



The Irish Community in Sheffield: needs, aspirations and identity

A Project supported by the Federation
of Irish Societies

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Final Report

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Foreword

The *Irish Community in Sheffield: Needs, Aspirations and Identity* provides a sound underpinning for the planning and provision of welfare, health and cultural services by public authorities. It provides research based evidence of the demography, socio-economic, housing and health status of Irish people which if used appropriately can enable statutory bodies to address the health and social inequalities experienced by this diverse community. The recommendations can help public authorities meet equality and diversity obligations, achieve health inequality targets and improve social cohesion and service quality. The report also draws attention to the valuable contribution and rich cultural heritage of the Irish in Sheffield. While the report documents the persistence of anti-Irish racism, it also highlights the importance of cultural and sporting activities which extend beyond the Irish community affording opportunities for social cohesion. Finally, it provides evidence of a desire on the part of the Irish community in Sheffield to formally constitute as an organisation and take forward many of the research findings.

Dr Mary Tilki

Chair, Federation of Irish Societies

Contents

Executive Summary	i
1. Background and research approach	1
2. The Irish in Sheffield	7
3. Service provision and needs	22
4. Experiences and perceptions of being Irish in Sheffield.....	28
5. Irish identity, aspirations and culture	32
6. Recommendations	38
References	40



Executive Summary

This report commissioned by the Federation of Irish Societies (FIS) examines the experiences of the Irish community in Sheffield with specific reference to their health, housing, welfare, aspirations and identity. The research findings are underpinned by an extensive review of the current literature on the experiences of the Irish community in Britain and Sheffield. Evidence was gathered from a range of stakeholders and a representative sample of the Irish community, through the analysis of 107 self-completion questionnaires, 4 focus groups and 16 in-depth interviews. The research took place over a seven-month period concluding in March 2008. The findings include:

- Public authorities in Sheffield collect data on the white Irish population, but this data is not always 'fit for purpose'. There are issues regarding the structuring of some of the ethnicity data, for example the use of combined ethnic groupings such as "Irish/Other European"
- Evidence of improved monitoring of the Irish since 2001 by public authorities has not resulted in action to target resources to the specific needs of the Irish population in Sheffield
- The Irish population in Sheffield is an aging one. The community is characterised by diversity, with notable differences in socio-economic circumstances between those that migrated in the 1950's and 1960's and more recent younger and highly qualified migrants
- There are segments of the Irish population in Sheffield which are socially excluded and in clear need of support: these include pensioners, homeless people, Travellers and those with mental health and alcohol and drug dependency issues
- Health is a particular issue for Irish people in Sheffield with relatively high levels of limiting long-term illness. Irish people have a higher rate of contact with mental health services than white British and the 'white other' population
- Irish people experience difficulties accessing services due to a lack of knowledge of services and rights. In the absence of statutory services Irish people rely on informal sources of support such as local churches, and Irish friends and acquaintances
- A clear majority of Irish people wish to see an Irish community centre or Irish network established in Sheffield
- Irish cultural and sporting activities, for example, Gaelic football, traditional Irish music and in particular Irish dancing has some appeal beyond the Irish community.

1. Background and research approach

Background to the research

The Irish community in Sheffield has been served by a variety of voluntary sector groups delivering a range of social care, support and advice services over the last twenty five years. The primary focus for Irish activity in the city for many years had been the Irish Centre in Burngreave, but this closed in 2003 due to a lack of funding. After a period of success around capacity building and delivering welfare and benefits advice to vulnerable and socially excluded members of the community, the Sheffield Irish Forum along with the Irish Embassy, the Federation of Irish Societies (FIS)¹ and Cara Housing Association succeeded in gaining planning permission for a multi-million pound 'Irish Heartland' project including a cultural centre, health and welfare advice and housing provision. Unfortunately, the project could not be brought to a successful conclusion with its partners and Irish people were left with a diminishing culturally specific support, advocacy and advice services in the city.

The Irish community in the same period has been organised around a number of Irish representative organisations including the Sheffield Irish Forum and Sheffield Irish People's Support and Development Group. These organisations were run mainly by volunteers, although there were periods during which funding was made available for a limited number of paid positions. They were run by some highly motivated and committed individuals, but lacked the levels of accountability and client focus demanded of the voluntary sector in the current climate. At the time of the research a new representative group, the Sheffield Irish Association was in the process of being set up.

In the light of these historical developments, and the changing nature and demographics of the Irish in Sheffield, this study provides a clear analysis of the current circumstances and experiences of the Irish population in the city. The research was commissioned by the Federation of Irish Societies (FIS) working with a Steering Group drawn from the local Irish community, and was carried out by a team at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The main aims of the research are to establish a profile of the Irish community in Sheffield, to explore existing service provision for this group, and to make recommendations for further service provision particularly targeted at the Irish population in the city.

Aims of the research

The aims of the research are to provide:

1. An up-to-date analysis of the demographics of the Irish in Sheffield
2. An accurate presentation of the views of Irish people in Sheffield, of how they could be better served in the city in the areas of health, housing, welfare, social inclusion, culture and identity

¹ The Federation of Irish Societies is a national umbrella body representing and providing services to its affiliated organisations throughout Britain. These organisations include welfare advice agencies, day centres, community care services, clubs, social and cultural organisations and housing providers; as well as projects to meet specific needs of particular sections of the Irish community, such as women, elders, Irish Travellers and prisoners.

3. A summary of the current provision for Irish people from the community and voluntary sector
4. An analysis of the efforts of public authorities to improve the quality of life for Irish people in the city.

Working definition of “Irish”

For the purposes of the study the working definition of “Irish” refers to individuals of Irish origin whether they were born in Great Britain (or elsewhere) or the island of Ireland². The study therefore includes those who were born in Britain whose parents, grandparents or great-grandparents were born in Ireland.

The 1991 Census provided the first opportunity for Irish people in Britain to record their ethnicity by ‘country of birth’. Following a successful campaign by Irish organisations the 2001 Census included for the first time a separate “White Irish” category through which people could define their ethnicity as being Irish, regardless of where they were born. The inclusion of second and third generation Irish people in the study is important, not least because many of the health, welfare and social issues are present within the Irish population in Britain over several generations. It is also an acknowledgement that being Irish is not limited to those who were born on the island of Ireland, but also encompasses those who define themselves as Irish.

Research method

The research commenced with an extensive review of the literature and information regarding the Irish community in Sheffield and in Britain more generally. The literature review informed the development of the research instruments including the self-completion questionnaire³ and interview schedules, as well as subsequent analysis of the findings.

The methodology combined quantitative and qualitative methods. It made robust use of the quantitative evidence already available, including analysis of the 2001 Census. The main objective of the study however, was to explore in detail the experiences and needs of the Irish community in Sheffield through in-depth, qualitative interviews and focus groups.

It was important to recognise the diversity of the Irish population (e.g. age, gender, religion, country of birth, accommodation situations and preferences). Therefore, the study encompassed a broad range of Irish individuals, including first, second and third generation, Travellers, those of all faiths and none, students and homeless Irish people.

A self-completion questionnaire was devised with a view to providing more focused and up-to-date information regarding the Irish population in the city. The main rationale for the questionnaire was two-fold: to provide basic demographic information including age, gender, tenure, place of residence, and also to recruit a representative sample of participants for the one-to-one interviews and focus groups. A total of 600 self-completion questionnaires were distributed across the city, in venues and services frequented by Irish people, including hospitals, a charity music event, a luncheon club, pubs, Churches (both Protestant and Catholic), a Mosque and a Buddhist centre. The research was publicised on ‘Sheffield Live!’ community radio station. Respondents were also recruited from an article in the ‘Irish Post’ newspaper, a national weekly newspaper for the Irish in Britain.

² The term ‘island of Ireland’ used here encompasses Northern Ireland and the Republic of Ireland

³ A copy of which is available on request from the authors

In total, 107 out of 600 questionnaires were returned, which represents a response rate of 18 per cent. This is a good response rate for a self-completion questionnaire. Questionnaires were completed by more men than women. In total, 67.3 per cent of questionnaires were completed by those whose 'country of birth' was the island of Ireland (i.e. first generation), which corresponds closely to the Census figure of 64.7 per cent. The questionnaire was completed by 31.8 per cent of those who were born in England (i.e. second and third generation).

Profile of respondents

Gender

Men – 54.2%

Women – 44.9%

Country of Birth:

Republic of Ireland – 57.0%

England – 31.8%

Northern Ireland – 10.3%

Other – 1%

One of the main aims of the research methodology has been to supplement the limited data on the Irish population with local knowledge and anecdotal evidence gathered from key stakeholders. The research team interviewed a wide range of key individuals in the statutory and voluntary sector regarding their attitudes towards, and experiences of providing services to the Irish community. Interviews were carried out (both face-to-face and on the telephone) with the following parties:

- Children and Young People's Directorate, Sheffield City Council
- Corporate Policy Unit, Sheffield City Council
- Neighbourhood and Renewal Unit, Sheffield City Council
- Cara Housing Association
- Sheffield Primary Care Trust
- Archer Project, The Cathedral
- St Vincent's Parish representative
- St Wilfred's Drop-in Centre
- Duke Health Centre
- Travellers Support worker
- Trans-cultural Team, Sheffield Care Trust.

The qualitative element to the study consisted of semi-structured interviews and focus groups designed to explore in detail the views, attitudes and experiences of respondents. A total of four focus groups were held with the following groups:

- First generation Irish, i.e. those born on the island of Ireland (8 participants)
- Second and third generation Irish (6 participants)
- Irish Travellers (3 participants)
- Young Irish students (8 participants).

Although there were a number of themes to be explored in the focus groups the emphasis was on what participants themselves thought was important and relevant.

A series of one-to-one interviews were subsequently carried out which allowed for more in-depth discussion of issues that were pertinent to individuals' lives and experiences in Sheffield. Interviewees included pensioners, graduates, settled Travellers and homeless Irish people. In total, 25 respondents took part in the focus groups and 16 one-to-one interviews were carried out. Three of the focus groups and the majority of the interviews were digitally recorded and transcribed.

Activity	No. of participants
Questionnaire	107
Focus Groups	25
Interviews	16
Total	128 ⁴

A total of 128 Irish respondents took part in the study.

The Irish in Britain - the research to date

In England, in the 2001 Census, just over 750,000 individuals recorded that they were **born** on the island of Ireland. However, 70,000 fewer (around 690,000 in total) or 1.4 per cent of the population in England **identified** or perceived themselves as **ethnically Irish**. The under-reporting of the Irish population was partly attributed to the inadequacy of the Census question: British-born Irish descendents may have interpreted the question in relation to country of birth, not ethnic background (Howard 2006). There may also be under-reporting due to a lack of a 'Black Irish' category in the Census, as well as an absence of an 'Irish Traveller' category, whose population size and location can be difficult to measure. At this point it is also useful to note that individuals who are born in the Republic of Ireland and who arrive in Britain are entering the UK from another country whilst those from Northern Ireland are, in simple terms, moving to another part of the UK. As a result, this may influence an individual's response in respect of a declaration of Irish ethnicity.

The Irish population comprises ten per cent of the ethnic minority population⁵ of England and is the third largest ethnic minority, after those of Indian and Pakistani ethnicity (Walls, 2006).

The Irish population in Britain consists mainly of two groups: those who migrated in the 1950's, who worked in manual occupations and social care (Irish nurses and carers), and who are now elderly, and younger immigrants who came to Britain in the 1980's and 1990's. There are also differences between migrants from the Irish Republic who tend to be more disadvantaged on key indicators, and those from Northern Ireland who are closer on average to the overall British population on indicators such as employment rates and educational qualifications (Hickman and Walter, 1997)

Patterns of migration have changed since the 1980's with a reduction in overall numbers of Irish people migrating to Britain, combined with an increase in the rates of return migration. The majority of recent migrants are well-educated and better qualified by comparison to the white British population and come to Britain for a variety of reasons, including further higher education, employment, career development and a sense of adventure. They make up a 'new wave' of Irish immigrants that, unlike previous arrivals are coming to Britain through choice rather than economic necessity.

⁴ This total reflects the fact that some participants took part in more than one research activity

⁵ The ethnic minority population is defined here as all those who do not identify as White British in the Census, and includes those in the 'White Other' category

By contrast, a significant number of unskilled people with a range of social, health and mental health issues and needs continue to arrive in England's cities. These include those fleeing debts in Ireland, drug users and those who have a range of family or relationship problems. Any study of this kind must take into account these two facets of the Irish community in Britain.

