

The logo consists of a green speech bubble shape with the text "Irish in Britain" inside in white. Below the logo is a thin horizontal line.

**Irish
in Britain**

Mapping Services for Elders within the Irish Community

A factsheet analysing elders' services, with particular focus on lunch club provision and dementia services.

Executive Summary

Irish in Britain is the national representative body for Irish cultural and community organisations in Britain. Irish in Britain has over 150 member organisations across Britain. They include arts, heritage, and sports organisations, Irish clubs and particularly agencies that meet the health and social care needs of the most vulnerable in our community such as Travellers, youth, and elderly people. We also facilitate a number of regional Irish business and social networks.

Irish in Britain assists members to share their experiences and develop proactive ways of working in partnership to benefit our community and neighbours. We hold regular national meetings, briefings and collaborative workshops and a capacity building team provide guidance on governance, sustainability, change management and fund raising. We offer confidential organisational development support to members to help them to reach their full potential.

Methodology

Anecdotally we know that a significant proportion of our member organisations provide services for older people. However, we wanted to formalise this knowledge and map the service provision. Through an extensive mapping exercise we now have a national picture of Irish voluntary (third) sector provision for elders.

We completed a telephone interview with 70% of our member organisations, prioritising those for which the subject of services for elders was most relevant. Using a pre-prepared survey we asked affiliates for information on their elders' services, specifically focusing on lunch club provision and on dementia services.

The needs of the community

Analysis of national and regional data has shown that the profile of the Irish population in Britain is significantly different from the population as a whole¹. The white Irish population has a large proportion of people who are at or above pensionable age.

In fact, 24.9% of white Irish people in England are aged over 64, in comparison with 15.9% of the overall population.² The Irish community are also more likely to be single, either

¹ Tilki M, et al (2009) *The Forgotten Irish*. Social Policy Research Centre, Middlesex University/ Ireland Fund of Great Britain

² Federation of Irish Societies (2007) *England: the Irish Dimension. An exploration of 2001 Census Data* FIS

because they never married or are separated, divorced or widowed.³ For these reasons the White Irish are much more likely to live alone; a fifth of all white Irish households comprise a pensioner living alone.⁴ For this reason there is a high incidence of social and cultural isolation within the older Irish community.

There are also significant numbers in the immediate pre-pension age group and many of these are in poor health and economically inactive.⁵ The older Irish population tend to be concentrated in areas of high multiple deprivation, in poor housing and on low incomes and in poor health with high levels of long-term limiting illness and disability.⁶ In fact, the Irish in Britain have the highest level of long-term limiting illness found in any of the ethnic groups included. Standard mortality ratios for all causes of death are also raised for Irish people in Britain.⁷

The incidence of mental illness within the Irish community is also elevated, particularly for anxiety and depression. Uniquely the pattern of hospital for mental health problems for the Irish is skewed towards the 50 plus age group.⁸ As mentioned previously, the Irish population is an aging one so dementia is a key concern for the community.⁹ Within the community there are also disproportionately high levels of hypertension, coronary heart disease and strokes which can all contribute to the development of vascular dementia.

Despite considerable health and social disadvantage in large sections of the Irish population in Britain, they are a resilient and resourceful community.¹⁰ While this is positive, it leads to a tendency to seek solutions to problems within the community. Irish people tend to turn to family, Irish friends, local social clubs or the church for support, financial and otherwise, rather than seeking help from statutory services. Although most older Irish people have spent their adult lives in Britain, they belong to a culture of not going to the doctor unless absolutely necessary.¹¹ This means that even today the Irish community in Britain often delay contacting health services until they are in crisis and their health has deteriorated

3 Tilki M, et al (2009) *The Forgotten Irish*. Social Policy Research Centre, Middlesex University / Ireland Fund of Great Britain

4 Federation of Irish Societies (2007) *England: the Irish Dimension. An exploration of 2001 Census Data FIS*

5 Tilki M, et al (2009) *The Forgotten Irish*. Social Policy Research Centre, Middlesex University / Ireland Fund of Great Britain

6 Tilki M, et al (2009) *The Forgotten Irish*. Social Policy Research Centre, Middlesex University / Ireland Fund of Great Britain

7 Wild S et al (2007) Mortality from all causes and circulatory diseases by country of birth in England and Wales 2001-2—3. *Journal of Public Health* 29 (2) : 191-198

8 CHAI (Commission for Healthcare Audit and Inspection) (2007) *Count Me In: Results of the 2006 national census of inpatients in mental health hospitals and learning disability services in England and Wales*. Commission for Healthcare Audit and Inspection, London.

