Federation of Irish Societies

Degrees of Ethnic Inclusion

Measuring BME/BAME inclusion in JSNAs with Particular Attention to the Irish

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with additional contributions by
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Federation of Irish Societies

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Executive Summary

FIS has followed the development of JSNAs from the outset. This is because of the significance of JSNAs as strategic documents in identifying the needs of local populations in relation to the commissioning of and provision of health and well-being services. This is understandable given FIS's role, as a national, second tier body supporting front-line organisations throughout England who provide services largely, but not exclusively, to Irish people. This service delivery includes advice and support on health and well-being to vulnerable sections of the Irish community.

The initial research identified 51 JSNAs spread over the 9 English regions, each JSNA geographically linked to one or more Irish service delivery organisations.

The linking of JSNAs to Irish organisations in this manner was so that (a) FIS could provide useful information to those organisations on JSNAs and the degree of recognition for the Irish and their needs within them; (b) to help the local Irish organisations develop their understanding of and involvement with the bodies responsible for JSNA consultations, and the commissioning and provision of local health and well-being services; and (c) where necessary, to work with local Irish communities to obtain a more adequate recognition for Irish communities and organisations within these processes.

Once those JSNAs had been identified they were examined to determine the extent to which the selected JSNAs recognised the Irish in relation to:

- their examination of local population demographics
- their examination of local health-related demographics

Findings: Local Population Demographics

- Of the 51 JSNAs, 19 used an un-disaggregated 'White' category in demographic tables for analyses – a practice which, if not otherwise compensated for, will conceal the 'White-Irish' data.
- Of the 51 JSNAs, 42 made reference to the Irish (either as 'Irish' or 'White Irish') - and 9 did not.
- Of the 51 JSNAs, 19 made reference to Irish Travellers and 2 to Older Irish people, both sections of the Irish populations with specific elevated needs.
- All of the 51 JSNAs included BME/BAMEs in their analysis.

While 82% of JSNAs (see page 11) made reference to the Irish, the BME/BAME score was somewhat higher at 100%. The small number of references to Irish Travellers and Older Irish people was worrying, as was the level of use of the exclusionary 'White' category for analysis.

With regard to the diversity of demographic analysis, in the JSNAs examined, the Irish coverage was highest in the London, North West, Yorkshire & Humberside and West Midland regions. It was lowest in the North East. Irish Traveller coverage was highest in the South East. The use of the potentially exclusionary, non-disaggregated 'White' category was most prevalent in London,

followed by the North West and South East regions. In terms of overall diversity, London, followed by the North West, South East, and Yorkshire & Humberside came top of the list, in that order.

In the JSNAs examined, Travellers were mentioned in eight of the nine English regions. In the South East region they were mentioned in 6 JSNAs, and in 3 JSNAs in Yorkshire & Humberside. Highest recording of BME/BAMEs was in London, the North West and the South East, followed by Yorkshire & Humberside and West Midlands. An interesting feature was the high number of 'Irish' and 'White' mentions in Yorkshire & Humberside (7:6) the North West (9:9) and London (9:10).

It is important to keep in mind, with regard to the demographic analysis, the relatively high Irish count here, as contrasted with the relatively quite low recording of Irish in the next section.

Findings: Local Health Demographics

For this part of the research a series of search words were selected to be applied to the 51 JSNAs. These words were Dementia, Cancer, Haemochromatosis, Smoking, Alcohol, Cardiovascular, Mental Health, and they were chosen because of high prevalence of these health-related issues in the Irish community. The tests were to identify the association of these words with the Irish in the local health demographics of the selected JSNAs.

Overall, the results were very disappointing.

- There was no mention of Dementia, or Haemochromatosis in any of the JSNAs examined.
- There were 5 mentions of Cardiovascular, 3 in Yorkshire & Humberside, 1 in North West and 1 in West Midlands.
- There was 1 mention of Cancer, in West Midlands.
- There were 14 mentions of smoking, 5 in Yorkshire & Humberside, 4 in London, 2 in the South East and 1 each in East Midlands, East of England and South West.
- There were 9 mentions of alcohol, 3 in London, 2 in West Midlands and 1 each in the East Midlands, South East, South West and Yorkshire & Humberside.
- There were 8 mentions of Mental Health, 2 each in East Midlands, London, West Midlands and Yorkshire & Humberside region.

It is true, as our researcher stated, that "In many instances a majority of the health issues themselves will be mentioned in JSNAs, and a general description of the condition will be given, showing that the authors of these documents do have concerns about these issues", but it is equally true that, in the JSNAs examined, there is a general lack of focus on how these health issues affect particular ethnicities.

Recommendations

In 2000 the Runnymede Trust published The Future of Multi-Ethnic Britain, Report of the Commission on the Future of Multi-Ethnic Britain. This important mainstream report devoted considerable attention to anti-Irish racism and to the historical and contemporary situations of Irish communities in Britain. It stated: "All too often [the Irish] are neglected in considerations of race and cultural diversity in modern Britain. It is essential, however, that all such considerations should take their perceptions and situations into account."[1] This recommendation was, and continues to be, widely ignored.

The primary recommendations of this report are (a) that available Irish ethnic data should be incorporated in JSNAs and should be used to inform the findings of JSNAs; and (b) that local Irish communities and organisations should be encouraged by those responsible for the production of JSNAs and by local second tier representative and development organisations to contribute to the processes of JSNA formation.

[1] Page 32, paragraph 3.10.

Background/Briefing:

What is the JSNA?

The Joint Strategic Needs Assessment (JSNA) currently comes under the statutory duty of local authorities (who are responsible for administration in their area and whose powers are delegated by legislation) and Primary Care Trusts who are responsible for commissioning providers of primary, community, and secondary care. Therefore the commissioning decisions are based on the data and health related information presented in the JSNA, which makes the content and representation In the JSNA important. The JSNA process, if done effectively can lead to stronger partnerships between that area's communities, local government and NHS. This can therefore lead to a stronger foundation of commissioning services that improve health and social care services and reduce inequalities for the individuals in the area.