There has been a long running debate as to the legitimacy of treating the Irish in Britain as a separate ethnic group in their own right. The discourse on race and ethnicity has been framed in terms of a black/white binary that has rendered the white Irish population invisible. The implicit assumption underlying this position is that the Irish, as a result of close geographical proximity, a common language and being predominantly white has been readily assimilated into British society, and consequently, have no particular needs to be addressed. There is a body of evidence however that effectively challenges that position and that point to stark health and social inequalities. Statistical data from Irish agencies working in the UK indicate poor health, housing, homelessness and low paid employment for significant numbers of the Irish population (Kowarzik, 1994). The Irish in England experience increased incidence of long-term illness and disability which limits their ability to perform, daily activities and work (Owen, 1995). Limiting long-term illness increases with age but for all age groups the incidence for Irish people is between five and ten per cent higher than the predicted rates by age with the poor health differential being greater for men than for women and for those from the Irish Republic (Owen, 1995, p.13). The 2001 Census asked about people's views of whether they were in good health or not. For each age group, for both men and women, the trend is for more Irish people than white British people to indicate 'not good health' (Limbrick, p. 5, 2007 (a)).

Crucially, studies have also shown that some of the serious health inequalities present in the first generation Irish in Britain carry through to the second generation (Harding and Balarajan, 1996). In this regard, the Irish are unique, as all other ethnic groups tend to improve their health status by generation in the UK. The Irish population is characterised by having above average incidence of primary, preventable diseases such as coronary heart disease, and cardiovascular disease. Standard mortality ratios for ischaemic heart disease is elevated for Irish people at between 11-14% for men at all ages and between 2-9 % for women (Harding and Balarajan 1996). Standard mortality ratios for all cancers are significantly increased for Irish people at all ages (Harding 1998) but especially in the 15-64 age group. Standard Mortality Ratios (SMR's) for Lung cancer are 52 per cent higher for men and 36 per cent higher for women between 16 and 64 while "other" cancers were elevated by 20 per cent for men and 32 per cent for women (Harding and Balarajan 1996). There are a number of other chronic diseases that are also prevalent among the Irish and the Irish diaspora both in Britain and further afield. Irish people and those of Irish descent have the highest incidence worldwide of Celiac disease, a genetic disorder related to gluten intolerance (Cronin and Shanahan, 2001). Haemochromatosis, around the world is also associated with the Irish diaspora. The highest frequency of this disease (an excess of iron in the blood) outside of Ireland is found in Britain, Eastern Australia and the East coast of the USA (Ryan *et al*, 2007).

It is however, in the area of mental health that the most stark health differences are to be found. The patterns of mental distress among Irish people in England and their access and use of mental health services make disturbing reading. There are significantly high rates of suicide among Irish people of both sexes (Walls, 2004, p83). Rates have persisted for decades and increased over time. Irish-born people are more than twice as likely as native born people to be hospitalised for mental distress (Bracken, *et al*: 1991). The Irish in Britain are over-represented in most diagnostic categories, but the figures for depression and alcohol-related disorders are particularly notable. Rates of admission to hospital for depression show that those born in the Republic of Ireland are two and a half times more likely to be admitted than their British

counterparts (Mind: 2007). Men born in the Republic of Ireland have approximately nine times, and women seven times the rate of alcohol-related disorders. There is much concern within the Irish community sector regarding the extent to which GP's fail to deal with mental health issues underlying symptoms of alcohol dependency. Concern is also expressed that previous experiences of psychiatric services, lack of knowledge of rights and of services and anti-Irish stereotypes militate against some Irish people effectively using mental health services (Walls, 2004). The health problems of the Irish population are compounded by the lack of ethnic monitoring and hence, invisibility of the Irish community to public health authorities and service providers more generally (Greenslade et al, 1991; Mac An Ghail, 2000; Hutton, 2004)

Irish Travellers

Irish Travellers are officially recognised as a distinct ethnic group in their own right. They are an indigenous nomadic minority group in Ireland (south and north) and Britain (Power, 2004, p.5). They have a unique culture, heritage and language or dialect (called Cant or Gammon), which distinguishes them from both the settled Irish population and other Travellers. Irish Travellers' way of life and traditions manifest themselves in Traveller 'nomadism', the extended family and the entrepreneurial nature of their livelihood and self-employment (Power, 2004, p.5).

2. The Irish in Sheffield

Demographics

Sheffield is one of England's largest cities and a unitary authority in South Yorkshire. It obtained world-wide recognition during the nineteenth century for its production of steel and stainless steel. This was one of the factors that led to an increase in the Irish population throughout the nineteenth century, drawn to Sheffield by the industrialisation that was taking place. Others were escaping famine, poverty and persecution in Ireland. The centre of industry was around the crofts where the Irish community lived and worked (Cullen, 2003). It is documented that many immigrants from Ireland walked from Liverpool, over the Pennines to Sheffield. The 1851 Census identifies 3.3 per cent of the city's total population (then 135,000 people) as being Irish.

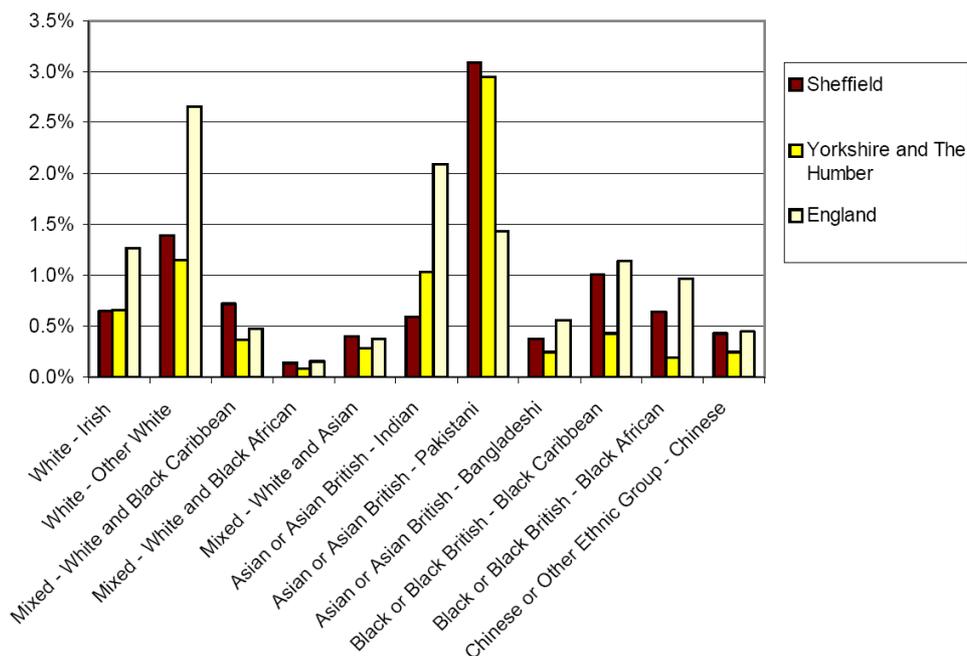
Emigration from Ireland to Sheffield continued throughout the 20th century, especially in the 1950's and 1960's. The numbers of new immigrants declined from the mid -1990's, due in no small measure to the economic boom in Ireland. However, there is evidence from both statutory and voluntary agencies that individuals and families are continuing to come to Sheffield who seek support around a diverse range of welfare and social inclusion issues.

The 2001 Census indicates that 3,337 people in the city ticked the white Irish box, which amounts to 0.7 per cent of the population of Sheffield. This is a smaller Irish population than is the case in Leeds, where Irish people make up 1.2 per cent of the total population, and in Manchester, which has a significantly larger Irish population, i.e. 3.8 per cent of the total population.

In Sheffield, the recorded Irish population is comparable to the size of the population in the Yorkshire and Humber region (0.7 per cent), and smaller than the Irish population of England as a whole (1.3 per cent). It is estimated that if all the Irish born and second generation in Sheffield were counted it would amount to over just under 10,000 individuals⁶ (Walter, 2001; Limbrick, 2007 (b)).

⁶ Using the suggested 2.5 and 3 correctional factors of the Irish-born population suggested by Hickman, M.J and Walter, B, (2007) *'Discrimination and the Irish Community in Britain'*.

Figure 1. The distribution of minority ethnic groups



In Sheffield, the reported white Irish population is the fifth largest minority ethnic population after the Pakistani population (3.1 per cent), the ‘other white’ population (1.4 per cent), the Black Caribbean population (1.0 per cent) and the white and Black Caribbean population (0.7 per cent) (Source: Limbrick, p.9, 2007 (b)).

The Irish population is boosted annually by the numbers of Irish students who come to study in the city. In Sheffield, there were approximately 280 White Irish students recorded by the 2001 Census. This remains a figure well below the size of Irish student numbers in other northern cities (particularly in the North West).

Location of the Irish population in Sheffield

What is striking from the study is the large number of respondents who did not come directly from Ireland to Sheffield to live. Just over half of the respondents (52 per cent) lived and worked in other parts of Britain prior to coming to Sheffield. London and the South East, other parts of Yorkshire, Manchester and Birmingham were popular ‘first destinations’. The most common reasons for moving to Sheffield were employment, education and joining family already established in the city.

The Irish population in Sheffield is dispersed across the city, in 29 electoral wards and unlike other minority ethnic groups does not cluster in any particular areas.

Figure 2: Irish Population in Sheffield – Census data

Ward Name	Ward population	White Irish count	White Irish Rate per 1,000 of ward pop
Broomhill	18,789	226	12.0
Ecclesall	20,149	197	9.8
Sharrow	17,892	190	10.6
Nether Edge	17,001	189	11.1
Netherthorpe	16,036	181	11.3
Hallam	18,272	159	8.7
Walkley	17,062	153	9.0
Beauchief	18,402	138	7.5
Heeley	17,831	119	6.7
Burngreave	13,804	116	8.4
Chapel Green	23,093	116	5.9
South Wortley	23,438	116	4.9
Mosborough	34,722	115	3.3
Nether Shire	16,007	119	6.9
Darnall	19,631	108	5.5
Dore	18,460	108	5.9
Firth Park	16,833	104	6.2
Handsworth	18,659	101	5.4
Hillsborough	18,337	98	5.3
Park	12,813	87	6.8
Castle	13,670	80	5.9
Stocksbridge	13,660	79	5.8
Birley	18,518	77	4.2
Norton	14,489	74	5.1
Brightside	16,498	73	4.4
Intake	18,160	68	3.7
Manor	11,899	62	5.2
Owlerton	14,888	61	4.1
Southey Green	14,289	55	3.8

Irish people are living in some of Sheffield’s most ‘prosperous’ and ‘successful’ areas in the west and south west of the city, i.e. Broomhill and Ecclesall (SNIS: Sheffield City Council). There are also Irish people living in significant numbers in less affluent neighbourhoods, for example Burngreave and Darnall, in the north and north east of the city. Burngreave is one of Sheffield’s most culturally diverse neighbourhoods with large Pakistani, Afro Caribbean, Yemeni and Somali communities, as well as significant numbers of people from many other minority ethnic groups (SNIS: Sheffield City Council).

It is clear from the data that the number of Irish people in most electoral wards is relatively small. This makes it more difficult to access support networks, particularly for the elderly. It is also noted that when numbers in a given community are small there is an increased likelihood of social isolation (Tilki, 1998)

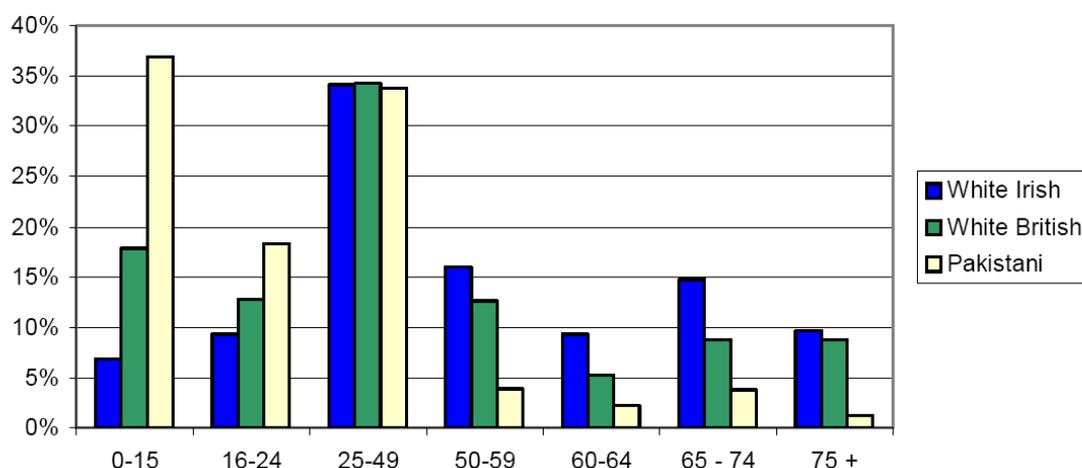
The map in Appendix 1 (p.42) shows the distribution of the population.

