, as Luton has provided a close escape from London for many who wanted to buy a house but could not afford to do so in the capital.

Luton has a strong industrial tradition since the war, with major industrial factories employing large numbers of workers for many years. Car manufacture has been particularly strong. The building of the M1 motorway next to the town employed thousands of Irish workers, and many of them lived, or stayed, in Luton. In the early 1960s Luton Airport opened, employing another large number, and also providing a new gateway into the town, not least from Ireland.

This combination of factors has led to a large Irish community in Luton. Immigration was again high in the 1980s but with the economic boom in Ireland since the mid-1990s many of these younger migrants have returned home to Ireland.

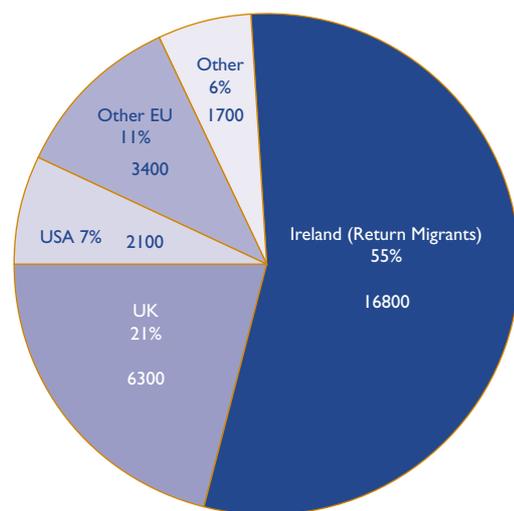
The charts below show the reverse in Irish migration in the 1990s, with an outward flow of population being replaced by an inward flow (figure A). Figure B goes on to show that over half of these immigrants were returning Irish people.

Figure A: Net immigration to Ireland in the 1990s



Source: Migration Studies at the Department of Geography, University College Cork.

Figure B: Origin of migrants to Ireland, 1994



Source: Migration Studies at the Department of Geography, University College Cork.

Broadly speaking, this leaves Luton with an ageing first generation Irish population, and a large second and third generation Irish population.

The 2001 Census, the first to include a separate category for “Irish”, shows Luton to have a far larger Irish population than the country as a whole (figure 1):

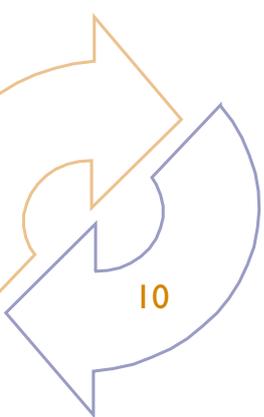


Figure 1: Size of Irish Population in Luton and in England

Percentage of resident population in ethnic groups:	Luton	England
White Irish	4.7	1.3

Source: Census, April 2001, Office for National Statistics

This 4.7% refers to those who ticked the “Irish” box under ethnicity, which was included in the “white” category for the first time. Many ethnic Irish people were unaware of the opportunity to do this, and so this figure can be seen to be an under-representation. We can prove this by comparing the census figures for those born in Ireland. This shows the figure for those born in Ireland to be only slightly lower than the figure for those ticking the Irish box. In fact the figure for those born in Ireland is only 11% lower than the Irish ethnic figure, indicating that a very low number of second and third generation Irish people in Luton availed of this opportunity to identify as Irish in the census.

A realistic estimate of the Irish population to include subsequent generation born in this country would take the Irish-born population and multiply it by 2.5, giving a rounded percentage on 12.5% of the total population, making the Irish the largest single ethnic group. This will of course also be an under-estimate as many of the first generation who lived here will no longer be registered on the census although their offspring may still form a part of the population.

Even using the 4.7% recorded by the census as ethnic Irish, the Irish come out as the second largest single minority ethnic group in Luton, second only to Pakistani at 9.2%.

For the purposes of this research we will use the above estimate and refer to the Irish as the largest ethnic minority group in Luton.

Figure 2: Ethnicity: % of all residents

	Percentage	East of England %	England & Wales %
British	65.0%	91.5%	87.5%
Irish	4.7%	1.1%	1.2%
Other White	2.3%	2.5%	2.6%
White and Black Caribbean	1.3%	0.4%	0.5%
White and Black African	0.2%	0.1%	0.2%
White and Asian	0.6%	0.3%	0.4%
Other Mixed	0.5%	0.3%	0.3%
Indian	4.1%	1.0%	2.0%
Pakistani	9.2%	0.7%	1.4%
Bangladeshi	4.1%	0.3%	0.5%
Other Asian	0.8%	0.3%	0.5%
Caribbean	4.2%	0.5%	1.1%
African	1.7%	0.3%	0.9%
Other Black	0.5%	0.1%	0.2%
Chinese	0.6%	0.4%	0.4%
Other Groups	0.3%	0.3%	0.4%

Source: 2001 Census, National Statistics website: [www.statistics.gov.uk](http://www.statistics.gov.uk)

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## 2 Findings

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This piece of research sought to gain more information of the Irish living in Luton. This report will deal with questionnaire data and the findings of the survey, linking them in with people's personal testimony, census findings, and service provider's information.

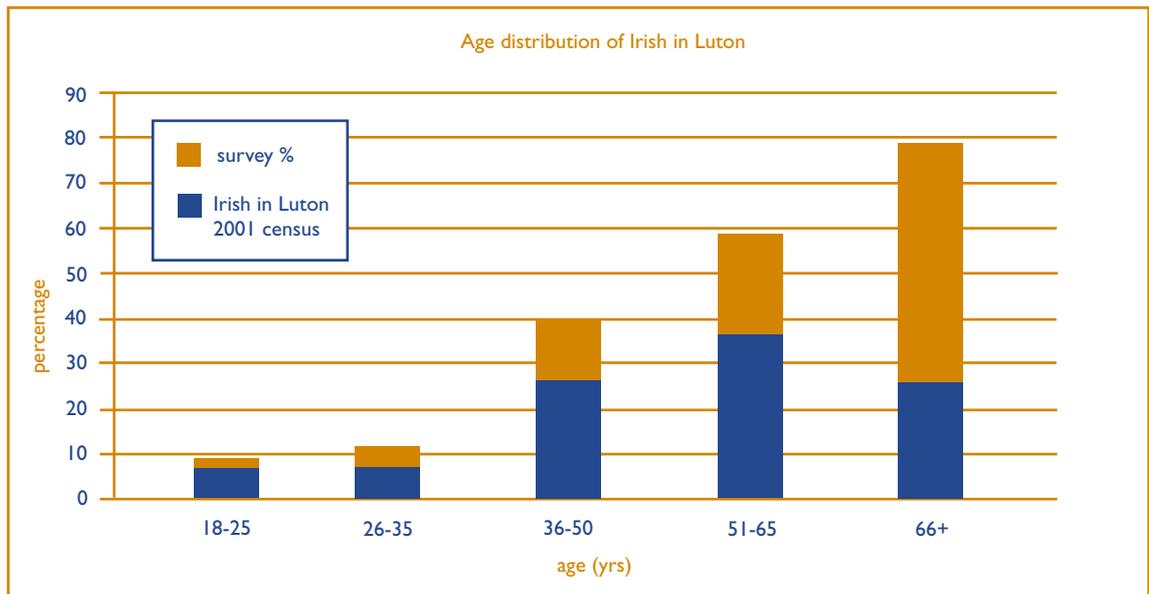
### 2.1 Monitoring of the Irish in Luton

Statutory bodies in Luton are at a policy level, aware of the need to monitor Irish service users, as other groups, and the Irish are, on the whole, included in ethnic monitoring procedures. However, in many cases it is not compulsory for service users to fill in the necessary forms, so data is either unavailable or at best sketchy. Ethnic categorisation is also done by self-definition, so many who could be classified as Irish for monitoring purposes may not be, as they may just tick the white or white British box instead. Many second and third generation Irish people are believed to have overlooked this category, and the numbers recorded are believed to be an under-estimate. The "Irish 2 Project" which examined second generation Irish identities in Britain explains: "a simple categorisation of 'White' followed by a national identity such as 'British' and 'Irish' (as used in the 2001 Census for England and Wales which will become the benchmark for other monitoring formats) will produce an over-identification with 'British' because it is seen as a 'fact' based on birthplace and passport entitlement."

There is a case to argue for a more thorough assessment by service providers in order to ensure ethnic monitoring can begin to pick out trends and problem areas. To be totally thorough, monitoring needs not only to ask about ethnic background, but also to ask about parents' place of birth. The result of the present system is that there is little official data available on the Irish as service users in Luton.