The JSNA process encompasses identifying current and future health and well-being needs of the local population it is representing. Some examples of these include:

- population number and composition,

- ethnicity, age and gender representation;

- social, economic, and environmental factors;

- health and lifestyle factors.

The extent of representation of these factors inform the priorities of that locality and then lead to agreed commissioning according to the priorities set by the Primary Care Trusts with the aim of improving health outcomes and reducing inequalities.

The content of the JSNA is drawn from a range of data including the census data and any information provided from partnerships within a range of statutory and non-statutory bodies. Examples of these include:

- voluntary and community organisations,
- social care staff, general physicians,
- public health and district nurses,
- teachers, private providers, and carer centre staff,
- Patient Advice and Liaison Services (PALS) and Local Involvement Networks (LINks).

Therefore the greater the involvement and contribution of these bodies the more effective the JSNA would be in addressing the current and future needs of the population.

Future JSNAs

The JSNAs which are examined within this report currently fall under the statutory duty of Local Authorities and Primary Care Trusts. After 2013, however, the NHS reforms will result in a fundamental change in the way commissioning of services takes place. Commissioning will be in the hands of consortia of GPs, in partnership with local authorities. In this case the JSNA will be undertaken by local authorities and the GP consortia through the new Health and Wellbeing Boards.

These boards will remove divisions between the NHS and local authorities and will give communities a chance to have greater say in the services which are needed for the care of its local population. According to the Department of Health the implementation of these boards may be accomplished earlier than formally announced.[2]

This change however, will not result in any changes in the relevance on and importance of the JSNA in commissioning, which still makes the content of the JSNA as important as ever.

Rationale:

The content of the JSNA is of vital importance. Therefore, a feature of this research is to identify how relevant data on Irish people are included or omitted from JSNAs. Such inclusion is important because the Irish ethnic group, and Irish Travellers and vulnerable Older Irish People in particular, experience significant health inequalities but are often omitted from JSNAs. Ensuring that the Irish are recorded as a separate ethnic group, and that their specific needs are recorded within the JSNA, would improve the quality of commissioning substantially. While there is quite a degree of variety in the way ethnic information is recorded within JSNAs, another significant aspect which has been highlighted in this report is the use of a 'White' category in the JSNA as an alternative to disaggregating 'White' into its constituent parts, one of which is 'White Irish', which is another way in which Irish needs are rendered invisible. Therefore, highlighting the non-inclusion of the Irish in a range of JSNAs in this report is equal to advocating the inclusion of Irish data in future JSNAs in order for specific Irish needs to be met. Commissioning priorities can be better directed if the needs of ethnic groups - including the Irish - are being treated with importance. BMEs are examined here in order to indicate whether other ethnic groups are being included in the JSNA.

Methodology:

The JSNAs reviewed in this report were drawn from towns/counties/boroughs of areas where Third Sector Irish services affiliated to the Federation of Irish Societies are located, and were then divided by region, including:

- East Midlands
- East of England
- London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire and Humberside

The analysis conducted looked at the results for each region based on the following criteria:

- The identification of the Irish as a separate ethnic group.
- The identification of the Irish as a subcategory of 'White'.

[2] (2011). 'Early Implementers of health and wellbeing boards announced' [online] Available from: http://healthandcare.dh.gov.uk/early-implementers-of-health-and-wellbeing-boards-announced/

- The inclusion of Irish Travellers and Gypsies.
- The inclusion of BMEs/BAMEs.

The results of this analysis can be seen on pages 11-18.

When these basic ethnic group population demographics had been examined, attention turned to a selection of health-related demographics, focusing on a range of characteristics and conditions in relation to which the Irish show a high prevalence of specific health issues. We used the search categories mentioned below to further analyse the 51 JSNAs reviewed to see if these issues had been identified as associated with the Irish community in any of these documents.

The search categories used were:

- Dementia
- Cancer
- Haemochromatosis
- Smoking
- Alcohol
- Cardiovascular
- Mental Health

If any of these aspects were mentioned in the local JSNA in relation to Irish or Irish Travellers an 'X' would be allocated indicating its presence. At the end the results were tabulated according to the regions. The results of this analysis can be seen on pages 20-21.

BME presence:

We have not examined the BME/BAMEs to the same extent as that of the Irish, and only noted if they were included in the JSNA.

Analysis and Conclusions:

The total JSNA count in this survey was 51. The table and chart below show how the related FIS affiliates (82) were situated in each of the English regions listed, as well as the number of JSNAs examined in each of the regions.

Regions	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire& Humberside
Member Count	7	6	23	1	12	13	2	9	9
JSNA Count	5	2	11	1	9	9	2	5	7

Table 1

London had the highest concentration of affiliated members, with a total of 27%. For accuracy, in the London region, we then located each JSNA on the basis of an affiliated organisation's post code. Here 11 JSNAs were identified, relating to the following boroughs:

- Brent
- Islington
- Camden
- Hammersmith
- Hounslow
- Barnet
- Southwark
- Lewisham
- Haringey
- Newham
- Greenwich