It is difficult to establish accurately the number of Irish Travellers in Sheffield because they are not identifiable as a separate ethnic group in the Census and no reliable figures exist for numbers living in conventional housing. However, frontline agencies suggest that the majority of Irish Travellers in Sheffield live in social housing, in homeless accommodation, or in permanent secure tenancies in areas with a high percentage of social housing estates, such as Firth Park, Shire Green and Arbour Thorne. An extended family of Irish Travellers are staying temporarily (without a licence) on one of three Local Authority Traveller sites, although this site is officially closed.

Age profile

There are clear disparities in age distribution between the white Irish population, the white British population and the Pakistani population (Source: Limbrick, p. 10, 2007 (b)).

Figure 3. The age distribution of the white Irish population in Sheffield



A relatively small proportion of Irish people are aged under 16 (6.9 per cent), in comparison with 17.8 per cent of white British people and 37 per cent of the Pakistani population.

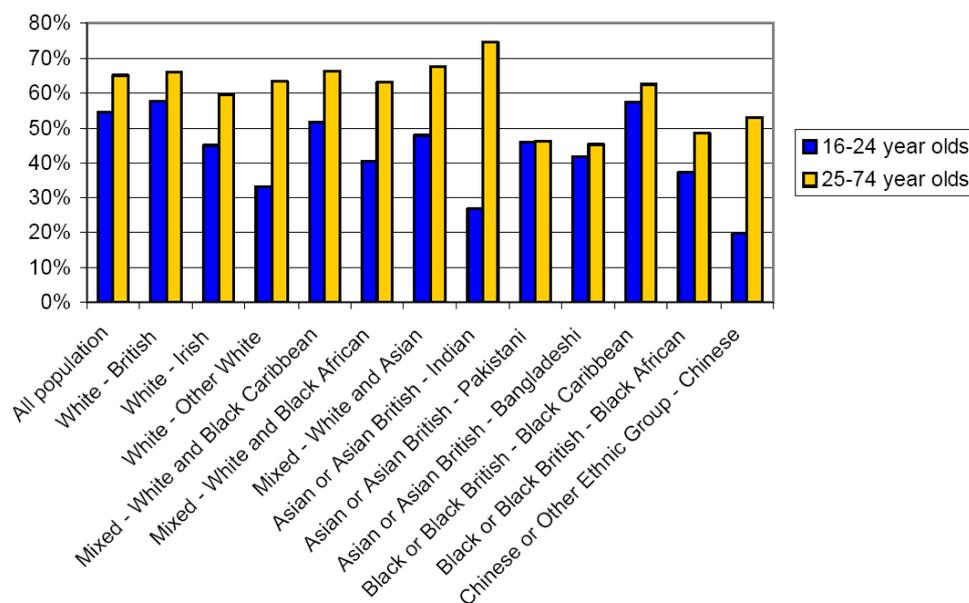
With 24.4 per cent of the population aged 65 or over, the Irish in Sheffield is a comparatively aging population. Given the age profile of the population it is not surprising that a quarter of the Irish population is living in households comprising one or more pensioners. Of these households, 18.0 per cent comprise a sole pensioner and a further 8.7 per cent are in households with more than one related pensioner. This has obvious implications for service provision and levels of formal and informal care (Limbrick, 2007 (b)).

Economic activity and qualifications

The level of economic activity⁷ within a population is one indicator of the economic well being within any given community (Limbrick, p.12, 2007 (b)). Figure 4 (overleaf) demonstrates that there is a relatively low level of economic activity amongst the largest age group - 25-74 year olds. In the same group there were relatively high levels of white Irish people who were retired and people who were not working because of permanent sickness or disability.

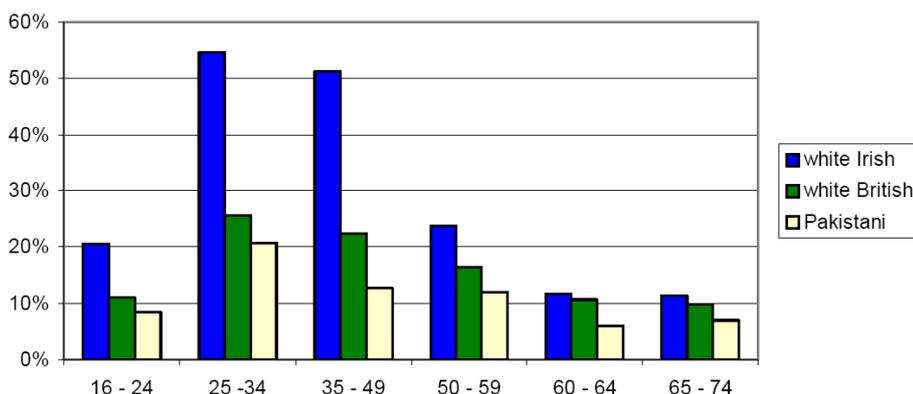
⁷ Economically active is defined as the state of being available for work or working. Thus, someone who is unemployed is still defined as economically active. Someone who is on invalidity benefits or retired, is not defined as economically active.

Figure 4: Proportion of population that is economically active



The Irish population is well educated by comparison with other ethnic groups (Limbrick, 2007 (b))

Figure 5: Proportion of 16-24 years with qualifications at level 4/5



Nationally, there is a dichotomy between a high proportion of Irish people with qualifications at levels 4 or 5⁸ and a high proportion of people with low level qualifications (Hickman and Walter, 1997). However, Limbrick, (2007 (b)) found that although this holds true for Yorkshire, in Sheffield itself the Irish population has a very high proportion of people with high level qualifications and a low proportion of younger people with no qualifications at all (p.26).

In summary, the Irish population in Sheffield:

- make up 0.7 per cent of the population
- are the fifth largest minority ethnic group
- are dispersed in 29 neighbourhoods across the city
- is an ageing population
- has high levels of pensioner households

⁸ Level 4/5 equates to a first degree, higher degree, NVQ levels 4-5, HNC, HND, qualified teacher status, qualified medical doctor, qualified dentist, qualified nurse, midwife, health visitor or equivalents

- has relatively low levels of economic activity
- has high levels of educational qualifications.

Housing

The 2001 Census indicates that the Irish population in Sheffield has a relatively high level of home ownership (58 per cent) as compared to 63.2 per cent of the white British population. The group with the highest level of home ownership is the Pakistani population (72.3 per cent). Just over a quarter (25.5 per cent) of all Irish people is in social housing (including properties rented from Sheffield Homes) as is a similar proportion, 26 per cent, of the white British population. In total, a relatively high per cent (11.9) of the Irish population live in privately rented housing, as compared to 7.8 per cent of the white British population.

Ethnicity data from Sheffield Homes show that 169 households out of 30,000 homes were rented to Irish households in 2006 (Community Profile: Sheffield City Council, 2004). As would be expected, these were evenly spread across a number of areas, with no discernable clustering of households.

Although the numbers are small a relatively high proportion of Irish households move into supported accommodation annually, which is not surprising given the age and health profile of the population. A total of 47 Irish households were given tenancies in supported housing schemes by housing associations in the period 2004-2007⁹ (Source: CORE data). This represents 1.4 per cent of the total Irish population of the city. This compares with 0.8 per cent of the white British and 0.5 per cent of the Pakistani population who became housing association supported housing tenants in the same period.

The majority of respondents appeared to be satisfied with their current accommodation, particularly those who owned their own homes. This is borne out by Sheffield City Council's Housing Market Assessment, which found that 82 per cent of Irish households who responded thought their present accommodation was 'adequate'¹⁰. There were however, some issues for owner-occupiers around disabled access and adaptations to homes. A Cara Irish Housing Association manager spoke of a number of clients who had been reluctant to apply for adaptations to their homes because they were unsure of their entitlements, and because of the self-reliant attitude common amongst older Irish people. Two other vulnerable groups, homeless people and Travellers also had unmet housing needs, mainly as a result of difficulties accessing housing.

The numbers of homeless Irish people applying to Sheffield City Council in the period 2004-2007 was relatively small.

	2004-2005	2005-2006	2006-2007
White: British	759	491	553
White: Irish	11	5	3
Pakistani	33	22	22

Source: Annual Report of CORE Data: Housing Corporation

It is probable that these figures do not accurately reflect the numbers of homeless Irish people in the city and that they represent a significant under-counting. There are a number of reasons why this might be the case: not all homeless people apply to the council to be housed due to a lack of knowledge of what's available and of their rights.

⁹ Equivalent statistics were not available from Sheffield Homes

¹⁰ These figures are only indicative as the number of Irish households (i.e. 26) in the survey was small.

It is also not uncommon for homeless people to be put off making a homeless claim by not being able to establish proof of identity for example, or being discouraged from making a claim on the grounds of lack of eligibility (Reeve *et al*, 2007).

One homeless Irish man, with a long history of homelessness before arriving in Sheffield spent three years in a hostel and bed and breakfast respectively before being accommodated in a sheltered housing scheme. He explained the difficulties he had as a result of having no local connection to Sheffield:

'They wouldn't house me because I'd no family ties or any relations or nowt, there's nothing they can do, only leave you in a hostel. After six months you have to leave. Year and a half in the hostel, year and a half in the bed and breakfast on Attercliffe Road and then the X Project [supported housing accommodation for single homeless men] gave me an interview and I passed the interview... just about... had to do three interviews, me' (Male, 40 years old, interview).

Access to housing was also an issue for Irish Travellers. A young Traveller woman, while having a good experience of Council staff, nonetheless found herself excluded from Sheffield Homes¹¹ choice-based lettings system, and the opportunity of bidding for a house, because she could not read and write. She was put off by the notion of having to bid on a weekly basis as she did not understand the bidding process and had no-one to help her access it. Literacy problems aside, there was also a problem with the idea of filling in forms, something that was very difficult for travellers and which they needed a lot of support to do:

'These Travellers who can't read and write can't apply for the houses, do ya know what I'm sayin'? We'd rather be on a council waiting list and just stay on it. Travellers have always done it that way, so we don't understand it, all the forms an' all' (Irish Traveller, female, Focus group).

In view of the aging Irish population, and the specific vulnerabilities of homeless Irish people and Travellers, in Sheffield, it can be expected that there will be increased housing needs regarding housing support, adaptations and housing advice in the foreseeable future. There are also significant health issues which are addressed in the next section.

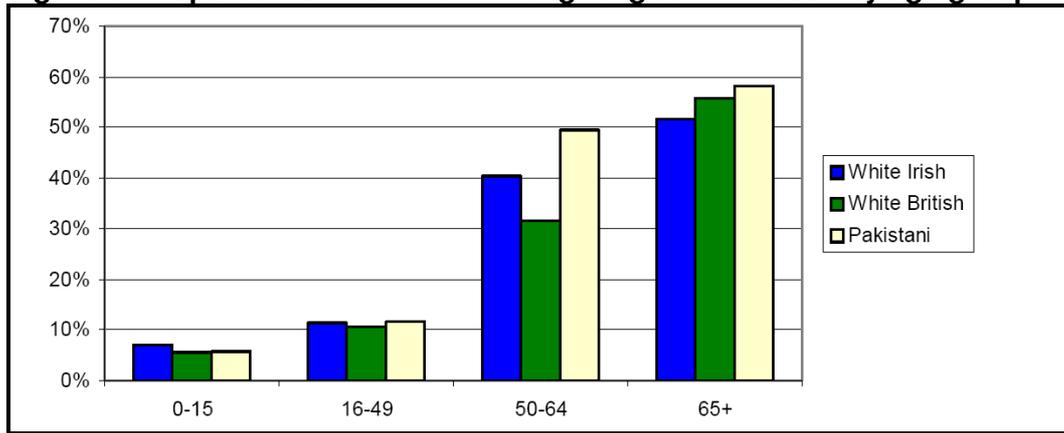
Health

The 2001 Census, as reported by Limbrick (2007 (b)), provides compelling evidence that health is a particular issue for Irish people in Sheffield¹². This is especially the case for Irish people of working age who are experiencing relatively high levels of limiting long-term illness, and also for men and women of working age who rate their own health as not being good.