The 2001 census shows the Irish population of Luton to stand at 8,565 people. This is based on those who ticked the "Irish" box in the census, not place of birth. This Irish population is weighted on the older age brackets, as we might expect. Our survey sought to gain a representative sample of the Irish in Luton, and the chart below shows the age profile of our sample compared with the census figures. As we can see, the sample relates closely to the age profile of the Irish population identified by the census.

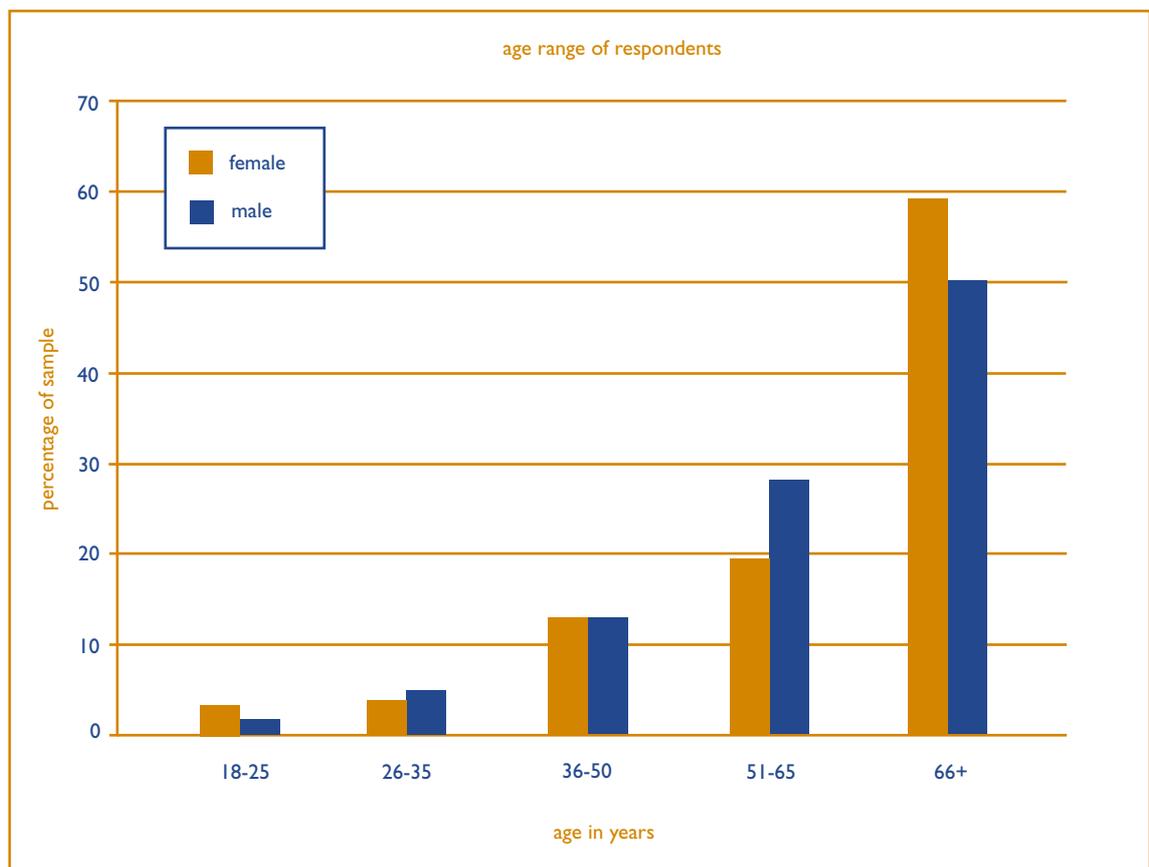
Figure 3: Age distribution of Irish in Luton, in 2001 census and survey



### Gender Profile of the Survey:

The questionnaire respondents were evenly distributed in terms of gender, with 54% female, and 46% male respondents. In terms of interviews and consultation exercises, the ration of women to men was 65% to 35%.

Figure 4: Age range of survey respondents



## 2.2 Qualifications

The Irish sampled in our survey were asked what level of qualifications they held. There were a variety of vocational and educational qualifications held, but a high number holding no qualifications at all, almost half, at 47%. This is significantly higher than the Luton general population figure from the 2001 census, of 31%.

Figure 5: Level of Qualifications in Luton, England and Wales, and among the Irish in Luton

	Luton General Population	England and Wales General Population	Irish in survey
Had no qualifications	31%	29%	47%

## 2.3 Work Affecting Health

Respondents were asked if they felt the work they had done had affected their health. Eighteen percent of men responded yes, with a further fifteen percent unsure (see figure 6). The tradition of working in construction and hard manual work on arrival in this country left many Irish men with health problems, and this is a nationally recognised problem. (CRE, 1997, Birmingham Irish Welfare and Information Centre, 1998)

Figure 6: Number of respondents who feel their work has affected their health

	male %	female %
Yes	18	11
No	61	75
Don't know	15	10
No reply	6	4

Several interviewees spoke of harsh working conditions encountered by many Irish in Luton who worked in construction, with outdoor work, no security, and injuries common. The car factories in Luton appear to have provided a respite from this work for many, with better working conditions, pensions and security for those who moved out of construction into the factories.

*“It was harsh work, we were out in all weather. You had to look out for yourself.”  
( Male, former construction worker)*

This working life also led to alienation for many from mainstream services, or authority, as work was often cash in hand, and without any national insurance paid by employers. Experience of discrimination when they arrived led many Irish men to “keep their heads down”, and they avoided the authorities for many years. This has led many to be reluctant to access services they are entitled to in later life.

There are many cultural factors which lead any community to behave in a certain way in certain situations. The Irish, and men in particular, are known to be particularly proud, and very reluctant to ask for help. One of the key issues is accessing services, as it has been found that the Irish are under-accessing core services across the board, leading to significant problems.

Tilki (1996) found this to be a major issue of concern, and anecdotal evidence from those who know and work with the community, in Luton and elsewhere, has highlighted this issue (CRE, 1997, Birmingham Irish Elders Project, 1998)

## 2.4 Advice and Information

Respondents were asked whether they had ever taken any advice on benefits or pensions, and only 47% of men, and 39% of women replied that they had (see figure 7 below). Amongst those who said they had not a range of reasons were given (see figure 8).

Figure 7: Uptake of benefits or pensions advice

	Not spoken to someone on benefits or pensions	Spoken to someone on benefits or pensions
male	53%	47%
female	61%	39%

Figure 8: Reasons for not taking advice on benefits or pensions

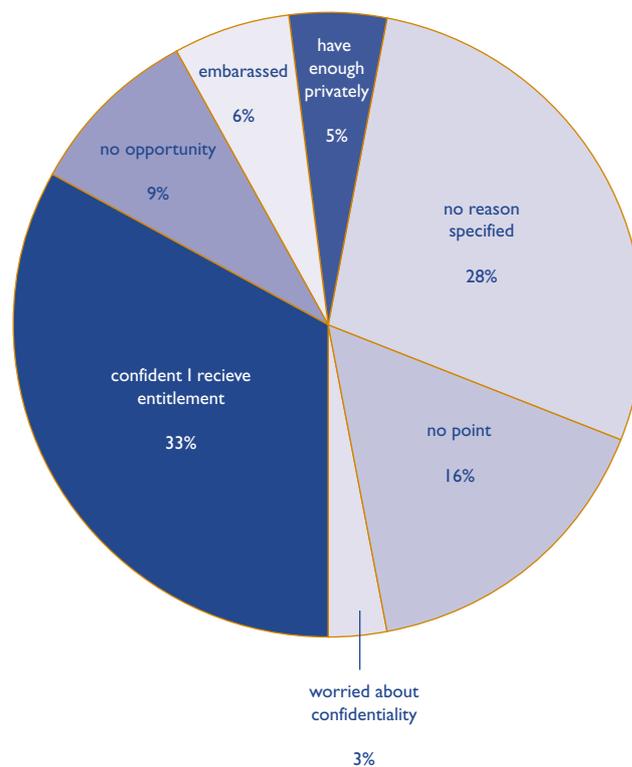
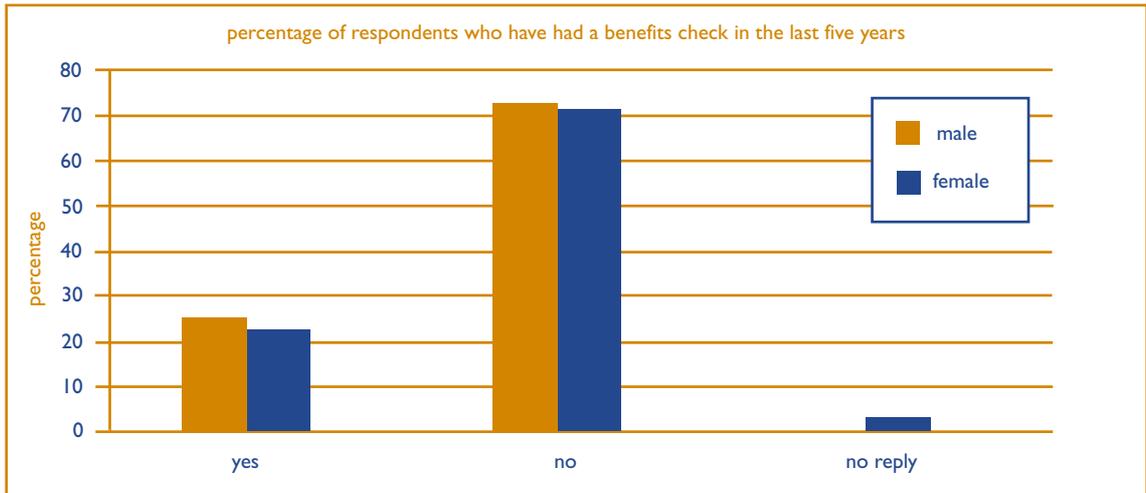