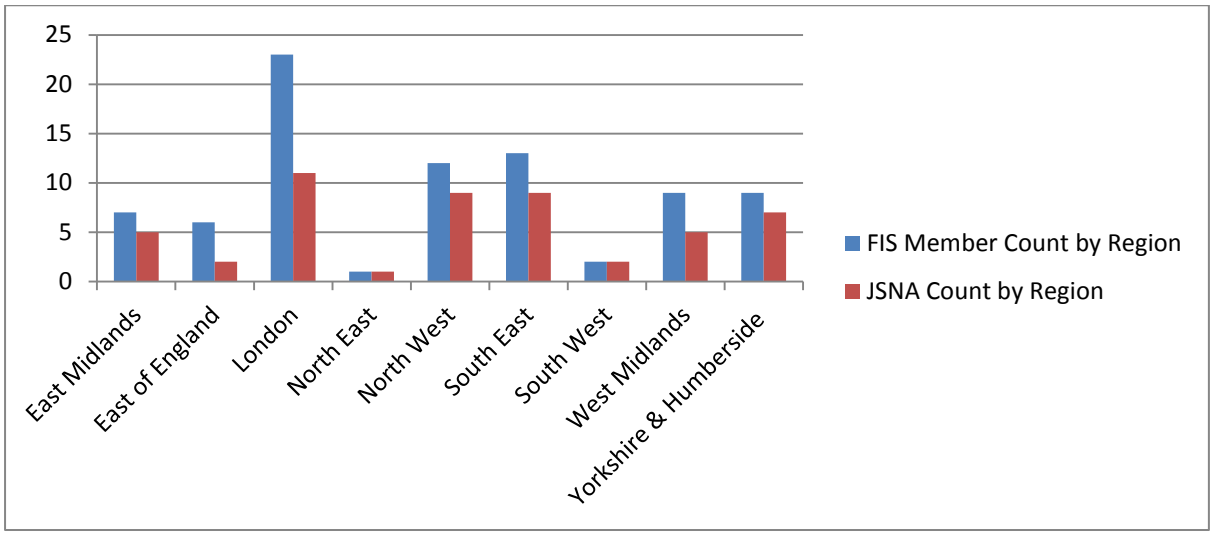

Chart 1

Stage A: Population Demographics

Our search for the number of JSNAs in which mention of Irish ethnicity was made, either in the general text or in accompanying demographic tables, gave the following results:

Irish Mentioned	Irish Not Mentioned	Total
42	9	51

Table 2

Irish as a percentage of whole:

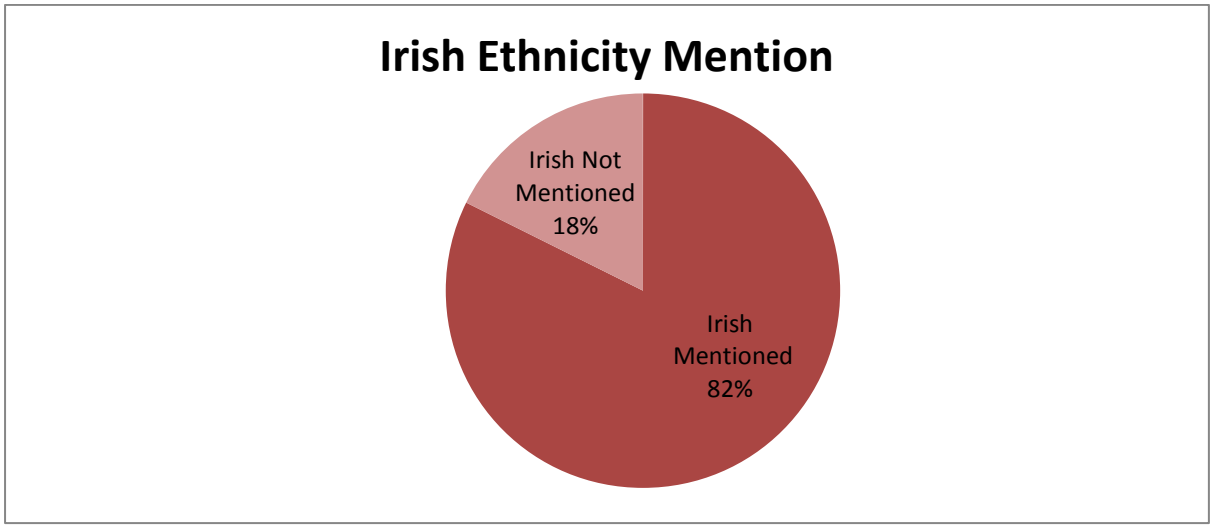

Chart 2

Chart 2 shows that 82% (42) of the total 51 examined JSNAS mentioned the Irish. However, it is important to understand that this high recording of the Irish occurred in the section of the JSNA which analysed the demographics of the population by ethnicity.

Later in the research, when the JSNAs were examined with reference to a range of health-related conditions having high levels of prevalence among the Irish, the outcome was very different. (See below, pages 20-21.)

While the mention 'Irish' or 'White Irish'[3] in the context of population demographics may serve as a prompt leading to further Irish data in other aspects of JSNA analysis, the reason for the use of an Irish category to identify deficits and needs also has been set out very clearly in advice given by the Department of Health in 2005:

'*Trusts and councils should not, for data collection purposes, group the three White codes into one. The reason for this is that there is compelling evidence that White Irish and Other White individuals and communities in England experience significant health inequalities compared with White British counterparts. If White British, White Irish and Other White codes are merged at the data collection stage, Trusts and councils will have no way of monitoring and keeping tracking of such health inequalities.*'[4]

[3] In this publication we use these two terminologies as interchangeable.

[4] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4116843.pdf page 30.

Another way we examined the demographics of the Irish population for this report was identify the number of JSNAs in which two subsections of the Irish population were included. These were Irish Travellers and Older Irish People, both groups with significant and pressing needs

Aspect	Irish	Irish Traveller	Older Irish People
Count	42	19	2

Table 3

Irish Travellers:

Despite a lack of satisfactory national data on the health status of Gypsies and Travellers, studies have revealed their health outcomes to be much poorer than the general population and also poorer than others in socially deprived areas. Parry et al. in their report on The Health Status of Gypsies and Travellers in England states:

'*Results of the quantitative survey show that Gypsy Travellers have significantly poorer health status and significantly more self-reported symptoms of ill-health than other UK-resident, English speaking ethnic minorities and economically disadvantaged white UK residents.*'[5]

While some Irish Travellers have moved into houses permanently or semi permanently; more visible Irish travellers move around from one locality to the next; although they do not have one fixed location, they need to be considered in each JSNA because they come and go in a certain locality for a varying period of time, which would make it possible for their needs to be addressed to some degree. However because they have no fixed abode, they are less likely to register with the local GP in the area they are in temporarily, leaving their health needs unaddressed. However, there are Third Sector organisations working directly with the Irish Travelling community who should be directly consulted with, in order to assess the Travellers specific needs in relation to JSNAs.