¹¹ Sheffield City Council transferred its housing stock to Sheffield Homes in 2003

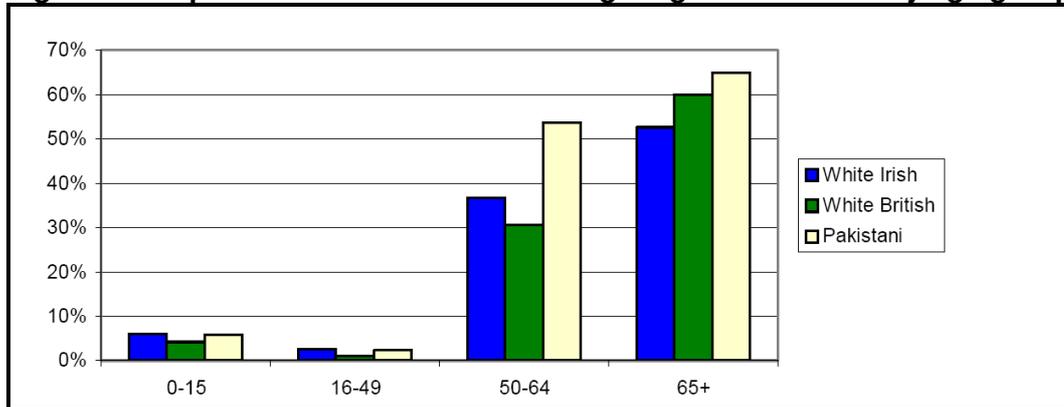
¹² Note: this is not based on medical records or hospital admissions but on questions in the Census about how people rated their own health. There are two questions – whether people have limiting long-term illness and whether people feel themselves to be in good or poor health (Limbrick, 2007, p.34).

Figure 6: Proportion of men with limiting long-term illness - by age group



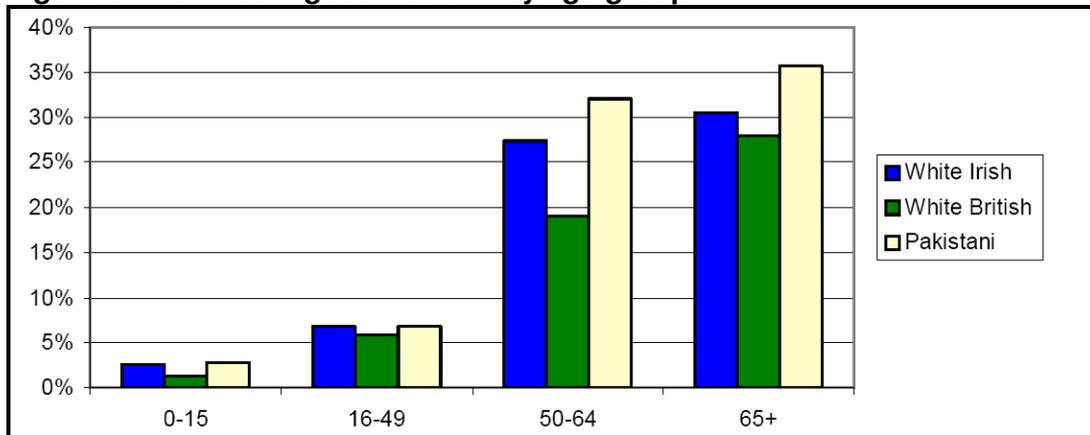
The incidence of limiting long-term illness is higher amongst white Irish men in the 50-64 age group than amongst white British men. 40.4 per cent of white Irish men aged between 50 and 64 have a limiting long-term illness in comparison to 31.5 per cent of white British men and 49.5 per cent of Pakistani men (Source: Limbrick, p.34, 2007 (b)).

Figure 7: Proportion of women with limiting long-term illness - by age group



In each age group under 65, there is a greater incidence of limiting long-term illness amongst white Irish women than white British women. As with men, a higher proportion of white Irish women (36.6 per cent) than white British women (30.6 per cent) have experience of limiting long-term illness in the 50-64 age group (Source: Limbrick, p.34, 2007 (b)).

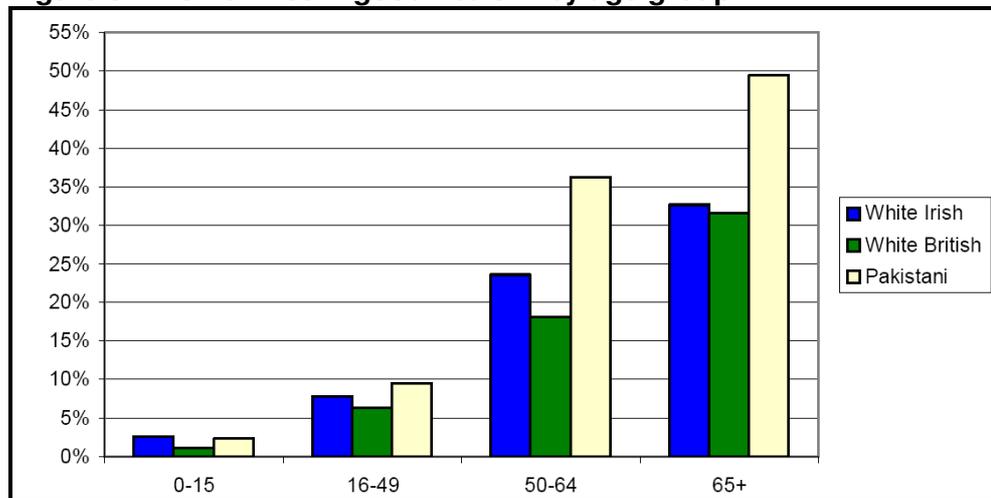
Figure 8: Men not in good health – by age group



In each age group more white Irish men than white British men are not in good health. The difference is most pronounced amongst 50-64 year old men (Source: Limbrick,

p.35, 2007 (b)). In total, 27.3 per cent of white Irish men aged 50-64 are not in good health in comparison with 19.1 per cent of White Irish men. The incidence amongst Pakistani men is even greater (32.1 per cent).

Figure 9: Women not in good health - by age group



In each age bracket more white Irish women are experiencing not good health than white British women. The most noticeable difference between the two populations of women is in those aged between 50 and 64 (as with men). 23.5 per cent of white Irish women of this age are not in good health in comparison with 18.2 per cent of white British women and 36.2 per cent of Pakistani women (Source: Limbrick, p.35, 2007 (b)).

In addition to the 2001 Census this study found further evidence that Irish people in Sheffield were not in good health. Almost one quarter of all Irish clients accessing Cara Housing Association’s services over the last 6 years had health and mental health issues. In total, 8.5 per cent of these (27 individuals) had mental health issues and other health problems as a result of physical and sexual abuse in their childhoods. A further 15 per cent were seeking advice on mental health, health, alcohol and drug misuse.

“A lot of the survivor clients have Post Traumatic Stress Disorder (PTSD). Also, depression amongst older Irish women is high – higher than might be expected, I would say” (Stakeholder interview)

A number of other stakeholders who provide (generic) services to the Irish community in Sheffield pointed to the problems that a minority of Irish people have around mental health, in particular, depression.

This is borne out by statistics on mental health in Sheffield in the period 2003 – 2007. Sheffield Care Trust statistics demonstrate that Irish people have a consistently higher rate of contact with mental health services, including hospital admissions than white British, Pakistani or the ‘white other’ population.

Figure 10: Ethnic Categories for Sheffield Care Patients

Ethnic Group	2003	2004	2005	2006	2007
White British	10033 (2.2%)	11611 (2.5%)	12693 (2.8%)	13239 (2.9%)	13100 (2.9%)
White Irish	90 (2.7%)	115 (3.4%)	110 (3.3%)	113 (3.4%)	107 (3.2%)
White other	106 (1.5%)	135 (1.9%)	159 (2.2%)	174 (2.4%)	178 (2.5%)
Pakistani (Asian or Asian British)	303 (1.9%)	331 (2.1%)	328 (2.0%)	352 (2.2%)	358 (2.3%)

Source: Sheffield Care Trust

One Primary Care Trust social worker described two groups of vulnerable Irish people who appeared to be particularly prone to mental health problems: men living alone, who had come to Sheffield in the 1950's, typically manual labourers, who did not have family or other support networks to fall back on and homeless men with drink and drug dependency issues and chaotic life styles.

A study carried out in Sheffield in 2005 reported that depression and anxiety were much more prevalent amongst Irish Travellers and Gypsies than was the case in the general population (Goward, *et al*, 2006). The prevalence of anxiety was 35 per cent compared to a general population norm of 13 per cent. In the case of depression the prevalence of depression was 27 per cent as against only 4 per cent in the general population (p.6)

A settled Irish Traveller (who was taking anti-depressants) described how difficult she found it to make the transition to living in a house, and the anxiety she suffered as a result:

'Travellers would crack up if they didn't have one another...It's like the first time me and Joe¹³ was in a house, we just said it was like a prison...When we went to the house we seem to get ill in the houses you know, and for some reason or other it happens a lot of Travellers...it [living in houses] seems to be very bad for Travellers' minds' (Female, 42 years old, Interview)

A health professional working with several Irish Traveller families for a number of years has been struck by the extent of mental health needs amongst this client group, which appear to be more acute than for other Traveller populations, namely Gypsies. She identifies emotional distress, anxiety and self-harming as significant issues amongst Irish Travellers.

There are also issues to do with alcohol misuse, which in some cases are masking underlying mental health issues. The following excerpt is from Barry, a 40 year old man, who has been receiving treatment for alcohol addiction for a number of years. In his case, the breakdown of his marriage and a death in the family was the catalyst for his referral to hospital:

'I ended up as an out-patient in the hospital...they gave me those drugs to get off the booze. But they understand why I went off the rails when everything happened so fast, me relationship, me kids and then me step-dad, all in two years so I burnt myself out. I didn't care anymore. I didn't want to know' (Male, 40 years old, Interview)

¹³ All names have been changed to protect the anonymity of the interviewees

The Archer Project (a homeless drop-in centre in the city) reports that a number of Irish clients with alcohol, drug and mental health issues use their project on a regular basis. In the words of a project worker:

We have some Irish people, mainly men coming in here. They're mainly street drinkers who have a long history of alcohol use....and all the rest (Stakeholder interview).

Another drop-in centre for street drinkers in Sheffield, Ben's Place, is also providing a much needed service for street drinkers, including Irish people. A worker at this project estimated that ten per cent of their service users at any one point are Irish men.

One man in his early fifties (now housed but with a history of homelessness) related how isolated he felt in his newly acquired flat:

'I don't know what I'd do if it wasn't for this place – it's great to come down for a cup of tea and a chat...it's grand having a place of your own, but you have to have someone to talk to as well' (Male, 50's, interview).

Despite this evidence of vulnerability and need health professionals working with Irish individuals in Sheffield were concerned that their clients weren't always getting the help they needed and this could be attributed to cultural differences, and a lack of understanding of the Irish psyche. Stereotyping of Irish clients presenting with alcohol problems for example had at times resulted in misdiagnosis and a failure to access the most appropriate treatment. More complex mental conditions were not investigated because clients were simply treated for alcoholism. On more than one occasion Irish people who had underlying mental health conditions were not admitted on to psychiatric wards. In the words of a mental health social worker:

'On wards they would say we can't admit them 'cos they've alcohol or social issues. [It was] hard to disentangle whether there was psychosis and they would self-medicate with alcohol or whether it was the other way round. The psychiatrist would say it's alcohol, but we would be aware of it 'cos of the Irish stereotype' (Stakeholder interview)

The same social worker also questioned the legitimacy of using 'western' models of therapies across the board when there were clear cultural differences in attitudes to mental health amongst black and minority ethnic (BME) communities, the Irish included. He made the point that religion, or spirituality tended to play a more central role in Irish people's lives which should be recognised in therapies.