Figure 9: Uptake of professional benefits checks, as percentage of respondents

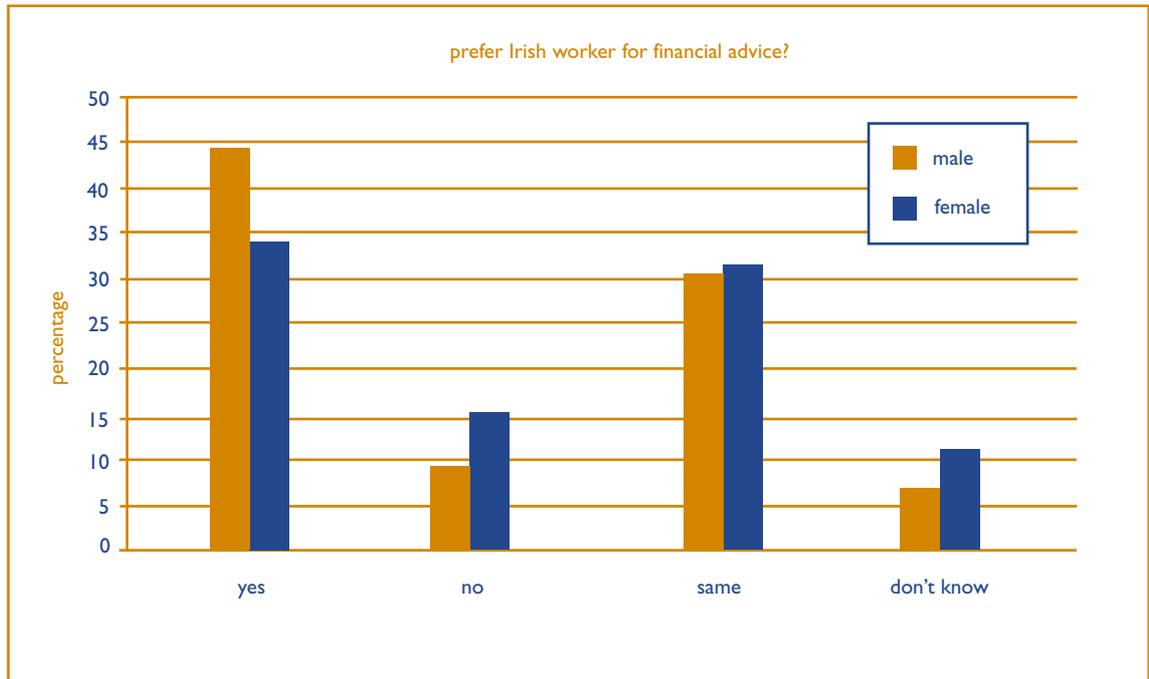


Respondents were asked whether they had had a professional benefit check in the past five years, and under a quarter were able to say they had (see figure 9). This is significant, especially when we consider that when asked if they would find it easier to talk to an Irish worker about financial matters, almost half of men, and a third of women, said they would.

There are clearly issues of cultural understanding in this issue, and a number of interviewees expressed mistrust of benefits services, preferring to go somewhere more personal, such as Luton Irish Forum. Respondents were asked if they currently claimed any benefits, and an alarmingly low number said they were claiming Disability Living Allowance (DLA) despite high incidence of restrictive illnesses.

There are many cultural factors, which could account for the under-use of benefits advice services, and low uptake of DLA by the Irish community. The Irish culture of self-reliance and pride in itself prevents people asking for help, which they may be fully entitled to. Irish people have particular language and ways of expressing themselves, which non-Irish or non-aware workers may not understand, and this can lead to feelings of isolation and prevent people from accessing services. It is often assumed that because most Irish people speak English there is no language barrier, but this is often not the case, and cultural sensitivity is as important as it is for other groups. Several older people spoke of difficulties in getting young non-Irish workers to understand them (See figure 10). Although this issue is felt by some people not to be a great problem in Luton as so many of the population have some link to Irish heritage, there is a danger in assuming that a link through family brings cultural understanding and sensitivity.

Figure 10: Percentages of respondents who expressed a preference for an Irish worker to discuss financial matters



Also many Irish people, especially older people, have few or no qualifications. In the years prior to the 1970s many areas of Ireland experienced severe poverty. Many left school early to work, and consequently literacy levels are low. Anecdotal evidence from frontline workers with experience of working with older Irish clients points to low levels of competence with written material, and high support needs in this area. Services need to be sensitive to this problem, and offer help where necessary to ensure these people get what they are entitled to.

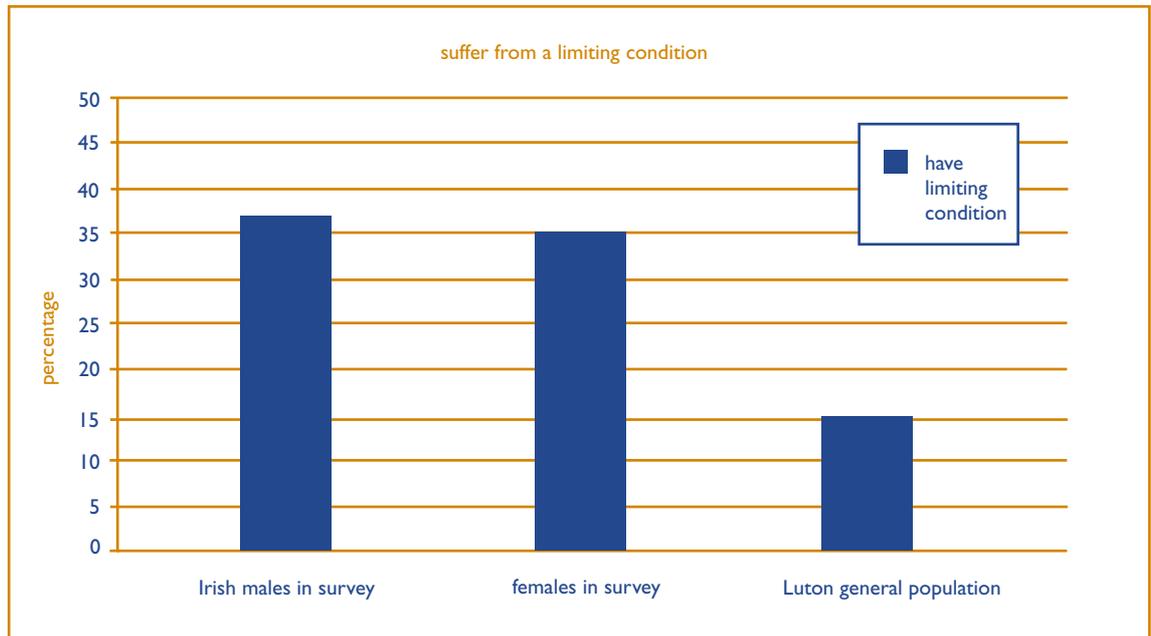
## 2.5 Health

The 1991 census showed that the Irish suffered higher incidence of limiting long term illness than other groups, and yet are under-represented in accessing benefits, and health care. The 2001 census shows that in Luton 15% of the general population have long-term health problems, whereas our survey shows over a third of Irish people have a condition that restricts them (figure 11). This is more than double the rate in the general population.