Older Irish People

Similarly, Irish Older people were underrepresented in the JSNA, with only 2 JSNAs mentioning this section of Irish people. According to the report researched by the Federation of Irish Societies the Irish population is an ageing one, In fact, 24.9% of white Irish people are aged over 64 years in comparison with 15.9% of the population as a whole.[6] The ageing population of the Irish is an important aspect for consideration, specifically in relation to Dementia/Alzheimer's and memory loss.

[4] Parry et al (2004) The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative, University of Sheffield, Executive Summary, para 3 http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

[6] Limbrick, Gudrun (2007) England: the Irish Dimension. An exploration of 2001 Census Data London: Federation of Irish Societies. page 18

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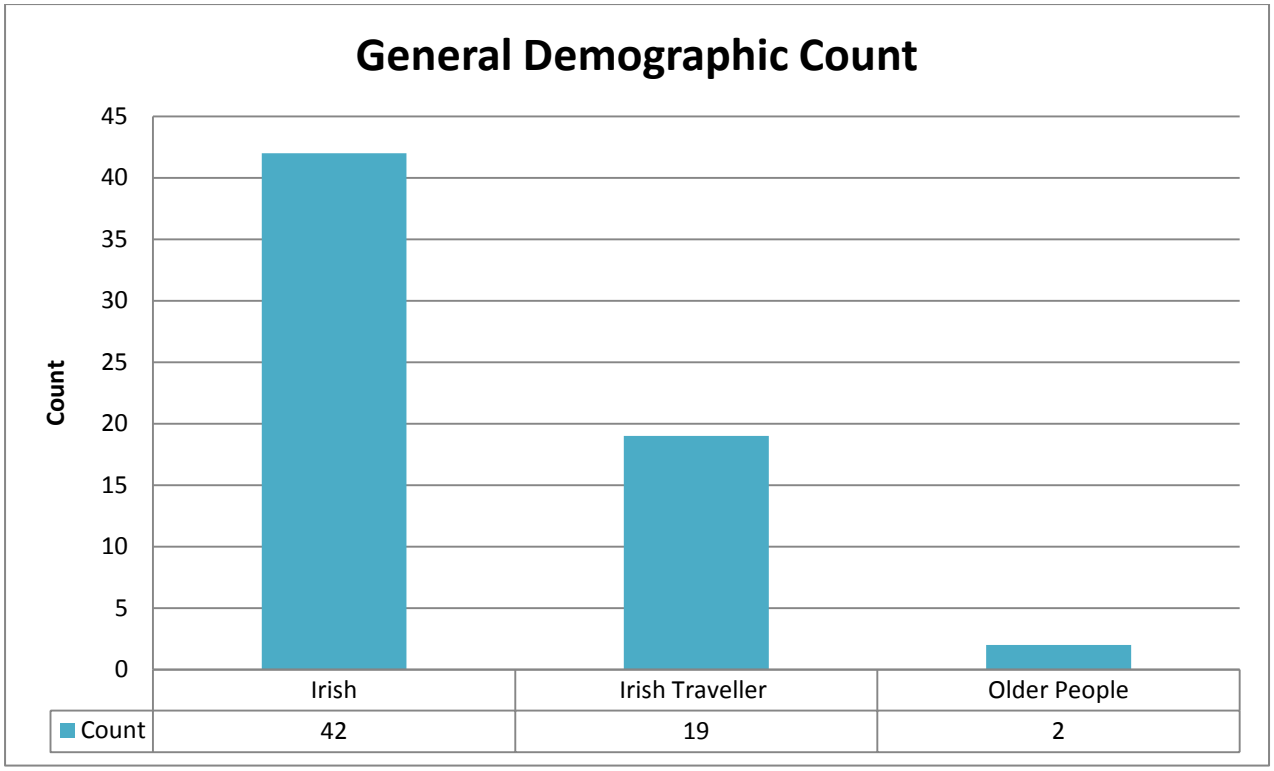

Chart 3

A further test - based on a count of the categories 'White' and 'White-Irish' in the demographic tables associated with the 51 JSNAs in question - provided the following results:

White[7]	White-Irish	No Demographic Table	Total
19	31	1	51

Table 4

There were 19 instances where the 'White' category was not broken down to show the 'White Irish' data and 31 instances where 'White Irish' data was included in the demographic tables.

As already mentioned on page 8, two aspects of the 'White' category were looked at in this research. There is, firstly, the exclusionary function of the 'White' category on its own (i.e. not broken down into its three constituent parts of 'White British', 'White Irish' and 'White Other'). Secondly, there is the inclusionary function of the 'White Irish' category.

On pages 8, 11 and 12 of this report we have explained how the examination of 'White Irish' data relates to specific needs within the Irish community which are significantly different to, for example, the health needs of the other communities, so that failure to disaggregate the Irish from the 'White' category may lead to the non-identification of Irish-specific health needs.