Irish people's use of services in Sheffield

The Council's First Point (walk-in) collects details of ethnicity from service users who contact them. This is the first point of contact that customers have with the council and is a good indicator of what services they need and would be likely to access. A snapshot of enquiries to First Point for the month of August 2007 (believed to be an average month) reveals that there were 4,637 detailed enquiries from service users, of which 17 (0.4%) declared themselves to be White Irish. The breakdown of these detailed enquiries from Irish people is as follows:

- 60% for Benefits/Council Tax
- 13% presenting as homeless
- 10% for Sheffield Homes Enquiries

- 4% for Community Care (adult)
- 13% for a combination of all other services (a wide range of enquiries, from disabled parking badges and free school meals to planning issues and waste management).

The Council predicts that in an average year this service would expect to see approximately 204 White Irish Customers (correspondence with the author).

The self-completion questionnaire explored respondents' use of public services and facilities. The following table sets out the range of services used by Irish people in the study:

Figure 11: Use of Services

Service	Yes %
GP/Health Centre	80.4
Library	40.2
College or University	18.7
Citizen's Advice Bureau	13.1
Police	10.3
Local Education Authority	9.4
Council Social Services	7.5
Employment agency	5.6
Benefits Agency	5.6
Council Housing Advice	3.7
Job Centre	2.8
Connexions	1.9
Homeless Services	1.9

GP practices and health centres are used by a large percentage of respondents (80.4 per cent), followed by 40.2 per cent who frequent public libraries. A significant minority of respondents (18.7 per cent) also attend college or university, which is not surprising given the number of Irish students who are registered in the city.

A total of 43.9 per cent of respondents found the services they had used to be helpful. Health services (including hospitals and GP's), social services and universities and colleges were particularly valued by respondents. For example, Seamus, one elderly carer had a particularly good experience of the Sheffield PCT and transport provided to bring his wife to the hospital on a regular basis:

'The driver was great. He's come right round the back and got my wife down two steps in the wheel chair. Nothing was too much trouble. They were all really good at the hospital too' (Male, 75 years old, interview)

Another respondent suggested that care and advice services for the elderly 'aren't bad' with welfare advice services available on a one-to-one in people's own homes:

'The services for older Irish people aren't bad at all. They have carers, get people down from the council, the pensions department' (Female, 68 years old, interview)

By contrast, just 12.1 per cent found services they had used to be unhelpful. A minority of vulnerable Irish respondents reported some difficulties accessing council housing and advice services. One man with a broad Connemara accent spoke of the difficulties he had in making himself understood at Howden House, the Council's Walk-in advice service.

'The young one behind the desk just couldn't understand me. I was talking too fast, I suppose' (Male, 50's, interview).

A number of respondents trying to get information and advice at various council offices had problems as a result of having an unfamiliar accent. This was borne out by two stakeholders, both of whom were called in to 'translate' for clients, although the Irish people in question were speaking English. In the words of a social worker (who is himself second generation Irish):

'I got a phone call one day from someone who was dealing with someone with a strong Irish accent. He said he was speaking Gaelic, but it was obvious to me straight away. It wasn't Gaelic at all, just a strong accent, but he couldn't understand him at all' (Stakeholder interview).

While difficulties with making themselves understood is not the preserve of the Irish in Sheffield, ironically because the vast majority of Irish people speak English as their first language there is little awareness of this problem amongst service providers in general.

For homeless Irish people who arrive in Sheffield it can be even harder to become familiar with the benefit system and social services. Access to services is a particular problem for this vulnerable group. One homeless man had great difficulty proving his identity to the benefits agency and he took several weeks to find out how to go about getting a birth certificate sent to him from Dublin. He eventually got help from a sympathetic advice worker who pointed him in the direction of Cara Irish Housing Association, who were able to help him access the relevant documentation in Ireland. This is a good example of where knowledge of how the Irish system works can be essential to ensuring clients are given the help they need.

Frontline agency officers pointed to the fact that some socially excluded Irish individuals were illiterate which presented a challenge for those of them who were trying to access services. A local social worker explained that problems of reading and writing were not confined to the generation who came over in the 1950's but were also prevalent in men in their thirties and forties who had been in institutional care:

'Its people in their 30's and 40's as well who've been in industrial schools who can't read and write. They've had very bad experiences of people in authority' (Stakeholder interview).

In summary, Irish people are moderately satisfied with the public services they use, which are generic services, i.e. open to everyone, and not specific to any group. There are however a number of issues around access, communication and a lack of information and support which make it more difficult for some Irish people to use these services than might be the case for the general population.

The next section of the report looks at how the Irish are monitored by public authorities in Sheffield.

Monitoring the Irish in Sheffield

The Race Relations (Amendment) Act 2000 which came into force in April 2001 placed a general duty on all public authorities to have due regard to:

- a) Eliminating unlawful racial discrimination
- b) Promoting equality of opportunity

c) Promoting good relations between people of different racial groups

Under the same Act all public authorities are required to set out their arrangements for assessing the likely impact proposed policies will have, including the council's arrangements for collecting data and consulting with groups that may be affected by the Council's policies. The Housing Act 2004 also requires local authorities to assess the accommodation needs of Gypsies and Travellers.

Statutory bodies in Sheffield are aware at a policy level of the need to monitor Irish service users, as is the case with other minority ethnic groups, and the Irish, on the whole are included in ethnic monitoring procedures. There are however, a number of issues with the structuring of some of the ethnicity data available in Sheffield, particularly the use of "combined ethnic group categories" such as "Irish/Other European" and the failure to disaggregate the White "combined group" data. The amalgamation of "Gypsies" with "Irish Travellers" is also common in policy documents and reports, which means that the distinct cultural needs of these two groups are not given due consideration.

Sheffield City Council

Sheffield City Council has collected ethnicity data which includes 'White Irish' (as in the 2001 Census) as an ethnic group, since 2001. It records ethnicity data in customer surveys and employee data, across the five Directorates. The Annual Household Survey, for example, asks respondents to give details of ethnicity, hence there is an opportunity for people to define themselves as 'White Irish'. However, even where 'White Irish' or 'Irish Traveller' is recorded as a category that in itself is no guarantee that these groups are analysed as discrete categories. The 2007 Gypsy and Traveller Accommodation Needs Assessment, for example categorised Irish Travellers as a specific group, but then failed to disaggregate the needs of Irish Travellers from Gypsies. There are other service areas in the Council which do monitor for White Irish service users in a more robust way, for example Children and Young People's Services and Planning and Development Services.

The Council has made good progress in consulting with Black and Minority Ethnic (BME) groups through a series of Community Profiles in 2004, one of which was the Irish Community (Irish Community Profile, 2006). The report however, was premised on consultation with elderly Irish people and did not encompass the views of the wider Irish community in Sheffield.

Other service providers

While in the secondary care sector it has been compulsory for hospitals to record the ethnicity of patients since 1998, the recording of ethnicity within primary care services (for example, GP practices) is widely regarded as being inadequate. Ethnic monitoring within health services nationally is 'poor and patchy' and Sheffield is no exception in this regard (PCT Manager, Sheffield). There is a mixed picture with regard to GP practices' ethnic monitoring, with some practices recording the ethnicity of patients routinely and others being much more inconsistent in this regard. On a positive note, an audit is currently being carried out by Sheffield PCT, of how each GP practice record the ethnicity of patients and how routine the system for doing so is.

Sheffield Primary Care Trust does collect ethnicity data but does not analyse it to any level of detail (correspondence with the author, 2007). It does not currently generate its own ethnicity data and is reliant on other public authorities, such as the Local Authority, to provide them with statistics. One PCT manager gave three reasons why health data that was available to the PCT regarding ethnicity was 'not fit for purpose'; it was too broad because it was derived from Census data collected by the Council; there was a

significant amount of under-reporting by GP practices, and ethnicity data relied on self-identification of ethnicity by patients themselves, some of whom were reluctant to state their ethnicity for a variety of reasons.

The lack of ethnicity monitoring within health services in Sheffield means that Irish people (in common with other BME groups) are not adequately monitored for health purposes. This has very real consequences for the health of the Irish population, whose unique health needs and mental health needs have been widely documented, as set out in Chapter 2.

The collection of data is one matter. Monitoring this data and relating the information to the commissioning of services and service delivery is quite another. However, the statutory obligations of all public bodies are clear. They are required to carry out robust recording of ethnicity data, to analyse that data and put in place strategies to address needs that are identified.

The next section sets out the existing service provision for Irish people in the statutory and voluntary sector.

3. Service provision and needs

Existing service provision and needs

The general approach taken by Sheffield City Council is to focus primarily on making mainstream, generic services more appropriate and accessible to all its users (including the Irish), rather than providing services tailored to individual ethnic groups. At a strategic level, the approach to BME groups is to focus on specific groups only 'where there are specific issues to address, or where further work is needed' (Sheffield City Council policy officer). In the same light, a number of services, for example, Homelessness Services, Mental Health and Home Carers Services, carry out additional monitoring if they feel there is a need for a particular service. The Home Carers service is one area that does provide 'culturally appropriate' carers for a number of Sheffield's BME groups, namely Yemeni, Somali, Pakistani, Bangladeshi and Chinese communities (source: Sheffield City Council's web site). This is a good example of where a general service has been adapted to meet the needs of different ethnic groups. However, there is no such culturally appropriate service provided for the Irish community.

The Council currently does not provide any service specifically for the Irish community, or any other BME groups under Supporting People contracts commissioned in Sheffield. As explained by one Council manager this is because any provider wishing to deliver something culturally specific and not open to anyone else would have to 'provide very good exclusion reasons' and this in turn would have to meet a strategically identified 'needs' gap. Given the lack of resources available, the same manager thought that this scenario was highly unlikely.

Cara Housing Association has made two unsuccessful bids to the Council in recent years to provide tenancy support and extra care to Irish people in Sheffield. The proposed Extra Care Scheme was rejected because 'no demonstrable need was identified' and CARA 'failed to demonstrate that the scheme satisfied any BME-specific issues' (Sheffield Supporting People Implementation Group meeting, 10th June 2005).

There are instances however, where culturally specific needs are not being addressed, such as those that arise for some Irish people as a result of being Catholic. This materialises in a very real way in residential homes for the elderly and hospitals. Catholic (or indeed any other Christian) rites relating to death and dying are not acknowledged in the guidelines and procedures for care homes in Sheffield which is a cause of great concern for Irish Catholic residents and their families. This situation was contrasted to the proper due care and attention that was given to the religious needs of other minority ethnic faith groups, such as Muslims and Hindus. The point about the lack of consideration for the needs of Irish and other Catholics is made by an Irish resident in the following statement:

'If we're dying I said we need access to a priest, maybe for our last confession or to receive holy communion, or to receive the sacrament... where they anoint your senses before you go, and we need a quiet room for prayer to say the rosary or whatever, and I said 'you've said nothing here' so they had to take them off and re-think, and I have to do that every time I get something from the council or the NHS (Male, late '60's, interview).

There are other culturally specific requirements around death and dying that transcend religion and that carers and service providers should be conversant with, such as the importance of the place of burial and the 'months mind', where a deceased person is remembered by a mass or social gathering a month after the funeral. It is also important for Irish people that they or their families are represented at the funerals of friends or acquaintances.

Irish Travellers also have difficulties accessing and having contact with health services for cultural reasons which are not widely known about or acknowledged by health professionals or in service delivery. For example, Travellers in Sheffield will only visit one or two GP's with whom they have built up trust over a number of years, hence they frequently go without primary care services for long periods rather than seeing another GP. As most Travellers have problems reading, writing and in some cases telling the time, doctors' and hospital appointments are frequently missed. Travellers often find themselves taken off waiting lists as a result. One health visitor expressed her frustration at the referral system and her wish that something could be done to ensure that Travellers got the health care they so badly needed:

'I just wish there was something to be done about how to refer people into health services who don't conform, like Travellers. It's 'one strike and you're out' if you don't turn up to appointments' (Stakeholder interview).