9 Tilki M, Mulligan E, Pratt E, Halley E, Taylor E, (2011) Older Irish people with dementia in England. *Advances in Mental Health*. 9,(3) : 221-232

10 Tilki M (2003) 'A study of the Health of the Irish-born people in London : The relevance of social and socio-economic factors, health beliefs and behaviour'. Unpublished PhD Thesis, Middlesex University

11 Tilki M (2003) 'A study of the Health of the Irish-born people in London : The relevance of social and socio-economic factors, health beliefs and behaviour'. Unpublished PhD Thesis, Middlesex University

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considerably.¹² This self reliance means the Irish community will tend to 'care for their own' and in some cases do not know how to, and in others choose not to, use the resources to which they are entitled. This undoubtedly explains the high levels of family/informal care in the white Irish population.¹³

Many health and social services are either unaware or have only recently become aware of the needs of the older Irish community because a substantial number of this hard-to-reach group fail to access mainstream older people's services. Unfortunately, the Irish are largely invisible in key policy and policy initiatives because ethnicity is defined in terms of skin colour. Because the Irish are predominantly white and English speaking, few older people's services target this isolated older community. Therefore, the Irish are generally absent from initiatives designed to promote the inclusion of minority ethnic groups within the National Dementia Strategy.

Mapping Results

Our mapping exercise has shown that the Irish community and voluntary sector has responded to need amongst the older members of the community. In the absence of culturally sensitive mainstream or culture specific services, the Irish third sector has developed a range of innovative, person-centered services that are popular and well utilised by the community. The elders clearly value the culturally sensitive nature of these services and the opportunity to socialise with members of their own culture.

In total, 66% of the organisations/respondents provide a specific service for elderly people. An additional 12% of respondents provide services that were well used by older members.

A broad spectrum of types of services are provided by member organisations, ranging from informal, small scale, self-funded pensioner groups meeting for social and cultural events to sophisticated welfare providers often with outreach teams. A huge variety of activities is provided to meet the social cultural, informational, welfare and health needs of the older Irish population:-

¹² Casey, R. (2010) 'You doctor yourself': health beliefs, resilience and wellbeing among the Irish in Yorkshire. Urban and Regional Studies, Sheffield Hallam University

¹³ Federation of Irish Societies (2007) *England: the Irish Dimension. An exploration of 2001 Census Data FIS*

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Range of Activities:

List of social, culture, training, advice, health, outreach activities offered by members:

advice on welfare, benefits & housing,
advocacy and representation,
armchair exercises,
aromatherapy stress massage,
assertiveness for women,
assisted internet access,
befriending,
bingo,
board games,
bowling,
carers' café (dementia),
chair-based exercises,
Christmas party,
coffee and lunch at local pub,
counselling,
creative project group,
cribbage,
dentistry,
drug/alcohol counselling,
end of life care,
filling in forms,
film club,
fire safety,
gardening,
genealogy,
grants,
hairdressing,
Health and Safety awareness,
health check,
healthy living & healthy eating,
heritage group & seminars,
home protection,
home visits and accompanying people to
hospital and GP,
hot meals,
hygiene,
internet café,
Irish cooking,
Irish language classes,
Irish newspapers,
Irish pensioners choir,
life skills,
link people into social/health services,
literacy,
literary society,
Living Well Programme,
looking after a cat and kittens,
monthly dance
mp3 jukebox of Irish music,
occasional outings,
organised Céilí dancing & adult
traditional music classes,
outreach,
passports,
pensions,
petang,
pigeon group,
podiatry,
pool,
positive thinking sessions,
pottery,
quiz nights,
raffle,
reflexology,
reminiscence group,
return to Ireland,
seaside trips,
Setanta Irish sports on TV,
shopping.
smoking cessation,
social club / regular social events,
St Patrick's events,
storytelling,
swimming and keep fit,
tai chi,
talks,
tea dances,
theatre trips,
walking group,
weekly GP/Nurse,
welfare advice,
women's network,
yoga

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All the organisations capture and utilise the assets within the local Irish community. The vast majority have a pool of committed volunteers who help run their services. Many organisations are completely reliant on volunteers for the continued running of their service. Many volunteers are themselves older members of the local community and stand to benefit from volunteering. For those who are retired, and who risk some degree of isolation, voluntary work provides a chance to socialise, learn new skills and make a positive contribution to the Irish and/or local community. Organisations also capitalise on assets within the community by using space in other Irish clubs, parish halls and other Irish venues.