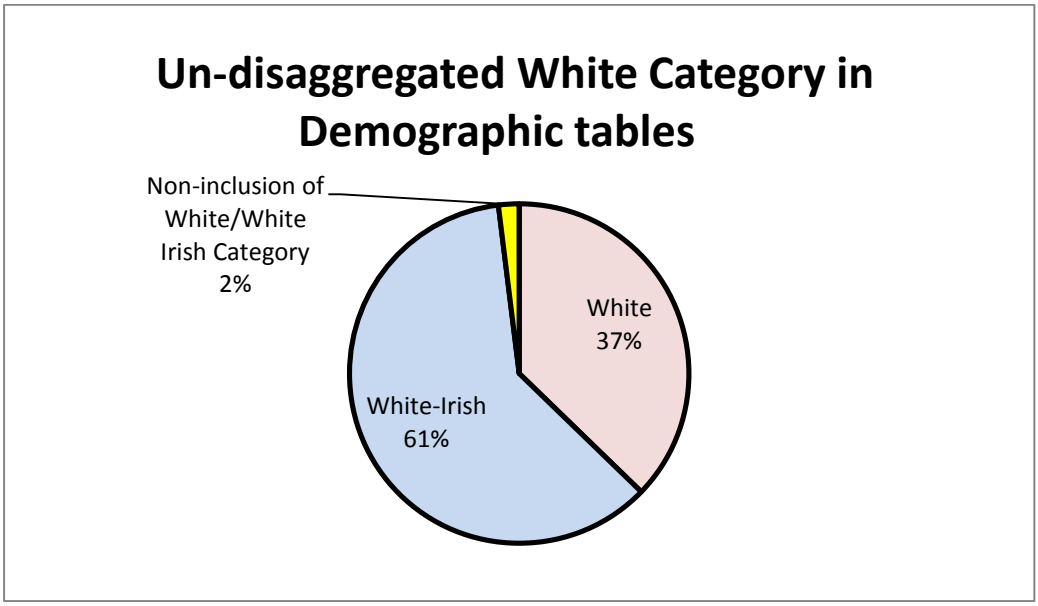

Chart 4

While the presence of Irish data in 61% of the demographic tables of JSNAs is encouraging, the use of the un-disaggregated 'White' category in 37% of the JSNAs examined draws attention to the continuation of Irish underrepresentation here, as in other policy-informing databases.

[7] White in this case means that the White category was used but it was not broken down to include the component of White Irish. This may also include some instances of the use of 'White British' which have the same effect.

This is only one of the ways in which Irish-born people and those of Irish decent/heritage may be undercounted for certain important purposes. Some other aspects of such undercounting are suggested below:

Many second generation Irish consider themselves White British even if their background would, objectively, entitle them to tick the White Irish or Mixed categories. In a 2001 Census profile of the Irish population of London analysed the percentage of household members having the same ethnic group. Using all the categories of the Ethnic Group Question, this showed White British, with 86%, at one end of a continuum and White Irish closer to the other end with 33%.[8] FIS's 2001 Census profile for England[9] referred to the following ways in which the identity of Irish people is also recorded:

a) "Irish people who are Black or Asian are likely to be recorded in one of the 'other' categories. There are a number of categories which are termed 'other' in which an array of ethnic origins and mixed ethnic origins could be assumed. The 'other' categories amount to a total of 4.1% of England's total population. 2.7% are 'white other'. Others are recorded under 'other mixed', 'other Asian', 'other Black', and 'other'. Others are recorded under 'other mixed', 'other Asian', 'other Black', and 'other'."

b) "Irish people who are also European or American are likely to be recorded in one of the 'other' categories."

[8] Howes, Eileen (2004) 2001 Census Profiles: The Irish in London, London: Greater London Authority, page 17.
[9] Limbrick, Gudrun. (2007) England: the Irish Dimension. An exploration of 2001 Census Data London: Federation of Irish Societies. Page 9.

We then tested the inclusion of BMEs in the selected JSNAs, and this gave the following results:

BME included	BME not included	Total
51	0	51

Table 5

BME/BAME categories had a higher prevalence of inclusion (100%) in the JSNAs which were looked at compared to the Irish. This percentage is higher than that for Irish inclusion (82%).

The reason BMEs in general were looked at was because FIS attaches importance to having comparative data across ethnic categories, as in our suite of 2001 Census reports[10]. This need is as important for other ethnic groups as it is for the Irish, so that they can also similarly advocate any shortcomings they face in the JSNA.