Very few of these same respondents were currently receiving Disability Living Allowance, however, the gap needs to be addressed urgently if further problems are to be avoided.

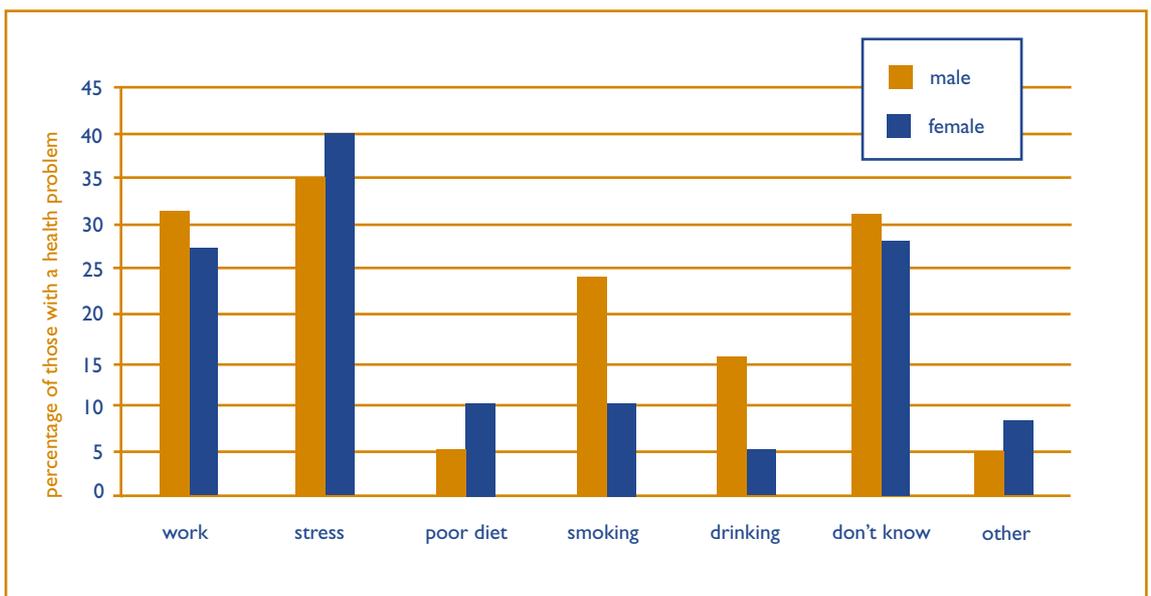
Respondents were asked if they “have an illness or condition which restricts your day to day activity?” The equivalent question in the 2001 census asked respondents whether they suffered from a “limiting long-term illness”. The responses are compared in figure 11.

Figure 11: Proportion of Irish who suffer from a limiting condition, as compared with the general population



Respondents were asked what they felt had contributed to their health problem, if anything, and the full range of responses were given, in figure 12 below. While a similar proportion of Men and Women attributed their ill health to work and stress, a far greater proportion of Men than Women blamed smoking and drinking for their health problems. This is interesting as Irish women in Britain have been shown to have the highest incidence of smoking, in all generations, than any other group. Reference Appendix No.2

Figure 12: Factors contributing to health problems

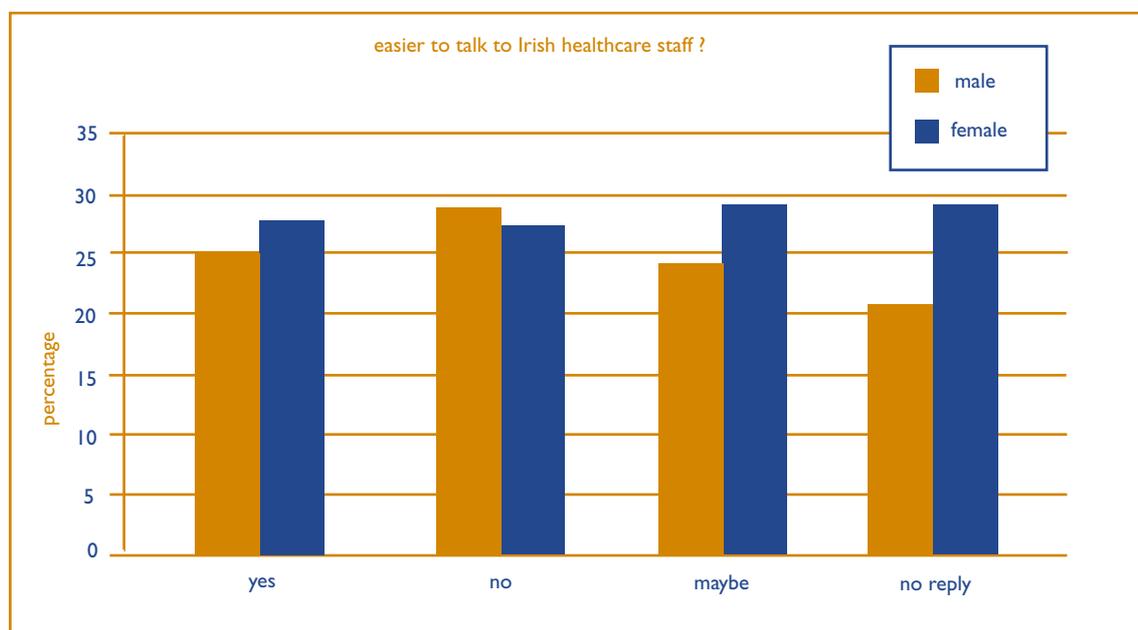


Respondents were asked if they would find it easier to talk to Irish healthcare staff, and only 29% of men and women said “No”, 49% of men and 57% of women stated “Yes or maybe”. (See figure 13). Cultural understanding is therefore seen as important to people when accessing a vital service. Several individuals also spoke of experiencing discomfort with staff that had no understanding of Irish people, their language and culture. In ensuring access to healthcare across the board, it is vital that cultural barriers are addressed.

*“Staff need to be understanding of Irish people; do not need to be Irish but a bit more understanding.” (Male, 50-65)*

*“Irish patients felt uncomfortable with attitude of English nurses, felt they didn’t understand.” (Irish Nurse, 36-50)*

Figure 13: Would you find it easier to talk to Irish healthcare staff?



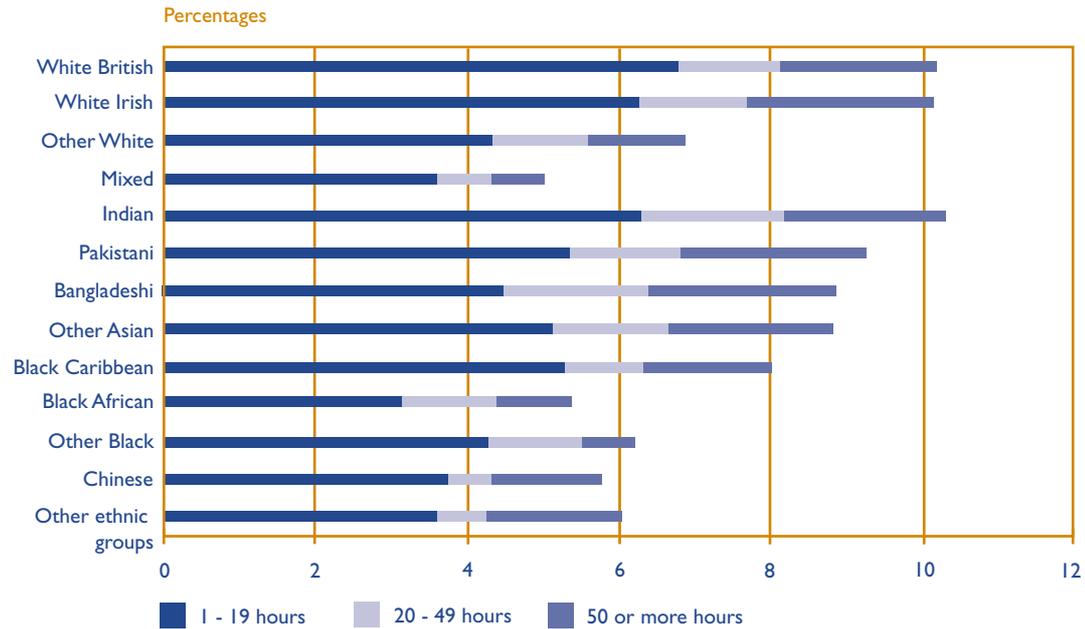
## 2.6 Carers and the Cared for

The 2001 census (figure 14 below) has found that the Irish are one of the highest givers of care in Britain. As defined by the Office for National Statistics this refers to unpaid care to relatives, friends or neighbours. (8 January 2004)

People from White British and White Irish backgrounds together with Indian people are most likely to be providing informal care, that is unpaid care to relatives, friends or neighbours. Groups most likely to provide very substantial amounts of care (50 hours per week or more) tend to be the same groups who provide care in the first place. The White Irish (2.5 per cent), Bangladeshi (2.4 per cent), Pakistani (2.4 per cent) and White British (2.2 per cent) groups had the highest rates of spending 50 hours a week or more caring.” (Office for National Statistics 8 January 2004)

There are benefits available for some carers and it is important to ensure that they are getting what they need and are entitled to, as the system of home care is an essential one that takes enormous pressure away from the health services.