There are also issues once Travellers find themselves in hospital. When seriously ill Travellers are admitted to hospital their extended families will immediately travel from all over Britain and Ireland to see them, as a mark of respect. In Travellers' culture this is what is expected when a member of the family is very ill, and more often than not results in a large congregation of visitors on hospital wards, in and outside of visiting hours. This disruption is (perhaps understandably) not welcomed by the health professionals on the wards, and Travellers report being made to feel very unwelcome as a result. One frontline worker with several years experience of working with Travellers commented:

'At visiting times there's hordes of visitors, hospitals can't cope, but everyone from far and wide must visit...seen as a betrayal if that doesn't happen. It's a shame hospitals can't find a way to work around that' (Stakeholder interview).

Clearly, there are cultural issues within the Irish population that all service providers need to address. These concern needs that are not being accommodated within generic services such as religious observances and family obligations within the Irish Traveller community, as set out above. The following section sets out services that are provided specifically for the Irish community in Sheffield.

Services provided to the Irish community

In the course of this study a wide range of service providers and agencies were contacted in order to ascertain whether there was any services provided specifically for Irish people, or whether any general services were being tailored to the needs of the Irish community in Sheffield. There are two examples of the latter. The Trans-cultural Mental Health service does work with a number of Irish clients in the city. Irish Travellers are also served by health services and education services directed at all Travellers including English Gypsies and Roma Gypsies.

There is just one organisation in Sheffield which provides an advice and support service specifically for Irish people, i.e Cara Housing Association. Although Cara does not have any housing stock in the city, they provide a range of advice and welfare services to Irish people in Sheffield and throughout South Yorkshire (including Barnsley,

Rotherham and Doncaster). In the period 2001-2008 a total of 314 Irish people in Sheffield were given in-depth help and advice¹⁴.

The 314 clients living in Sheffield accessed one or more of the following services;

- Advice Service (general advice on Benefits, finance, debt, housing etc.)
- Social Inclusion Service (advice on mental health, health and drug and alcohol misuse (including sign-posting to other services), also cultural and social aspects e.g. accompanying a client to mass; accompanying a client to shop for clothes)
- SISOS (Sheffield Irish Survivors Outreach Service)¹⁵

The majority of clients mainly accessed the Advice Service (70 per cent), one fifth of all clients (20 per cent) used the Social Inclusion Service, and a further ten per cent availed of the SISOS Service. The Cara project manager pointed to the very wide range of issues and problems that Irish people present with regarding health, housing and general welfare. People were also accessing CARA for more cultural and social reasons, such as having the opportunity to read the 'Irish Post' newspaper or simply just chat with people they felt comfortable with. There was also a whole bundle of 'miscellaneous' reasons regarding Ireland and Irish services, for example, making contact with family 'back home', burial arrangements in Ireland, or in one particular case finding out about eligibility for an organ transplant in Ireland. CARA has built up a considerable body of expertise on how the Irish welfare system operates, and other sources of information relating to Ireland, which is not readily available from any other advice service in Sheffield. The vast majority of people accessing the service had heard about CARA through word of mouth, hence it appeared to be mainly by chance and social networks that they were put in touch with the organisation in the first instance.

There is also a small weekly Irish luncheon club run by volunteers on an informal basis near to the city centre. It caters for an average of 6-8 Irish elderly people and is also frequented by a larger number of white British people. It does not have a broad appeal within the Irish community however, as it is seen as being in an inconvenient location and is not well advertised. The luncheon club is also more popular with Irish women than it is with Irish men. There is evidence of a pressing need for an inclusive Irish luncheon club, with CARA regularly getting telephone calls from elderly people looking for that kind of service. In the words of one respondent:

'My mother would really like somewhere to go like that [a luncheon club]. She'd just love the company...having other Irish people to talk to' (Female, mid-40's, Focus Group).

In the absence of formal support services the study found that respondents got support from informal sources, such as an Irish pub, the 'Dog and Partridge' in the city and local priests attached to parishes with sizeable Irish populations. The 'Dog and Partridge' serves as an unofficial Irish centre and often helps new arrivals or those living alone who might be isolated:

'The way the X [landlady] runs the pub... kind of takes people under her wing if you like, people that are isolated and by themselves and she sees that they've had a hot meal. She's supported a lot of boys that have come over and might have nowhere to stay...I know she's had people in on Christmas day that have not had anyone else' (Female, mid-30's, Interview).

¹⁴ This figure does not include one-off contact and instances of information giving, of which there were many more. Source: Cara Irish Housing Association

¹⁵ SISOS is part of a network of services in the UK working to support people who have suffered any form of abuse whilst in an institution in Ireland, and their families.

Services provided to Irish Travellers

Sheffield has a long tradition of accommodating Travellers and Gypsies. Irish Travellers and Gypsies receive a number of services in the city, primarily focused on health and education. Sheffield City Council provides a Traveller Education Service to Gypsies and Irish Travellers, including providing learning support for Traveller pupils who may have missed out on a lot of schooling.

The Gypsies and Travellers Support Group (funded by Sheffield City Council), which played an important role for over twenty years in providing wide-ranging support to Traveller families, education around Traveller issues and awareness-raising, was disbanded in 2007. It had also performed a vital social function in providing a drop-in service where Irish Travellers could meet one another and socialise.

Irish Travellers and Gypsies also have a dedicated health visitor, a health support worker and mid-wife, who provide support both on and off-site under the auspices of SCT Traveller Health Service. Their duties include providing health information and advice, ante-natal care, mental health advocacy, liaising with GP practices and other health providers and accompanying Travellers to NHS appointments.

Irish sports and leisure activities

There is a thriving Gaelic Athletic Association based at Sheffield Hallam University. It currently has 110 members (from the University of Sheffield as well as Sheffield Hallam University), both men and women. They play Gaelic Football and Hurling and compete in a national Gaelic football league. Membership is made up of first, second and third generation Irish as well as a significant number of British students. In total British students make up just over half (52 per cent) of the total active membership, which gives some indication of the potential for Irish sports to attract a broad base of support beyond the Irish community.

There are a number of Irish dance classes taking place across the city, and as far afield as Chesterfield and Rotherham. One Sheffield dancing school set up in 2007 attracted 75 pupils without the need to advertise. The teacher concerned reported a 'huge interest in the city' in Irish dancing and Ceili dancing amongst children and adults alike. Irish dancing is popular with second and third generation Irish children, but it also has a wider appeal amongst non-Irish families. Another teacher of Irish dance reported that the majority of her pupils were in fact English, drawn to Irish dancing by high profile shows such as 'Riverdance' and 'Lord of the Dance'.

Access to services

While the majority of settled Irish people in Sheffield appear to be 'doing well for themselves', there are elderly and socially excluded sections of the community who do not fit this category. The previous sections of this report have outlined some of the difficulties experienced by Irish Travellers and homeless people. There are also elderly people living alone who are not in contact with any services, and whose only social contact is mass on a Sunday. A local priest described this group of parishioners as such:

'Most of them came over in the '50's, working class and from the country...some fell by the wayside, not very integrated' (Parish priest, interview)

The same priest pointed to how reluctant isolated Irish people were to ask for any kind of help. He described one brother and sister who he has tried to engage with in the past, with little success:

'He wouldn't let you over the door. They don't want to let anyone in' (Parish priest, stakeholder interview)

He also spoke of conducting funerals where there would be no family members present because the deceased would have lost all contact with relatives in Ireland. One Irish resident spoke of the plight of single Irish men living alone in Sheffield, who did not know how to look after themselves, and were without basic life skills such as cooking, washing and budgeting:

'They can barely manage to get by from day to day. Some of them have no idea about money and would spend every last penny on cigarettes and the pub, so even though they've the pension it doesn't go very far' (Female, 68 years old, interview).

As has been found in other Irish studies elsewhere in Britain (Tilki, 1998), older Irish people in Sheffield do not have a culture of looking for support of any kind even when in very poor circumstances. One respondent living in a block of flats which had 3 other older Irish men spoke of the need for social care for them and some activities to alleviate the loneliness of living alone:

'I do think there's a need for social care. I mean...they could do with somebody coming around and saying: "And how are you? We'll come and pick you up and take you away for a few hours", a couple of hours away from the four walls that they're in. I'm fortunate that I'm involved in a lot of things...but I do know that there's a lot of people that can't get out and they're isolated all over... You meet Irish people and they will not ask for help' (Male, late '60's, interview).

Cara has provided a social inclusion service for this client group and for Irish people in institutional and residential care in Sheffield in the recent past. They were mainly engaged in looking after excluded Irish people in these settings who needed social and practical support around everyday activities such as shopping, medical appointments or simply getting out for a cup of tea or some leisure activity, such as a game of pool. The people most likely to gain their trust were other Irish people, or alternatively support workers with an awareness of Irish culture. It seems clear that in the absence of proactive and appropriate support elderly Irish people will continue to fail to access the help they need. The need for this kind of support to isolated Irish people is also not confined to the elderly. Cara statistics point to a relatively high proportion of clients in the 30-45 age group who have accessed the social inclusion service in the past.

On a more practical level, there was also a concern that Irish people simply did not know where to go for help with issues such as caring for family. One project manager pointed to a lack of information about carers and attendance allowance, benefits which many Irish people did not apply for because they were not aware they were eligible. There are also cultural issues evident in relation to caring in some instances. Even where information about carers allowance was given there was a reluctance to apply because, in common with other ethnic minorities, caring for a relative was considered a normal part of family life (Duignan, 2005).

The same self-reliant attitude was evident in relation to disabled Irish people and getting adaptations done to the home. The following elderly man articulates this attitude in the following words:

'I had no idea at all that I could have the steps and rail done... never even crossed my mind...I just thought I'd have to pay for everything' (Male, 75 years old, interview).

To summarise, in the absence of services specifically for the Irish population many Irish people were dependent on informal sources of help and advice, which meant relying on family, friends and acquaintances, and the quality of advice which they were able to provide. The one organisation which provides a service to Irish people has built up a considerable body of specialist advice and information, particularly regarding Irish welfare and social services. This expertise is not readily available to other service providers in Sheffield, hence limiting their capacity to provide relevant welfare and pensions advice to some (particularly elderly) Irish people in the city. The following section turns to how being Irish has impacted, if at all, on respondents' daily lives and whether this is in any way influenced by the experience of living in Sheffield.

4. Experiences and perceptions of being Irish in Sheffield

A number of factors emerged which are pertinent to being Irish within the specific context of Sheffield. Sheffield was thought to be welcoming to incomers of all races (not just Irish people) and made the experience of being an ethnic minority and Irish not particularly problematic. The city's radical political tradition, given expression in trade unionism amongst other things was well suited to Irish people who very often were perceived to have great confidence in their own opinions, political and otherwise.

'I always felt that Sheffield was a bit of a hub and a home for people from across the water. I think the Sheffield trade union movement attracted a lot of people from other countries, a lot of people...' (Male, late-50's, focus group).

As already stated, unlike other larger centres of Irish populations in England the Irish in Sheffield are dispersed throughout the city and have not had the benefit of a focal point or Irish Centre for some time. There is a dearth of Irish activities and this absence is keenly felt by the majority of respondents. One elderly respondent put it in these words:

'This is ridiculous... we should really have some place to go to meet up and this is what we miss very much' (Male, 75 years old, interview).

When Irish events do take place they are not well advertised beyond an informal network of churches, pubs and by word of mouth. Consequently, there is a noticeable lack of visibility and awareness of any Irish related events or places where Irish people tend to congregate. For example, there is one popular Irish public house, the 'Dog and Partridge' which acts as a source of community information and advice as well as playing host to weekly Irish music sessions. However, it took several of the newer arrivals to Sheffield some time before they were aware of this pub and any other Irish music sessions in the city.

'I was here about a year before I heard of the Dog and Partridge and it was an English friend who told me about it, and I've been down since but I'd no sense that there was an Irish community in Sheffield, and I went down and I was quite surprised that there was so many down there. I didn't realise it...I was quite oblivious to it because I didn't know about the pub, and I met one or two [Irish people] randomly, like there was a guy working on the tram who happened to be Irish and I think I met one in a pub once, I was very, very surprised, I'm even more surprised now' (Male, 24 years old, focus group).

Respondents who had come from other English cities such as Manchester and were used to having big Irish centres expressed amazement at the almost total lack of a visible Irish presence. In the absence of Irish cultural and social events in Sheffield many respondents frequently travelled to other parts of Yorkshire such as Leeds and Huddersfield to Irish music sessions, plays and dancing events.