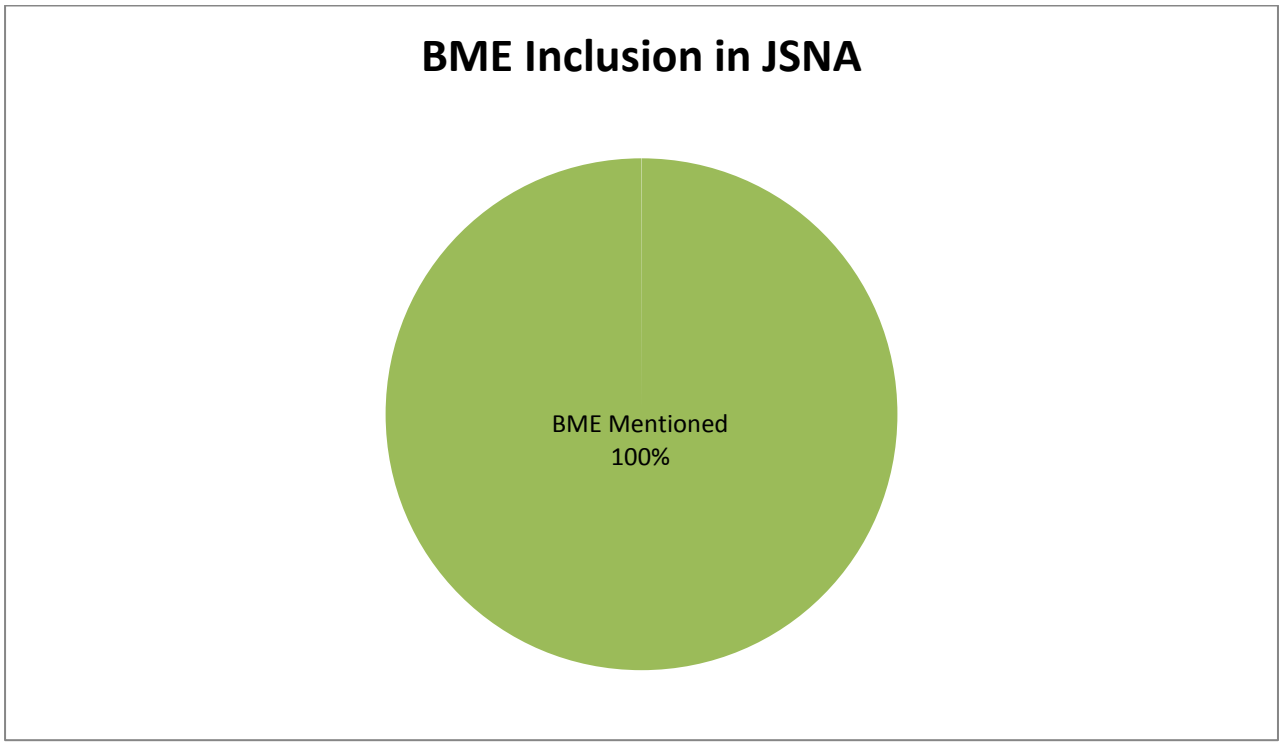

Chart 5

[10] Federation of Irish Societies. [online] Available from: http://www.irishinbritain.org/policy-details.php?id=8

Summarising the discussion of references to ethnicities in Stage A: Population Demographics, pages 11 and 16, Table 6 and Chart 6 identify the ratios between the use of each of the four categories listed below within the 51 JSNAs examined.

BME/BAME	White/White British	White Irish/Irish	Travellers
51	48	42	19

Table 6

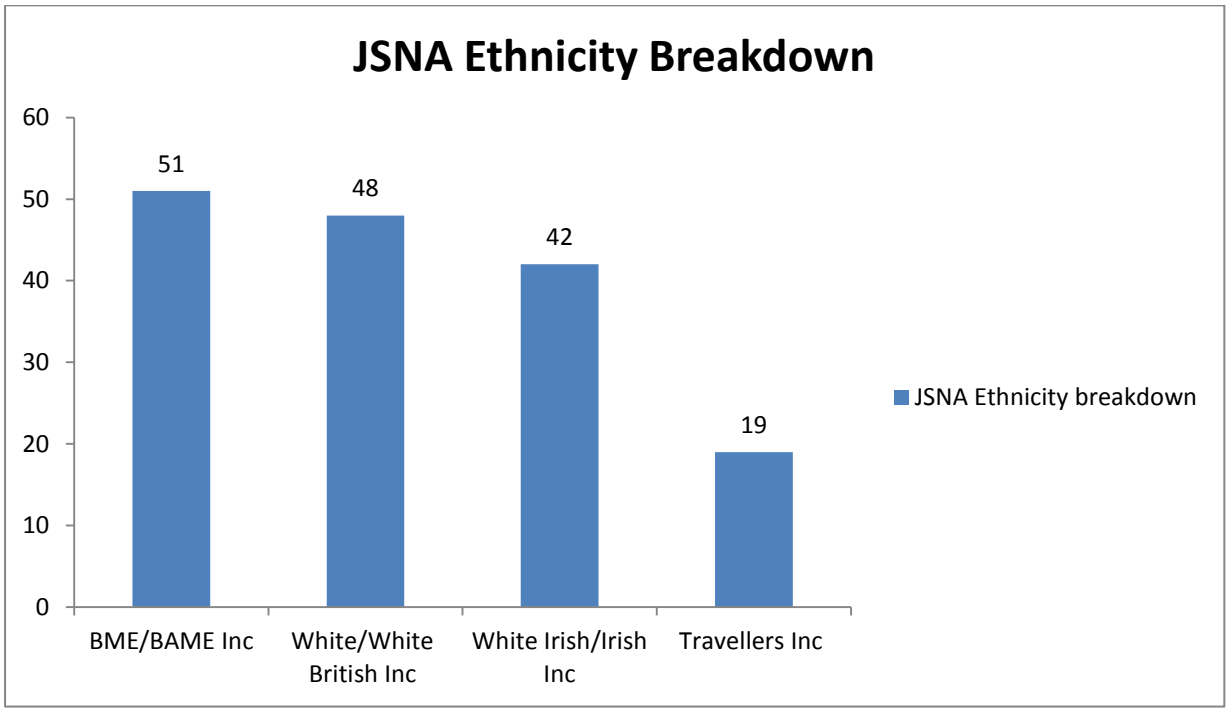

Chart 6

The analysis below examines the data set out in Table 6 and Chart 6 above, and sets out for each of the 9 English regions the prevalence of references to each of the four populations mentioned in the 51 JSNAs examined.

	Irish	**Irish Traveller**	**White**	**BME**
East Midlands	4	1	5	5
East of England	2	2	2	2
London	9	2	10	11
North East	0	0	1	1
North West	9	2	9	9
South East	4	6	8	9
South West	2	2	2	2
West Midlands	5	1	5	5
Yorkshire & Humberside	7	3	6	7

Table 7

In the JSNAs examined, the Irish coverage was highest in the London, North West, Yorkshire & Humberside and West Midland regions. It was lowest in the North East, where FIS had few affiliates. Irish Traveller coverage was highest in the South East. The use of the potentially exclusionary White category was most prevalent in London, followed by the North West and South East. In terms of overall diversity, London, followed by the North West, South East, and Yorkshire and Humberside regions came top of the list, in that order.