Figure 14: National figures showing Carers: by ethnic group and time spent caring per week, April 2001, GB



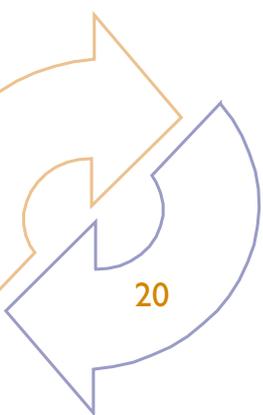
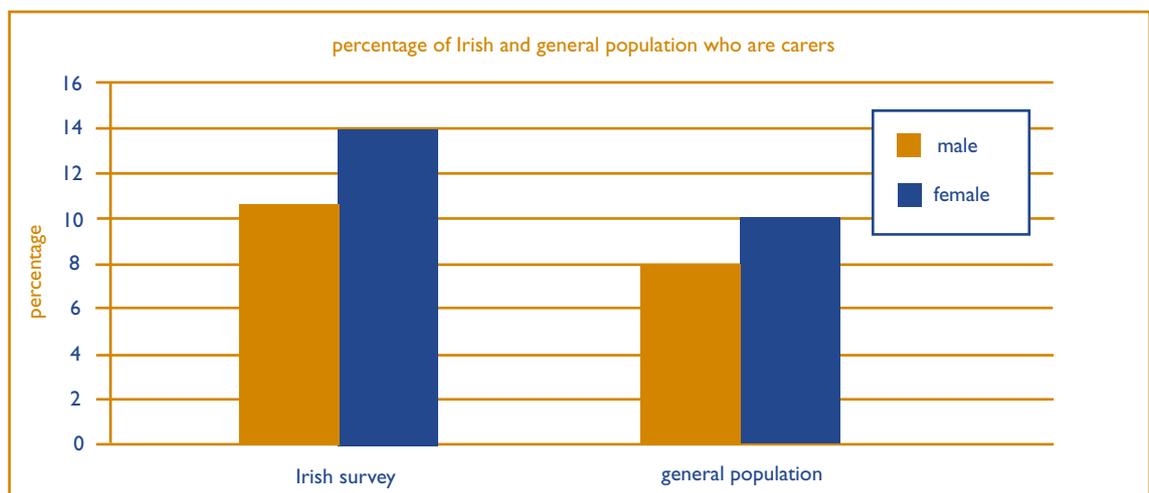
Source: Census, April 2001, National Statistics website: [www.statistics.gov.uk](http://www.statistics.gov.uk)  
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The survey also found high numbers of caregivers in the Irish community, with 14% of females and 11% of males saying they care for someone with a limiting condition. This is higher than the general population in Luton, from the 2001 census, for which the corresponding figures are 8% of men and 10% of women. This may reflect the older age profile of the Irish community, but even if that is the case, there is still clearly a great deal of work to be done to ensure the needs of this community are met.

One interviewee told of how he was retired and a full-time carer at home for his wife. The only support is a cleaner arranged via age concern, no other service. *“I can’t get away for a break, so I am stuck.”*

Figure 15 shows proportion of Irish in our survey who are carers, compared with carers in the Luton population as identified by the 2001 census.

Figure 15: Carers. Levels of care givers in the Irish and general population compared



Given the higher age profile of the Irish in Luton it is unsurprising to find there are a high number of Irish in care homes around the town. We have received anecdotal evidence of Irish residents in care homes, from several interviewees as well as community leaders. They have particular cultural characteristics, which should be met as a matter of procedure, not just when certain staff are involved. Problems of isolation can be reduced with attention to cultural sensitivity.

*“Irish elders in nursing homes can feel isolated, have ‘nothing in common’ with English. They should have Irish papers, etc.” (Female, 36-50)*

## 2.7 Mental Health

Respondents were asked if they suffered from a range of mental health problems, and their responses as a percentage of the survey, are set out below (see figure 16). Notably, men seem to suffer slightly more. In interviewing some more vulnerable members of the community, it was apparent that a range of mental health problems were in evidence, although it would be difficult to glean an accurate diagnosis of such problems from the patient themselves. The whole range of mental health services, from day centres to long stay hospitals need to ensure that the Irish are properly monitored, and that culturally appropriate services are provided.

Figure 16: Survey respondents reporting mental health problems

%	Percentage who suffer from		
	Stress	Depression	Nerves
Male	7	10	1
Female	4	4	4

One mental health service was visited which had a small number of Irish clients. This service helped people with skills and employment prospects, and provided a positive, progressive service. The Irish availing of the service were satisfied with its' provision, it was apparent that there was a lack of statistical data on access.

The lack of thorough monitoring of Irish service users makes it difficult to draw comparisons with national data, but previous research has shown that the Irish suffer from high levels of mental illness. Further work is needed to investigate this complex and sensitive issue, both with mainstream service providers, and on a community level.

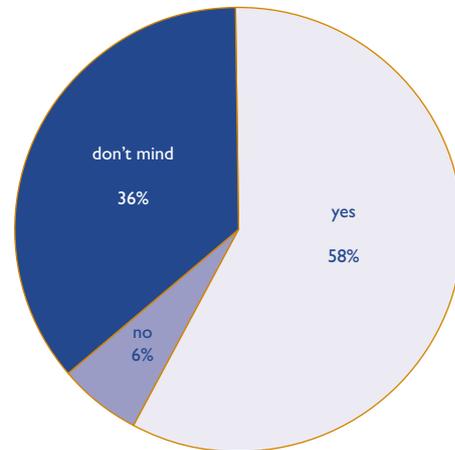
## 2.8 Socialising

The Irish clearly find it easier to socialise with other Irish people. Figure 17 below shows almost two thirds express their preference for socialising with other Irish people. Despite this, Luton has no full time Irish community centre where people can get together and enjoy their culture. The Irish activities of the town are centred on local parish centres scattered through the town, often run by volunteers and with very limited facilities. Luton Irish Forum (LIF) offers an invaluable service to its members as a means of meeting people with similar interests and expectations. The services of the LIF will be covered in more detail in Section 2:10.

As shown, a large proportion of this community has a restricting condition, therefore facilities with disabled access must be considered a priority. They must be provided, by law, as stated in the Disability Discrimination Act, 1995, part 3.

Figure 17: Respondents who find it easier to socialise with other Irish people

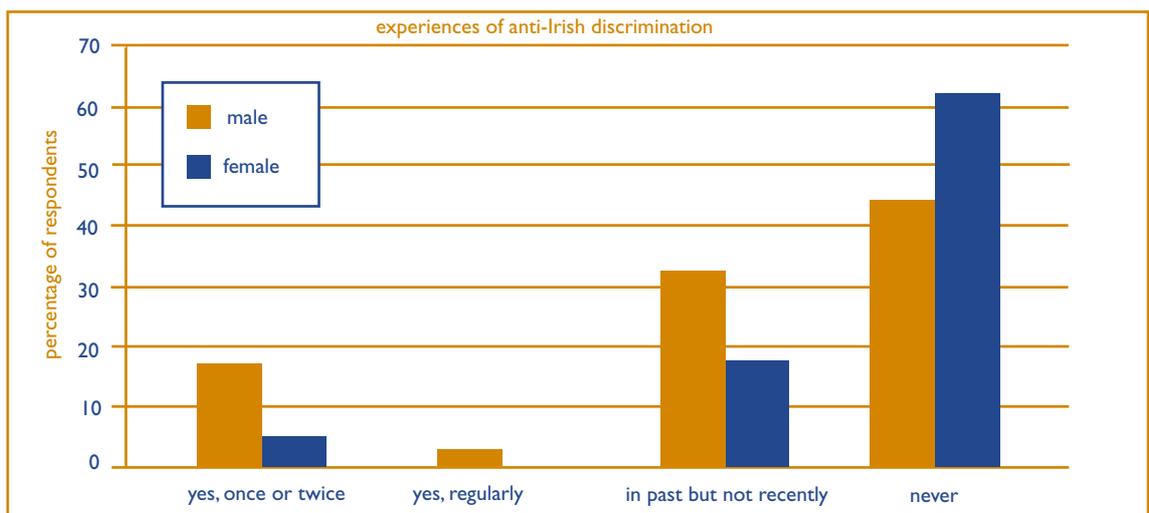
Find it easier to socialise with Irish people?