Anti-Irish experiences

The pervasiveness of anti-Irish racism, discrimination and stereotyping in Britain has been well documented in Irish studies (Hickman and Walter, 1997; Power, 2004;

Duignan, 2005;). Respondents in this study also reported having experienced anti-Irish feeling. What was interesting was the diversity of anti-Irish experiences and people's reactions to them.

Anti-Irish sentiments were categorised by some respondents as 'low-level' Irish racism, mainly in the form of Irish 'jokes' and stereotypes. Respondents were frequently confronted with stereotypes around alcohol, for example, which they sometimes 'took with a pinch of salt'.

'I suppose one thing about St Patrick's Day, and you've got to take it with a pinch of salt, is that people associate Irish people with just getting drunk all the time, and we do like to drink, I do, but it's not about getting drunk, it's about the social occasion that you're in and it happens to have Guinness, and there is a I've found that... when you get 'oh you're going to get really drunk tonight' and it seems like Irish equals drunk' (Male, mid-40's, Focus group).

Some respondents chose to ignore such remarks, or not treat them with any seriousness:

' Because I don't think there's any harm meant in it, I don't think it's directed at me personally so I kind of laugh it off, or maybe I don't want to have any hassle about it either. I don't, I just play along with it' (Male, mid-20's, focus group).

There was a lot more resistance to the idea that Irish people were of less than average intelligence, but again, respondents did not always directly take offence. The following comments point to the casual nature of the racism that Irish people encountered in their everyday lives:

'I was reading the ' Irish Post' before a lecture and someone came up to me and goes 'oh is it just all about potatoes and that?' and I was like 'yeah ??I just laughed it off' (Student, focus group)

'I got in a taxi one day and the driver was from Pakistan... and first of all he said 'what do you do?' and I said 'I'm a teacher' and he goes 'oh where are you from?' and I said 'Ireland' and he goes 'how could you be a teacher, you're Irish' and I was like 'you're kidding me...' I was really surprised, and I suppose that's the difference, if a stranger says it to me, someone I don't know I would be offended, but if it was just a friend I'd kind of, it wouldn't be... because it would be meant in jest' (Male, mid-20's, focus group).

Many respondents reacted to these kinds of remarks by 'laughing it off' and not taking it personally. In cases where people had been offended they did not always act on those feelings because they did not want to make a fuss or be seen to over-react.

Other respondents took a different view and routinely challenged 'casual' anti-Irish sentiments and jokes in work and social situations:

'one of the drivers used to come up, used to think it was great, tell me Irish jokes in the morning, "here I've got a great one for you... come here I've got a great one for you, there's this Paddy and he, you'll love this, there's this Paddy and so on"...'And I'd say, look I'm not being funny here but, I don't want you to do what you're doing because you're always getting these kids to school, but I manage this place, I've more qualifications than everybody in this building put together and yourself, so I don't think you should tell Irish jokes, in the same way I wouldn't tell you English jokes' (Male, late-30's, interview).

'I'll laugh at Irish jokes as much as anybody else but I still always say 'well it's a racist joke'. I do even in a party or something when someone'd say an Irish joke and I'd say 'excuse me that's racist, do you realise how racist that is?' and you know, my husbands like 'for god's sake...' (Female, late-60's, focus group).

These respondents wanted to tackle anti-Irish jokes and felt able to do so, an attitude that is underpinned by a quiet confidence in not only being Irish but asserting that Irishness when necessary. This was in stark contrast to the more turbulent period of 'The Troubles' in the 1970's and 1980's when Irish people did not draw attention to themselves:

'It was during the bombings and all that so you sort of kept a low profile' (Male, late-60's interview)

The same respondent suggested that the impulse to stay in the background so as not to draw attention to the fact they were Irish also extended to second generation Irish children, as captured in the following comment:

'In the time of the very first Omagh bombing we had to start to hide ourselves...I know the kids were getting ridiculed in school about it so it must have had an effect on that generation of children that they hid themselves as well. I know for one period one of my sons, my youngest, he started dropping the 'O' in [his surname], but I think he was put upon at school, bullied, yeah, I think the word bullied would be more appropriate' (Male, late-60's interview).

What appeared to matter to respondents was the intention behind any anti-Irish remarks directed to them, and they distinguished between light-hearted banter and more serious racist comments.

There were cases where people's Irish ethnicity had direct consequences for them in their every day lives. Sheffield is a popular university city and continues to attract small numbers of students from both Northern Ireland and the Irish Republic. However, their experiences are not wholly positive and Irish students were made to feel at times that the fact they were Irish counted against them in a very real way. One respondent was deducted marks from a presentation because he was allegedly hard to understand:

'The accent doesn't really help, especially if you're giving presentations and stuff, I got marked down last year because of my accent...You stand up, you're nervous, you're going to talk faster but then I got marked down, I think they knocked 5 or 6% off the presentation mark because they couldn't understand some of the words I was saying' (Male, student, focus group).

The same student reported that when it came to giving a group presentation later in the year he was assigned a very minor role by the lecturer because of his accent:

'We had to give a group presentation before Christmas and I wasn't allowed to talk at all, I had to give the introduction and that was it and leave the rest of it...the lecturer was from Zambia or something so he could hardly speak English anyway but he couldn't understand me so I just did the introduction and away' (Male, student, focus group).

While not using the term 'discrimination' when making the following point the Irish students in the study reported not being treated the same as other European students at the university, for example in the celebration of national days and cultures:

'At city campus, there was a big thing up for Chinese New Year but they'll not have anything on for Paddy's Day. They have French evenings and Italian evenings, that's being a European... but nothing Irish' (Male, student, focus group)

Overall, the general feeling was that overt anti-Irish rhetoric was on the wane and was a lot less common than the levels apparent in the 1970's. Anti-Irish jokes were noticeably absent from television screens or radio although Irish stereotypes did materialise now and then in television programmes such as 'Eastenders'.

It was also clear that when people did encounter racism they were much more likely to challenge it than might have been the case in the past. Johnny, a public service manager in his thirties compares his attitude to those of the older generation:

'They were a bit more subservient... keep your head down. It's what you did. Now you're in 2008, because anyone says anything to me I throw it back at them, I am so proud of being Irish' (Male, late 30's, interview)

Indeed, the positive experiences of being Irish, and being Irish in Sheffield were a theme running throughout the study. There were benefits to be gained from living in a city with a small Irish population. One was the 'novelty' value felt at being, more often than not, the only Irish person in any social gathering. There was a certain amount of kudos to be gained from that, which respondents enjoyed.

'I think for some people who haven't encountered Irish people there is a bit of a novelty factor and I had that quite recently...this woman, she must have been 50 years old, had said that she had never met an Irish person before and of course there were introductions to all kinds of friends of hers and things. It was quite surreal' (Male, mid-40's, focus group).

'It was mostly positive, mostly positive but then you'd get the odd negative as well because it was something that was an issue with them, but mostly people liked it. I think it was a time as well when, post troubles, it was becoming a little bit more fashionable as well' (Male, early-30's, interview).

Not being clustered in certain parts of the city was thought to have been of benefit also as there had been less chance of being 'ghettoised' as was the case with other Black and Minority Ethnic groups. Further, the Irish population were thought to have gained from the fact that there were now many other BME groups living in Sheffield, and that the Irish were a lot more accepted than some of the more recent immigrants.

It is clear from our research that being Irish has had a major impact on respondents' lives and on their social interactions in Sheffield. The next chapter will explore respondents' views on their Irish identity, the Irish community and social and cultural aspirations.

5. Irish identity, aspirations and culture

The research sought to understand how respondents felt about their Irish identity, both on a personal level and with regard to the wider Irish community across the city. Survey respondents were asked if there was an Irish community in Sheffield:

Figure 12: In terms of an Irish community in Sheffield do you think there is: %

No such thing	41.1
Several different Irish communities	31.8
One Irish community	11.2
Missing	8.4
Unclear	7.5

Of those who responded, a majority (41.1 per cent) was of the opinion that there was no such thing as an Irish community in Sheffield. Significantly, this group of respondents were from all different age groups and had been living in Sheffield for varying lengths of time. A large percentage (31 per cent) thought that there were several different Irish communities, perhaps reflecting the diversity of the Irish population in Sheffield. Just over a tenth of respondents (11.2 per cent) were of the view that there was one Irish community, which is not surprising given the dearth of any Irish community activity in the city in the recent past.

Respondents were also asked about the extent to which they themselves felt part of an Irish community in Sheffield:

Figure 13: Overall, to what extent do you feel part of an Irish community in Sheffield?: %

Not at all	31.8
Not very much	29.9
A fair amount	16.8
A great deal	11.2
Missing	10.3

Given the wide disparity in opinion as to whether or not there is an Irish community it is not surprising that there is also a wide variation in the extent to which people feel part of this collective community, with respondents falling into three main categories. Over a quarter of respondents (28 per cent) felt themselves to be part of an Irish community in Sheffield 'a great deal' or 'a fair amount'. A further third of the sample (29.9 per cent) don't feel 'very much' part of the Irish community. A further one third (31.8 per cent) indicate that they do not feel 'at all' part of an Irish community in Sheffield.

The fact that respondents struggled to feel part of one Irish community in Sheffield is not surprising. The lack of a cohesive community feeling can be partially ascribed to the small and dispersed numbers of Irish people, and the lack of a focal point or community building, and hence a visible presence in the city. In many respects, the opinion held by the majority of respondents that there is not one Irish community accurately reflects the reality of the situation. The Irish community in Sheffield is made up of several different strands, consisting of a spectrum of people from a wide range of socio-economic backgrounds and experiences as outlined in Chapters Two: from highly educated young professionals and the self-employed, to elderly pensioners, Travellers, students and homeless people. Hence, there is a need to reflect this diversity in services and cultural provision.

It also reflects the fact that some Irish people will invariably feel more of a disconnection from the Irish community than others. One of the Irish Travellers in the study for example expressed some reservations that she would be made welcome in any social setting with other Irish people:

'It's happened to me before. The neighbours here [who are not Irish] don't know I'm a Traveller, not by lookin' at me. Irish people can though....I've had it before...made to feel like I wasn't wanted' (Female, early-30's, focus group).

And yet, despite these differences a clear majority of respondents across all ages and socio-economic groups felt that their Irish identity was important.

Figure 14: The importance of being Irish: %

Very Important	71.0
Fairly Important	17.8
Not important at all	5.6
Unclear	1.9
Missing	3.7
Total	100

In total, 71 per cent indicated that their Irish identity was 'very important' to them. It was 'fairly important' to a further 17.8 per cent of respondents. Their Irish identity was 'not important at all' for just a small minority of respondents (5.6 per cent). Being Irish was of tremendous importance to a clear majority of survey respondents and this was equally true of those who participated in the focus groups and interviews.

When asked to articulate what being Irish meant to them respondents pointed to: values relating to family and community; religion and faith; a connection with and loyalty to birthplace, a love of Irish culture, music and dance; and perceived collective characteristics such as being articulate, well-read and having the capacity to enjoy life. Respondents articulated a deep emotional attachment to being Irish:

'I think it's just a very strong emotional attachment really and certainly something I wanted my own children to have... kind of made sure that we went to Ireland a lot and that they know all their relatives, and that they know and understand where their family come from really, and the kind of culture and the values I think really' (Female, mid-40's, focus group).

The same participant went on to express the sense of community values and collective responsibility that she associated with Ireland and Irish people:

'I think it's about, for me, from the community that my family come from, it's about a kind of sense of collective responsibility, because they came from a very rural area and they were all very poor, and they were very dependent on each other for their livelihood really because they had to, you know, they had to go and help each other and you had to help someone out if they had nothing, and then they'd help you out, so I find that that kind of unconditional kindness really is still for me very much in evidence, and it feels as though that's just rooted very much in where they came from really and how they did things. And a kind of very strong sense of family and a very strong sense of loyalty to your neighbours, neighbours and people around you are very important, just kind of those are the kind of things I really value actually' (Female, mid-40's, focus group).

Respondents articulated a love of Irish culture in all its forms, most notably literature, music and dance.

'I just feel that we have this tremendous ancient culture and ancient language, ancient literature, ancient, multiple ancient sites in Ireland, New Grange that's older than Stonehenge you know, people don't even know about it. I feel that I've got that land inside me...' (Female, late-60's, focus group)

'I think the kind of things that make me proud to be Irish are I think it is a nation and people, no matter where the Irish are throughout the world, are generally thought of as industrious, quite entertaining, good company, great heritage and literature and cultural heritage, and all of those things, and I'm quite proud of my own family background and stuff, so I think all of those things conjure up, no single thing is responsible for that feeling of pride' (Male, mid-40's, focus group).