As one can see from the Table 1 and Chart 1 on page 10, there is generally - though not in all cases - a relationship between the presence of Irish organisations (and populations) and Irish presence in JSNAs. It is worth keeping in mind that, outside of London and the South East and the conurbations of the Midlands and Northern England, the Irish often form the second or third largest minority ethnic group in their area.

It can be suggested that the quality of the JSNAs in the areas covered by this analysis are dependent on the factors which include the following:

1) The sophistication and efficiency of the process followed in the construction of the JSNA, and the degree of understanding informing that process in the areas of diversity, ethnicity and the promotion of equalities.
2) The diversity of the population in larger cities and conurbations such as London, Birmingham and Manchester and a positive awareness of that diversity among those responsible for the commissioning and construction of JSNAs.
3) The number of organisations representing Irish and other ethnic groups in local regions, and their capacity and reach in giving voice to their communities.

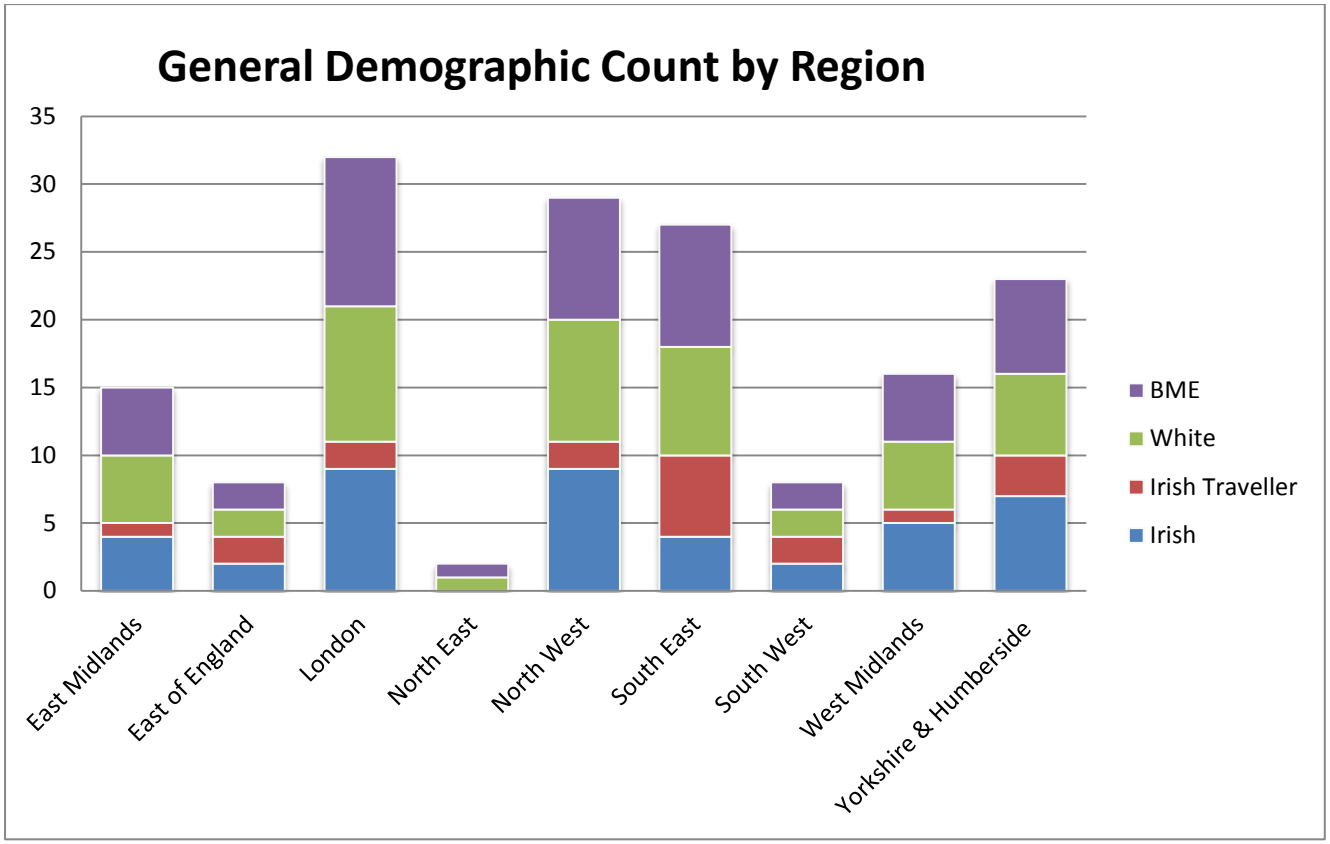
General Demographic Count by Region
35
30
25
20
15
10
5
0
East Midlands
East of England
London
North East
North West
South East
South West
West Midlands
Yorkshire & Humberside
BME
White
Irish Traveller
Irish

Chart 7

Stage B: Health Demographics

The methodology which was adopted for this part of the research has been set out on pages 8-9. In summary, this was to choose a range of health-related categories focusing on characteristics and conditions in relation to which the Irish show a high prevalence of specific health issues, which are repeated in the top line of chart below. Using these categories, a word-search of the frequency their use in the JSNAs was carried out. The resulting data was analysed and is presented below on the basis of frequency of occurrence across the 9 English regions.