## 2.9 Experiences of Discrimination

Respondents were asked if they had ever been treated less favourably due to being Irish. Of men, 51% stated that they had either in the past or infrequently. 22% of women experienced some form of discrimination at some point (Figure 18). Although these figures are not pointing to regular or sustained discrimination, they do show very significant numbers actually feel they have experienced anti-Irish discrimination. This is not to say that the Irish have not been welcome in Luton, or anything extreme, but perceptions of discrimination are extremely important when trying to understand how a community sees itself, and whether social exclusion exists. A community which feels to any great extent distanced from the essential workings of the system is likely to experience social exclusion and detachment. This can lead to a host of social problems.

Figure 18: Experiences of anti-Irish discrimination, by gender



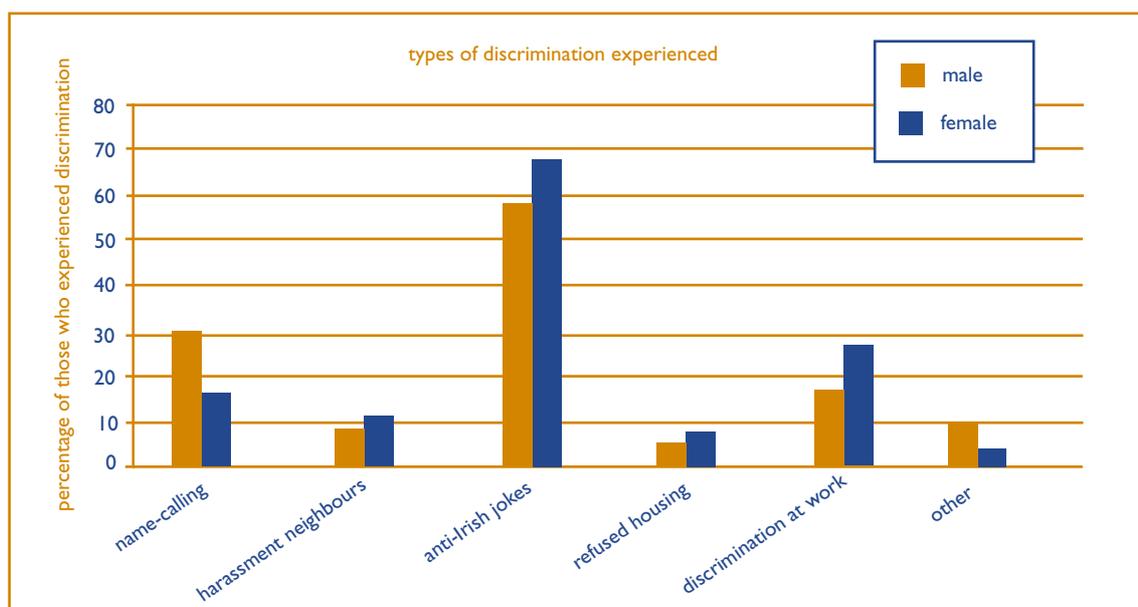
In the past the Irish have been forced to live as a suspect community thanks to the troubles in Northern Ireland and IRA activity in Britain. The psychological effects of the Troubles and the Prevention of Terrorism Act on the ordinary Irish community will still be felt today, and contribute greatly to the lack of engagement in the system by some people, who remember the years of having to “keep their heads down”.

*“They think we’re all terrorists.” (Male, 35-50)*

The Irish have for years been the butt of jokes aimed to belittle them and keep them subjugated. These jokes still go round today, but slightly less so. The damage done to a community’s self esteem by constant derision can be imagined, and perhaps contributed to the community’s tendency to stick together, and socialise with other Irish people. Almost 60 percent of men who said they had experienced discrimination cite “jokes” as one of the forms it took, meaning around a third of all Irish men had been subjected to anti-Irish jokes. There are significant numbers who mention more serious forms of discrimination, such as discrimination at work, harassment, and housing problems. In talking in depth to Irish people it was apparent that people felt a great difference between this joke telling and other forms of discrimination, with stories of “No Irish” signs, poor housing for Irish workers, and harassment around the times of the troubles not uncommon. See Figure 19.

*“I looked Irish and was refused housing.” (Male, 66+)*

Figure 19: The types of discrimination experienced



## 2.10 Service Use

It is difficult to gain an accurate picture of the use of services by members of the Irish community, as the monitoring is only beginning to pick this issue up. Most services we contacted assert that they do have significant numbers of Irish service users, but are unable to provide an accurate estimate of numbers or frequency of usage, as statistics are not available.

A homeless service has an over-representation of Irish service users, which provides a place to go for hundreds of people in Luton every day. This was originally set up to cater for the Irish coming into Luton when the airport opened, and was set up by a nun who had worked with the Irish in London, who saw a need to look after the needs of the many Irish coming into the town for work. The work of the service expanded beyond the Irish community and filled a void in catering for the most needy in Luton, offering practical support, food and clothing, and advice. Today it provides a service for almost two hundred people every day, offering them information, advocacy and practical help in finding accommodation and dealing with their financial issues.

Workers also do assertive outreach, going out and visiting vulnerable people in the community. Today almost half the service users are Irish, and many are living in poor quality accommodation i.e. in lodgings or bed sits.

We spoke to a number of Irish clients who were experiencing either homelessness or a lack of secure accommodation. They had little knowledge of the Irish community in Luton and expressed a wish for more information. The agency provides a valuable service in Luton, and for many of its clients it is the only contact they have with any kind of service. The Irish service users we spoke to varied in age and gender. Interestingly, the younger and second generation Irish identified themselves as having a strong sense of their Irishness. All had multiple health and/or social problems and had little or no contact with other Irish organisations.

The frontline workers who have worked with the community for years testify to the many problems faced by some Irish people in Luton, with a cycle of poor accommodation, often provided by unscrupulous landlords, drug and alcohol abuse, and ill health.

Workers at frontline agency that works with older people in the community, informed us that to their knowledge there are hundreds of older Irish men living in a ghetto of bed sits, with little or no access to proper services, and without the confidence or knowledge to find out how to help themselves. Many are reluctant to access even basic services such as the GP, and having lived a life of casual manual work, and often having sent a good proportion of their wages home in the 1950s and 1960s to a disadvantaged Ireland, they now sit in poverty and ill health with little or no support.

Those who work with or have any knowledge of the Irish community are familiar with these issues. In other areas around the country, assertive outreach programmes target those older Irish people in greatest need as they are recognised to be a side effect of the experience of Irish immigration to this country. The types of work and situations experienced by the Irish in Luton appear to be typical of the experience elsewhere in the country.

There are many others, however, who do not use any service, and survive alone. The culture of this section of the Irish community is such that asking for help is unthinkable. Many would have planned to go home but their pride could not let them return now. So they find themselves in their temporary home, still living in digs. Living in private accommodation prevents a person being picked up by social services when in need, and often it is only through the intervention of concerned neighbours that emergency help is provided. Several interviewees from the general Irish population, as well as frontline workers in a number of agencies, spoke of their own knowledge of men living alone, not receiving any help. Many felt the traditional, informal support networks among the Irish community had declined in recent years due to ageing, deaths and returning to Ireland. For many living in Luton this has led to a decline in familiar sources of support.

This group is in need of urgent intervention. From the researchers own knowledge linked to the findings of this report outreach work by Irish workers, whether within a mainstream or a specialist organisation must be undertaken to enable them to get into the system, and begin to access proper benefits and healthcare. Otherwise their inevitable health problems will end up in emergency treatment. This has been the backdrop to several successful assertive outreach programmes around the country, focussing on introducing the most needy Irish elders to essential services. Our investigations indicate high levels of need for this type of intervention.