They also spoke of the rich oral tradition of story telling that they were imbued with growing up, and they were able to evoke with ease childhood memories of their parents telling stories, a tradition that was thought to be particularly Irish.

'If you look at Irish literature and plays and stuff you know, they're very much based on that [storytelling]... I think we have that in built in us, we're just story tellers, and everyone tells a story and everyone listens' (Female, mid-60's, focus group).

A love of music and dance was also a common theme was an integral part of what being Irish meant to people.

'driving to school every day mum would have Irish music in the car, if we were ever going anywhere with the old fella in the van it would be Irish music in the van, going down to the Irish Centre in Derby would be Irish music there and then St Patrick's Day obviously, have it all in Derby and stuff like that, so it's like the Irish music and that side of things and Irish food as well' (Male, Student, focus group)

For some respondents an Irish identity was still very much associated with the Catholic Church and Catholic schools in Sheffield:

'If you want an answer to that [Irish community in Sheffield] question go to any catholic church on a Sunday morning for 11 o'clock and outside of mass gates you'll find the Irish community, they still stand and chatter at the side of the gates' (Male, 72 years old, interview).

For others, there was a positive wish to maintain a distance from that aspect of their Irish identity. For example, one respondents' father had lost contact with his Irish roots as a result of 'losing the faith' and becoming a staunch atheist.

Second and third generation Irish respondents also expressed an enormous amount of pride in being Irish, although there were different degrees of attachment to their heritage.

'With me I would say my Irishness is in the background to some degree, it's always there but it's in the background, I wouldn't say it's very prominent at all' (Male, late-50's, focus group).

However, the majority of second and third generation Irish people in the study had a very strong sense of their Irish identity that transcended their country of birth:

'Even though I'm English born if only it wasn't a lie I'd say I was Irish born, but I know it's a lie so I have to say that I was born in England, but I feel Irish. I haven't got the accent but I feel Irish, and I'm just really proud to have an Irish background' (Female, mid-30's, interview).

'I personally believe that it's your line blood what gives you your nationality rather than just where you're born, that's what I believe, because none of my forebears

were English, they're all Irish, all the names in my family are O'Rourke's and Connolly's and Dunns, there's no English names there' (Male, early-50's, focus group).

Regardless of the degree to which they identified with their heritage the Irish people in the study felt able to express their identity freely. Their sense of pride is underpinned by a confidence in being Irish, which is in contrast to the more guarded and defensive approach to expressing Irish ethnicity prevalent in the 1970's and 1980's. It is important to note that this more strident expression of an Irish identity is not confined to the younger generation but was also present in the comments of older respondents and second generation Irish people. Clearly, respondents' Irish identity was very important to them on a personal level. There was also a strong wish to have contact with other Irish people at social and cultural events.

Figure 15: Have you ever taken part in any of the following in Sheffield?: %

Church-related events	63.6
Irish social or cultural events	59.8
Irish community/voluntary events	13.1
Irish educational events	8.4
Other	10.3

Despite the lack of provision a large percentage of respondents (59.8 per cent) have taken part in some Irish social or cultural events at some point in time in Sheffield. While 8.4 per cent have participated in Irish educational events, a greater number (13.1 per cent) indicated that they had been involved in Irish community or voluntary activities. In the 'other' category, a total of three respondents had been involved in voluntary work in a hospice and soup kitchen respectively, and another had played Gaelic football.

It is evident from the research that there is a rich heritage and strong identification with being Irish, amongst the Irish born and those of Irish descent in Sheffield. Further, the lack of a visible Irish community and the lack of a focal point for that community should not be used as the grounds for under-estimating the importance of an Irish identity on an individual level. This needs to be reflected in the service provision of all public bodies in Sheffield and the Federation of Irish Societies.

A focal point

The importance of meeting socially with other Irish people and having a place for Irish cultural activities was a theme throughout the study. Respondents missed having an Irish centre and many people compared Sheffield with numerous other cities and smaller towns in Yorkshire and further afield that did have such a provision. While expressing a wish to have an Irish focal point in the city respondents were keenly aware of Irish centres in the past that had not succeeded and the reasons why.

Respondents acknowledged the changing profile of the Irish community in Sheffield and the possible implications this had for the sustainability of any venture. Several people pointed to the fact that the older generation was literally 'dying out' and that any centre would have to have a much broader constituency.

What emerged clearly from across a range of respondents was the wish that any Irish centre or network would be inclusive and have an appeal beyond the Irish community while retaining a strong Irish ethos at its core. This sprang from a pragmatic sense of what it would take to make any centre succeed financially, as well as from a genuine wish to be more socially inclusive.

There was a variety of opinions as to what form any Irish 'centre' should take which can be summarised in the following:

- The traditional model of an Irish centre with a large function room, bar and meeting rooms had an appeal for some respondents, particularly (although not exclusively) older people
- Another suggested model was to have an Irish advice and resource centre with a strong emphasis on advice and support services, with or without a function room or bar
- Other respondents suggested that having a ‘virtual’ Irish centre, for example, an electronic network of information and monthly organised events would suffice.

The following description of an Irish centre captures the desirable features that many respondents:

‘I would like to see some kind of centre that is owned and managed by Irish people but it’s opened up to anyone in the community that wants to use it, and I don’t think it needs a bar, I think it can be somewhere that can put on a function and can bring a bar in if need be but I don’t think it needs to focus itself on it being a social building. I’d just like to see a building being used by everybody but it’s run by Irish people and I’d like to see it offer Irish culture, classes and language, music, writing, I’d like it to be used by other people, by other businesses that might want to rent a room for the day or whatever, a bit like a resource centre but somewhere that can accommodate social events, that’s what I’d like’ (Female, mid-30’s, interview).

A search on the Federation of Irish Societies web site suggested that several Irish centres have been established in the North of England over the last 10 to 15 years. This is interesting in the light of the changing demographics of the Irish population nationally and the aging profile of the present generation.

Further analysis revealed two examples of good practice: Leicester and Northampton that are of interest in the context of Sheffield and in the light of the views expressed above in relation to any similar development in the city. Both of these cities have similar size Irish populations, have attracted funding from a variety of sources and have succeeded in broadening their base beyond the Irish community. The Emerald Centre is strongly focused on Irish sports and advice and training services, with a lesser emphasis on the social aspects. The Northampton example is notable for being a thriving Irish group and support service without having the benefit of a physical building.

The Emerald Centre, Leicester and Leicestershire

Irish population: 3,602

Established 12 years ago, this centre is based around a vibrant GAA sports club on land leased from the local authority. It serves the city and also the county of Leicestershire.

Facilities: a modern, multi-purpose building (it has a grass roof), a small bar, meeting rooms, changing rooms (of FA standard) playing fields

Funding: Single Regeneration Budget (SRB), European Regional Development Fund (ERDF), the Dion Fund¹⁶ and the local Irish business community

Activities: Social events, GAA and soccer, cultural events, Irish dance classes, hosts the Leicester and Leicestershire Irish Forum

¹⁶ Dion (from the Irish word for ‘shelter’) is an advisory committee to the Government of Ireland on the Irish community in Britain. Since 1984 the Irish Government has given financial support through the Dion Fund to voluntary agencies that provide welfare and advice services to the Irish community.

Services: community support (Irish elders), Senior Citizen's Luncheon Club, I.T training - 'Return to Learn' Programme, room hire

Status: Charitable

Northampton Irish Support Group

Irish population: 3,838

Established in 1997 this support group operates from an office space and uses two different LA community centres to hold a series of events and classes.

Facilities: an office near the centre of Northampton

Funding: Local Network fund, 'Awards for All', Northampton County Council, Dion Fund

Activities: Computer classes, Ceili dancing, Irish and Indian dance fusion, family history, Gaelic games

Services: drop-in sessions; luncheon club

Conclusions

The Irish population in Sheffield is smaller and more dispersed than it is in many English cities. Irish people are dispersed across the city, which is a notable change from the residential patterns of the Irish community in the nineteenth century. There are important health inequalities evident within the Irish population in Sheffield which need to be addressed. Although the majority of Irish people are adequately served by current service provision there are significant sections of the Irish population: isolated elderly people, Travellers, survivors of abuse and homeless Irish people with unmet needs. There is also a need for more awareness and adaptation of existing services to incorporate the cultural aspects of the Irish community.

Public authorities in Sheffield are making good progress in monitoring for the Irish population but much more work in this area needs to be carried out. The statutory regulatory framework relating to Black and Minority Ethnic communities, including the Irish community will need to be much more firmly embedded in strategies, policies and service provision in the future.

Overall, being Irish in Sheffield is a positive experience, and more positive than has been the case for Irish people in the not-so-distant past. Anti-Irish racism is still present in the daily lives of Irish people mainly in the form of Irish stereotyping, but there is less evidence of overt anti-Irish discrimination. There are hubs of Irish activities in the city, namely Irish sports, dance and music, but these are carried out by committed individuals without the benefit of an organised Irish community association or Irish centre. There is a pressing need for an Irish focal point or network to provide a focus for the Irish community and Irish cultural and social events.

The Irish community has made a valuable contribution to the city of Sheffield for over 150 years. There are firm grounds here for a celebration of this contribution in an exhibition or more permanent archive. There is a wealth of resources, talent and commitment within the Irish community in Sheffield that could be brought together in an annual celebration of Irish culture and heritage. As has been shown in other Northern cities such as Manchester and Leeds, Sheffield City Council and its partners should seek to promote the Irish community and its contribution to a modern multi-cultural city intent on cultural regeneration for the twenty-first century.

6. Recommendations

The research identified a range of issues and recommendations that will be of concern to all public agencies in Sheffield.

- All public agencies in Sheffield should meet their statutory obligations with regard to Equal Opportunities legislation and the Race Relations Acts by ensuring the accurate recording of Irish ethnicity, and analysing this data to identify gaps in service provision to the Irish population, and to develop action plans to address these gaps and needs
- Public agencies should adopt best practice in relation to policy formation by the use of more robust ethnic monitoring data collection procedures and analysis such as those contained within '*Collecting ethnic category data: Guidance and training material for the implementation of the new ethnic categories*', (DH, 2001)
- The Irish should have an equal partnership with other Black and Minority Ethnic (BME) groups and be more fully integrated into Sheffield's BME forums. Specifically there should be an Irish dimension in all public agencies' BME policies, training, employment, consultation, monitoring and grant applications
- Sheffield PCT and social care staff should have knowledge of, and training regarding the health vulnerabilities of the local Irish population. In particular, there is a need for greater awareness of how stereotyping with regard to alcohol and drug abuse can prevent Irish clients from accessing appropriate health services
- The PCT and local authority should also support Irish community health capacity building and should facilitate more effective engagement of the local Irish population in local health matters
- Sheffield City Council and its partners should seek to promote the Irish community and its contribution to the dynamism and diversity of a modern multi-cultural city by facilitating an annual festival of Irish culture, music and dance
- Sheffield Hallam University and the University of Sheffield should host an annual day of Irish culture reflecting the diverse identities of students, staff and partner organisations from across the Irish Sea. Leeds Metropolitan University provide an example of good practice in this regard.

The Sheffield Irish community should:

- Carry out a feasibility study regarding an Irish centre, with the assistance of Sheffield City Council's community development team
- Develop a network of linked Irish services and cultural facilities and activities in the city, including for example Churches, the Universities, CARA and the Dog and Partridge and seek to collate and disseminate this information using a variety of media including the web and local radio. This should target both established residents and new arrivals to Sheffield
- Consider commissioning or producing a local history of the Irish contribution to Sheffield, comprising a publication and/or an exhibition

- Work with partner organisations, including Cara Irish Housing Association to ensure that social care and support is provided to isolated elderly Irish residents in the city
- Develop an Irish cultural competence training module which ideally would include the history and politics of Irish migration, the social position of the Irish in England, including experiences of discrimination and the heterogeneity of the population (first and second-generation/gender/class/religious background, including Protestant/rural-urban/North-South/Traveller/Black Irish people) (Walls, 2004). Being made aware of the diversity of the Irish population through a module of this kind is a useful starting point to addressing needs and avoiding cultural stereotypes.

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