Irish Health Demographics according to region:

	Dementia	Cancer	Haemochromatosis	Smoking	Alcohol	Cardiovascular	Mental heath
East Midlands	0	0	0	1	1	0	2
East of England	0	0	0	1	0	0	0
London	0	0	0	4	3	0	2
North East	0	0	0	0	0	0	0
North West	0	0	0	0	0	1	0
South East	0	0	0	2	1	0	0
South West	0	0	0	1	1	0	0
West Midlands	0	1	0	0	2	1	2
Yorkshire & Humberside	0	0	0	5	1	3	2

Table 8

One region, North East, had no mention of Irish within these health demographics in the JSNA examined. In terms of inclusiveness, Yorkshire & Humberside (4 conditions, 11 references) scored highest, and were followed in descending order by the following, West Midlands, London, East Midlands, South East, South West, North West and East of England. The conditions referred to, ranked by frequency of mention, were as follows: Smoking (14 mentions), Alcohol (9), Mental Health (8), Cardiovascular (5), Cancer (1). There were no references to either Haemochromatosis or to Dementia. While Haemochromatosis[11] is not a well-known condition - although one the profile of which FIS is seeking to raise - the same cannot be said of Dementia. Similar to the general demographics, Yorkshire & Humberside and the West Midlands were most inclusive of the health aspects as their JSNAs included four of the seven health aspects; the second highest were London and the East Midlands which recorded three of the seven aspects; the South East and South West which recorded two aspects finally North West and East of England which both had one each.

The overall picture showed that although the Irish were well represented (82%) in the ethnicity part of the JSNAs, they had been neglected in many of the health aspects which they are known to generally have a high prevalence of as an ethnic group. This finding (along with the findings

[11] http://www.haemochromatosis.org.uk;
http://news.bbc.co.uk/1/hi/northern_ireland/4842700.stm

regarding the use of a 'White' category as opposed to a 'White Irish' category on pages 14-15) identifies the need to include analysis by ethnicity in the treatment of health demographics in JSNAs, in order to facilitate the commissioning processes which is intended to be informed by the JSNA.

It is true that in many instances a majority of the health issues themselves will be mentioned in JSNAs, and a general description of the condition will be given, showing that the authors of these documents do have concerns about these issues. But it is equally true that, in the JSNAs we examined, there is generally lacking any focus on how these health issues affect particular ethnicities.

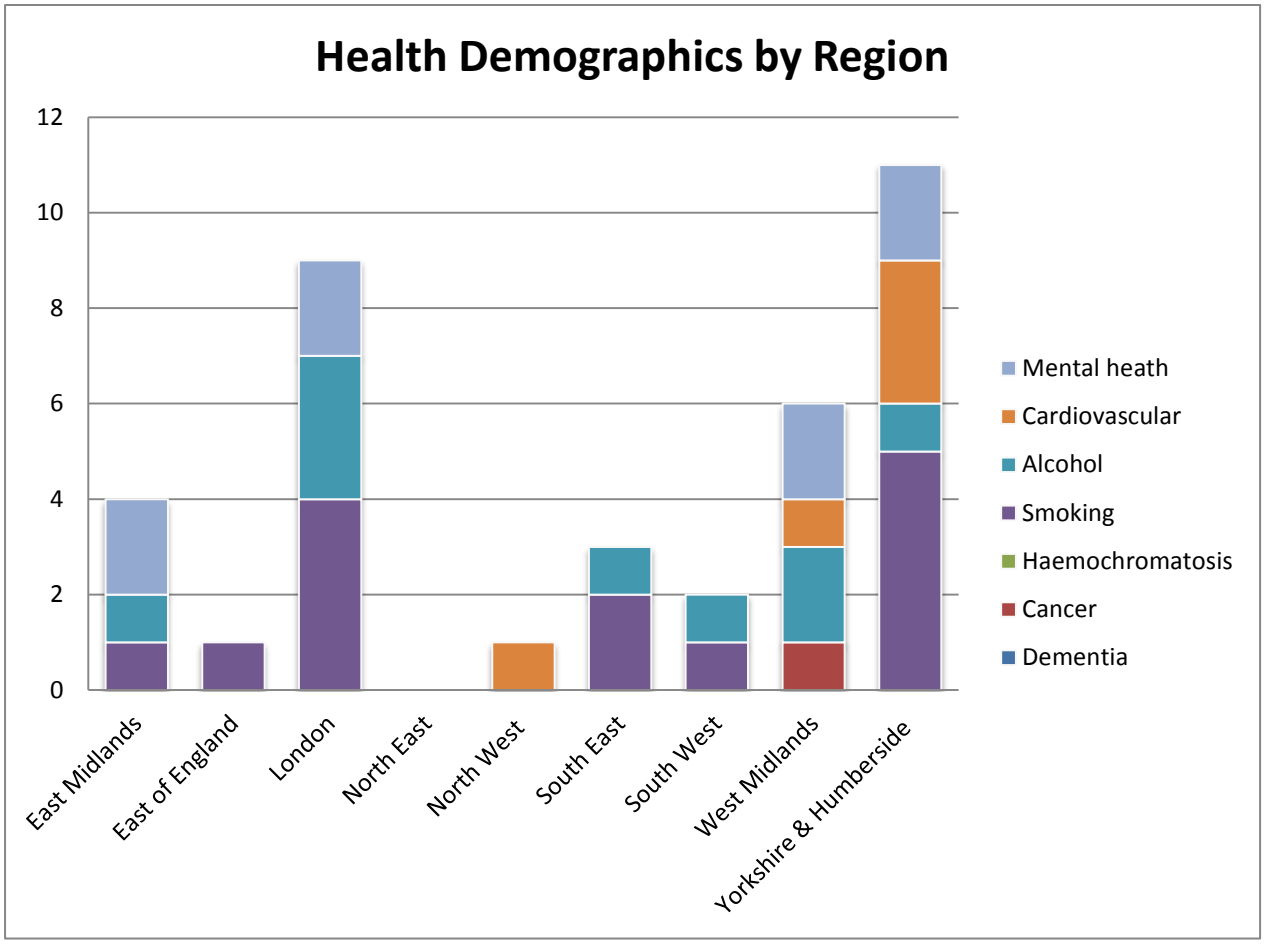

Chart 8

Some specific references to other health issues regarding the Irish in JSNAs examined:

- Autism
- Diabetes among women
- Drug use
- Homelessness
- Proportion of population aged 15-17 economically inactive due to sickness / disability

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