## 2.11 Existing Community Organisations and Services

Luton Irish Forum (LIF) is the primary Irish community service provider. Established in 1997 as a drop in centre to provide a social outlet for members of the Irish community in Luton it currently has a membership of approximately 400 people. As a service it employs only one member of staff, a development worker with approximately 50 voluntary staff provide. The service is open five days a week, plus Saturdays by appointment, and provides information and advice, skills development, health activities and information, social and cultural events, and links to other Irish organisations in the UK. In addition the LIF work with the relevant statutory bodies advocating on behalf of the Irish community. As LIF has grown in membership the pressure has increased to locate to more suitable, fully accessible premises.

*“Nowhere for Irish people to go for information.” ( Male, 35-50)*

Another respondent who was familiar with the work of LIF said he feels LIF does a good job, and fills a need, though he felt there is a need to expand its remit:

*“I would like more of an advice centre, and less bingo. Advice is needed for people who want to move back to Ireland, also on employment, money, retirement...” (Male, 51-65)*

A number of the more vulnerable Irish people interviewed had no knowledge of the service provided by LIF, and clearly although it is providing a valuable outlet it is currently limited in resources and therefore in scope.

In the course of this study a range of service providers and agencies were contacted in order to assess whether any specific targeted services are in operation to cater for the specific needs of the Irish in Luton. From healthcare to housing to mental health and financial services and age-related services, we found there to be no specific provision for the Irish by any of the statutory or voluntary service providers in the town other than those provided by LIF.

The Irish community groups that exist are mainly social groups and cultural organisations such as Comhaltas, which promotes traditional music, county associations offering social events, and sports groups, such as those offering Gaelic games. There is relatively little in terms of service delivery specific to this community, and certainly in proportion to the size of the community and the specifics of its situation, a paltry amount.

Although services were helpful and willing to discuss the issue, as yet no specific health and social care service or project in the statutory sector is in operation to cater for the Irish. There is often an assumption that if there is an Irish worker present or working at the organisation, that they will deal with any particular issues adequately. This is a risky assumption to make, in the sense that there is no way of monitoring whether this is an effective policy, or measuring whether the needs of these service users and potential service users, are met. Service providers are therefore leaving themselves open to inefficiency and ineffective service delivery.

Mainstream services tend to assume the Irish can be adequately catered for within their existing frameworks, and so we are left with the situation outlined by Hickman and Walters, in 1997, whereby cultural sensitivity is only available piecemeal and where a sympathetic Irish worker happens to be present and willing to help.

An Irish Housing Organisation who have a residential facility in Luton, which caters not only for Irish clients. Residents are housed in modern facilities with a worker on site who can

help with practical issues. Numbers are small and clients are referred on by social services. It is felt that demand for a similar facility on a larger scale would be high.

Older people in Luton are served by a number of organisations, dealing with those in need. Socially, lunch clubs are dotted around. These are more likely to appeal to women, and are used disproportionately by women. Traditional male centres often involved alcohol and have declined in recent years, and the only service specifically for an older Irish person is that provided by LIF, which is also felt by many people we spoke to, to appeal more to women.

In recent years many of the traditional Irish networks have broken down, with the ageing community unable to sustain them. This has left pockets of older Irish people, and in particular, men, isolated, without their familiar networks, and with nothing to replace them.

The Irish community, despite being the largest ethnic minority group in Luton, does not have a full time community centre. The Parish centres around the town have filled this gap over the years but are now on the decline.

The needs of Irish women and men can be very different and targeted services and facilities need to be provided to ensure isolation is reduced.

## **2.12 Irish Travellers**

As similar urban areas Luton has traditionally attracted steady numbers of travellers. Irish travellers are officially recognised as a distinct ethnic group in their own right. They have a distinct heritage, culture, language or dialect, which makes them distinct from both the Irish community, and other travelling groups.

In order to gain an insight into the situation regarding Irish travellers in Luton, we spoke to relevant services in the town, and found that the recent history of travellers in Luton has been relatively turbulent. Facilities are extremely limited and recent legal changes have deterred new travellers from coming to Luton.

There is a dedicated service relating to education of travellers but its remit is limited, and help and advice in other areas such as health, finance, housing, are not linked in a specialist way to meet the needs of this community.

### 3 References

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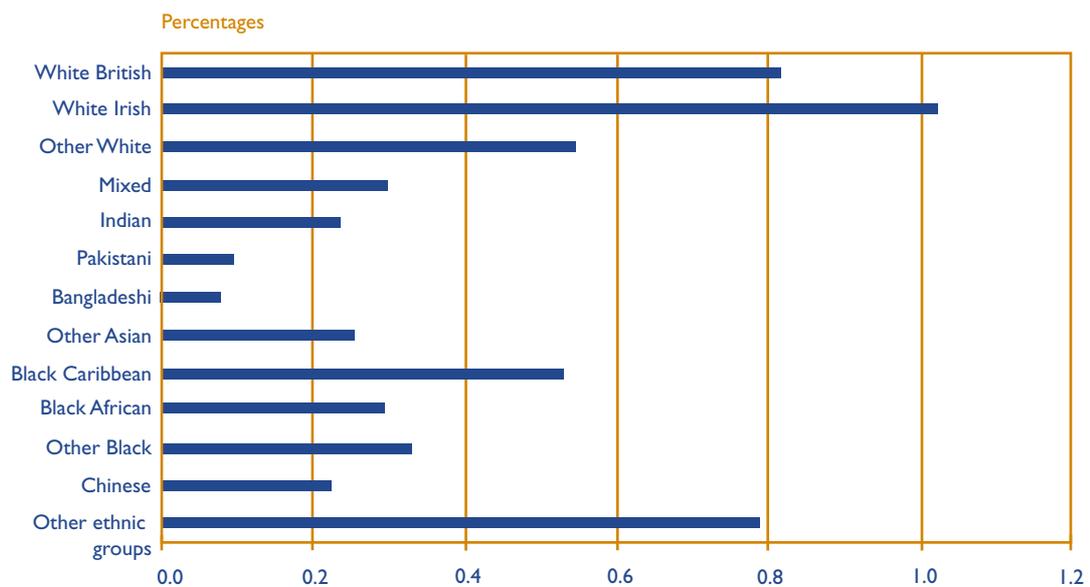
- Balarajan, R (1995) 'Ethnicity and variations in the nation's health', *Health Trends* 27, pp 114-9
- Bracken, P. 'Mental Health and Ethnicity: The Irish Dimension', *British Journal of Psychiatry*, 172, 103-105, 1998
- Cochrane, R., Pearson, M., Balarajan, R. (1996) 'The Irish in Britain: Socio Economic and Demographic Conditions', *Occasional Papers in Irish Studies No.3* Liverpool: Institute of Irish Studies
- Farrell, E., (1996) *The Hidden Minority – Mental Health and the Irish Experience in Brent*
- Federation of Irish Societies, (1998) *The Health of the Irish in Britain. The report of a Community Conference*
- Greenslade M., et al (1991) 'Generations of an invisible minority', *Institute of Irish Studies, Occasional Paper No.2*, Liverpool Institute of Irish Studies
- Greenslade, L. (1994) 'Towards an Irish dimension in 'ethnic' health', *Irish Studies Review* 8, 2-5
- Hickman, M.J, and Walter, B., (1997) *Discrimination and the Irish Community in Britain*, London Commission for Racial Equality
- Mind: *Mental health of Irish-born people in Britain 2003*
- Pearson, M., Madden, M. and Greenslade, L., (1991), 'Generations of an Invisible Minority', *Institute of Irish Studies Occasional paper No. 2*, Liverpool, Institute of Irish Studies
- Thompson, A. 'Irish Missed' *Community Care* 16-22 January 1997 (pp 32-35)
- Tilki, M. *The Health of the Irish in Britain*. Federation of Irish Societies (1996)
- Tilki, M. (1998) 'A Profile of Elderly Irish People in London', *Federation of Irish Societies*
- Williams, I: "The Needs of Irish Elders in Birmingham." *Irish Welfare and Information Centre*, 1998

## 4 Appendices

- 4.1 Population in hospitals and other care establishments: by ethnic group
- 4.2 Current cigarette smoking: by ethnic group and sex
- 4.3 Adults drinking above recommended alcohol guidelines: by ethnic group and sex
- 4.4 Questionnaire used for Luton Irish Dimension Research