There is a large variation in the extent to which the organisations engage with their Local Authority (LA) or Primary Care Trust (PCT). Some are well connected and have secured contracts to deliver services such as lunch clubs, dementia services, and carers support groups. Others who are smaller and less formal provide exemplary service to the community but do not have the time, skills, knowledge or resources to engage with commissioners, policy makers and statutory providers.

The mapping highlights a need for community development support to ensure the sustainability of services so vital to frail isolated older Irish people and family carers.

Case Study

Luton Irish Forum has managed to build a positive relationship with statutory bodies by presenting their evidence of need to the Local Authority. This led them to successfully negotiate a Service Level Agreement (SLA) which has recently been updated to a 3 year agreement.

Some Irish organisations have been successful in developing working partnerships with other organisations and groups. Some are particularly well connected with local BME networks.

20% of respondent organisations have been involved in researching local needs, undertaking elders' needs analyses or broader health and wellbeing investigations. There is considerable scope within the organisations to undertake further research.

Levels of internal monitoring and evaluation varied widely; 23% of respondents have some form of formal monitoring and evaluation. Others consult with members more informally. There were good examples of service user involvement in planning and evaluating services.

Understandably, organisations with a welfare remit or that have been commissioned to provide services collect more detailed information and this serves as evidence of outcome

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and effectiveness. This data can also support future funding proposals.

Lunch Clubs

The mapping found that 48% of respondent organisations run a lunch club for older people, although they vary widely in structure, size and frequency.

The lunch clubs tackle social and cultural isolation among the older Irish community by providing elders with a safe, culturally sensitive environment to meet and socialise in. The Irish cultural element of the clubs means that members can share mutual understanding and experiences and benefit from activities that reflect and value their heritage.

The lunch clubs also provide an informal surveillance of vulnerable older people. Numerous examples were given where lunch club volunteers had noticed someone was missing from the weekly session and had got in contact to check on them. Additionally, lunch club volunteers or service users do informal hospital or home visits for members who could not make it to the lunch club. Many organisations have a formal befriending scheme with trained and CRB cleared volunteers. However, the value of this informal 'surveillance' should not be underestimated.

Through the development of partnerships with local charities, PCTs and other agencies, lunch clubs provide a comprehensive package of activities and services. However, even those which simply provide a hot, healthy lunch and social activities are maintaining and promoting positive health and wellbeing. They also act as a gateway to other health and welfare services, whether this is through formal referral or information giving. There are numerous examples of lunch club volunteers picking up on health issues with members and helping them to access extra support. They also afford opportunities for health promotion, raising awareness about screening or services which they are entitled to.

The lunch clubs are extremely popular, attendance figures were high; the average around 60 attendees a week, with some clubs registering average figures of 170 and 240. Many had extremely high attendance because there was no similar service for miles and so they have an extremely large catchment area. Some organisations were concerned that they were not reaching the most isolated and deprived people but they are taking active steps to address this.

Most organisations are reliant on grant funding. The Irish Government's Emigrant Support Programme (ESP) represented up to 75% of funding although the Irish government is under no obligation to provide for Irish people outside Ireland. Some organisations have managed to secure support from Local Authority lunch club funding. Most are innovative in raising their own funds, with a small number managing to be fully self-sufficient. Some

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organisations charge a fee for lunch and/or yearly membership and supplement their income through raffles, bingo or other fundraising events. Many lunch clubs benefit from a 'contribution in kind' by having free use of a centre or venue from another Irish organisation.

Some welfare organisations run lunch clubs as part of their package of services for the older vulnerable community. However the traditional Irish centres/social clubs play an important role in providing lunch clubs. There are several models to how this transition has occurred. Often clubs have formed welfare sub committees to organise a lunch club, which have developed into a separately constituted welfare organisation. In other cases they have formed a partnership with an existing welfare agency to provide an outreach service within their social club venue. This is a successful way of optimising the assets of both traditional social clubs and welfare organisations. The social clubs provide the venue and have well developed links within the older Irish community. Welfare organisations bring their experience in running services for vulnerable members of the community and welfare provision. This is a model that we are hoping to replicate elsewhere.

Case Study

Irish Community Care Merseyside (ICCM) has developed partnerships with other Irish organisations to deliver lunch club services. ICCM run an additional lunch club at St Michael's Centre to complement the service the centre already provides. They also have an arrangement with Irish Democratic League Brian Boru Branch in Ashton-in-Makerfield, where ICCM provides a part-time outreach welfare advice service and the club provides the worker with use of their office. Milton Keynes Irish Centre and Luton Irish Forum have a similar arrangement.

Dementia

Dementia is increasingly a key health issue for the Irish community. Yet we have evidence to suggest that Irish people are not accessing support from healthcare services. Consultation with up to 50 Irish voluntary sector providers identified increasing numbers of older people with memory loss, signs of, or diagnosis of, dementia that fail to access mainstream provision and overly rely on Irish agencies. In some instances up to 10% of users of Irish older people services have a dementia diagnosis, yet less than 2% access mainstream NDS initiatives. Although there are rightly concerns about dementia in BME groups¹⁴ there is no

14 SCIE (2011) Black and ethnic minority ethnic people with dementia and their access to support services. Research Briefing 35. London. Social Care Institute for Excellence.

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mention of the Irish who have an older age profile than the majority or minority ethnic populations.

In this mapping exercise we asked a specific set of questions related to dementia as it is such a key issue for the community. We found that 46% of respondents have users accessing their services that have dementia and 34% said they support carers of people with dementia. The mapping found that some member organisations' affiliates are very knowledgeable about dementia and have developed services specifically for people with dementia and sometimes their carers. They recognise the particular importance of culturally sensitive care for people living with dementia when memories of the past, which will often be 'home' or Ireland, are most vivid and real.

Although some members are very responsive to the needs of people with dementia, the majority felt they lacked basic knowledge about dementia, such as how to spot the early signs. At Irish in Britain we have responded to this identified need by producing a dementia awareness pack for all affiliates and have organised an awareness session in partnership with the Alzheimer's Society.

Case Study

Leeds Irish Centre has a lunch club which over 250 elders attend every week. The Centre has now given space to Leeds Irish Health and Homes so they can run a small weekly Irish seniors club for people with dementia. The eligibility criteria are that they are able bodied, have moderate dementia and are Irish or have Irish heritage. Before this club was set up the elders were going to mainstream providers, but the service was not always appropriate. For example, the reminiscence work did not reflect their migration experience. The activities are focused on Irish culture and heritage and include discussions around articles in the Irish Post, listening to Irish music and watching DVDs depicting rural Irish scenes. The project is a 12 month pilot scheme. They have a volunteer driver (and a minibus that collects members from their own homes), a couple of volunteers, and a dementia support worker.

Case Study

The Carers Café is a new project run by Irish Community Services (Greenwich, Bexley and Lewisham) which allows carers and the cared for to socialise and relax in an informal café environment. This service is for clients with dementia or cognitive problems and their carers. Either the carer or cared for can be Irish. The café opens once a month and is run by 8 volunteers who have received general volunteer and dementia training. They provide refreshments and activities such as games and jigsaws.

Development

This mapping exercise has provided us with a clear picture of the provision of services for elders by Irish organisations in Britain. We have shown the huge demand for Irish specific services and this reinforces our argument for culturally sensitive support and care for Irish elders. It has demonstrated the reach and variety of the services and their responsiveness to the needs of the community. The mapping shows the community's ability to capitalise on its assets and to proactively develop its own solutions to address need within the older population.

The information gathered has been collated into a spreadsheet which is now a useful resource for the Irish in Britain capacity building team to draw on in its work with members. We are disseminating the information we gathered to our members through the written report, workshops and presentations. We are promoting best practice examples so that organisations can learn from the experience of others and develop new services and improve existing ones.

We included questions around the support that members felt they needed to develop their services. This will shape Irish in Britain's work programme in the coming year as we respond to this identified need. Gaps in provision have also been highlighted in certain geographic areas of the country through the mapping exercise. We identified a service deficit in the Yorkshire region and a number of Irish social clubs who were willing to address this gap in provision by setting up a lunch club. We are currently working with the clubs to develop a cluster model and are exploring options to fund services to fill this gap. We are also addressing the recognised need for more information about dementia through awareness raising information and workshops.

Irish in Britain Factsheet September 2011 - summary based on research in 2010