### Some National Health Findings Concerning the Irish:

#### 4.1 Population in hospitals and other care establishments: by ethnic group, April 2001, GB



Source: Census, April 2001, National Statistics website: [www.statistics.gov.uk](http://www.statistics.gov.uk)

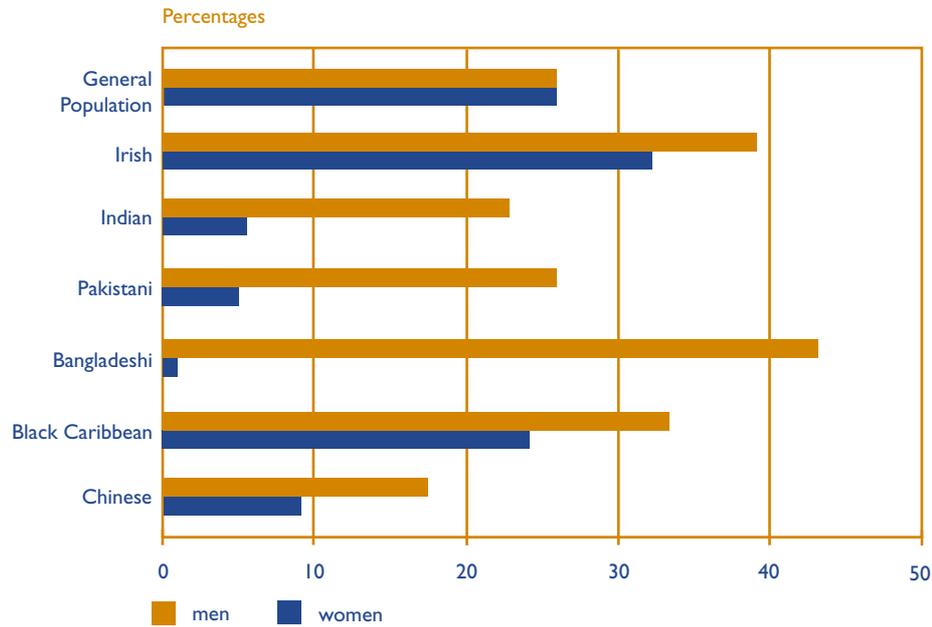
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Note: Hospitals and other care establishments are as classified as 'Medical and Care establishments' in the 2001 Census:

NHS Psychiatric hospitals/homes; other NHS hospitals/homes; Local Authority children's homes; LA nursing homes; LA residential care homes; other LA homes; Housing association homes or hostels; other nursing homes; other residential care homes; other children's homes; other psychiatric hospitals/homes; other hospitals, and other medical and care homes.

## Smoking:

### 4.2 Current cigarette smoking: by ethnic group and sex, 1999, England, Percentages:

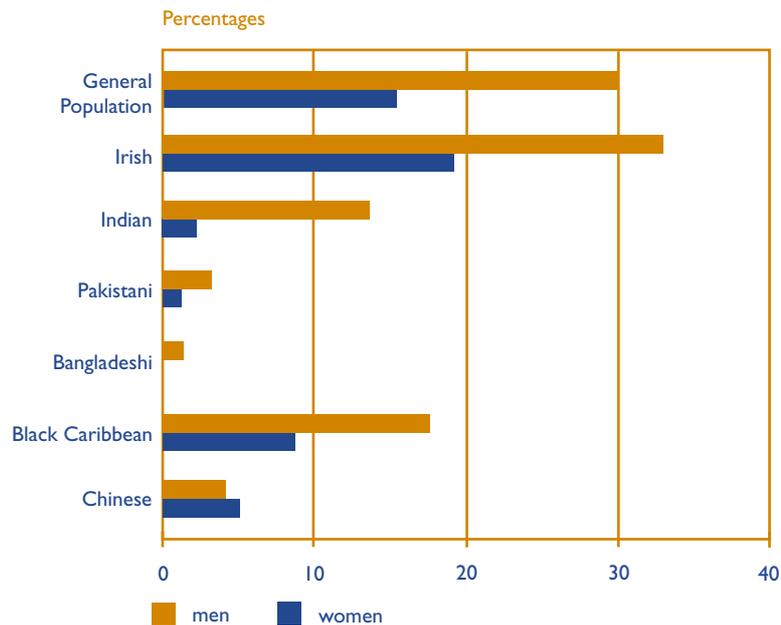


Source: *The Health of Minority Ethnic Groups, Health Survey for England 1999, Department of Health.*

## Alcohol Consumption:

### 4.3 Adults drinking above recommended alcohol guidelines: by ethnic group and sex, 1999, England, Percentages:

Sources: *The Health of Minority Ethnic Groups, Health Survey for England 1999, Department of Health.*





## FINANCIAL ENTITLEMENTS

11. Do you currently receive any benefits or state pension?  
 Yes Please say which .....
- No If no, please say why .....
12. Have you received any in the past?  
 Yes  No If no, please say why .....
13. Where would you go to find out more about benefits or pensions?  
 Benefits Agency  Luton Irish Forum  Noah Enterprises  
 Local Advice Centre  Don't know  
 Wouldn't want to go anywhere  Other .....
14. Have you ever spoken to anyone about benefits or pensions?  
 Yes. Who? .....
- No.  Why not?  
 Don't think there's any point  Worried about confidentiality  
 I am confident I receive what I am entitled to.  Never had the opportunity  
 I would be embarrassed to ask  I have enough through private pensions and earnings
15. Have you had a professional benefit check in the last 5 years, where someone looks at what you may be entitled to?  
 Yes  No
16. If more information were easily available in your local area, for example, in a community centre, would you be more or less likely to ask?  
 More likely  Less likely  The same
- 17 a. Have you heard about the Irish pre-1953 pension, which many Irish people living in Britain are entitled to claim?  
 Yes  No  
 Already applied for it/in receipt of it  It doesn't apply to me
- 17 b. Where would you go/or did you go to find out more about this?  
 Luton Irish Forum  Irish Embassy  Benefits Agency  
 Other  Don't know
18. Would you find it easier to talk to an Irish worker about your personal or financial matters?  
 Yes  No  Same  Don't know
19. Are you aware that Luton Irish Forum can give professional benefits information?  
 Yes  No

## HEALTH

20. Do you have an illness or condition which restricts your day to day activity?  
 Yes  No  
If yes, please describe .....
21. Do you feel any of the following have contributed to your condition?  
 Work  Stress  Poor diet  
 Smoking  Drinking  Don't know  
 Other .....
22. Are you receiving any medical treatment for this illness or condition at the moment?  
 Yes  No
23. Are you happy with the medical treatment you receive?  
 Yes  No

24. If no, what do you think could be done to improve it?  
 More access to information       More understanding staff  
 More knowledge of what I'm entitled to  
 Other
25. Would you find it easier to talk to Irish healthcare staff?  
 Yes       No       Maybe
26. Are there any health services that you would like to receive that you do not receive at present?  
 Yes:       Chiropody       Physiotherapy       Counselling  
 Better check-up facilities    Other .....
27. Do you or does anyone in your family suffer from  
 Me:       Stress       Depression       Nerves  
 Someone in my family:    Stress       Depression       Nerves
28. Does this affect your day to day life?  
 Yes, regularly       Not often       Sometimes
29. Do you feel there is any particular reason for this problem?  
 Yes: Please explain .....  
 No       Don't know
30. Do you care for someone who has a condition or illness which inhibits their day to day activities?  
 Yes       No

### SOCIAL LIFE

31. Do you get to socialise as much as you would like?  
 Yes       No. If no, why not?       Money       Transport  
 Have to care for someone       Lack of disabled access       Don't want to go alone  
 No suitable activities available
32. What improvements would you like to see in your local area?  
 More Irish activities       More for young people to do  
 Daytime activities or clubs       Better transport       More free activities
33. Do you find it easier to socialise with other Irish people?  
 Yes       No       Don't mind
34. Do you feel you have ever been treated less favourably due to your being Irish?  
 Yes, once or twice       Yes, regularly  
 In the past but not recently       Never
35. If yes, what form did this take?  
 Name-calling       Harassment by neighbours       Anti-Irish "Joke" telling  
 Refused housing       Discrimination at work       Other .....

Thank you for your help.

To continue this study we will be holding follow-up conversations with some people to get more information. This will be an informal chat, or a group discussion and again, all information will be strictly confidential. We would be grateful if you would let us know if you would be willing to be interviewed. If you are, please fill in the slip below and return it with your questionnaire, or separately if you prefer.

Yes, I would like to speak to you.

Name:

Telephone:

You can contact me:

Evenings

Daytime

Anytime