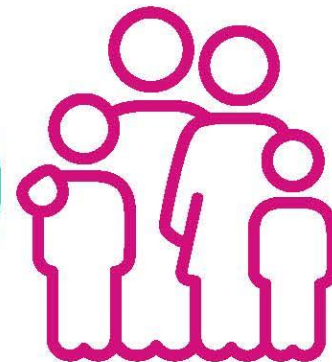




**IRISH**

**COMMUNITY  
HEALTH  
PROFILE**

**2023**



**A BOLDER HEALTHIER BIRMINGHAM**

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# Abbreviations

ACE	Adverse childhood experiences	CVD	Cardiovascular disease
AHC	After housing costs	DfE	Department for Education
aOR	Adjusted odds ratio	DFA	Department of Foreign Affairs and Trade
APS	Annual Population Survey	DLUHC	Department for Levelling Up, Housing and Communities
ASMR	Age Standardised Mortality Rate	DFLE	Disability-free life expectancy
BCC	Birmingham City Council	DCMS	Department for Digital, Culture, Media and Sport
BHC	Before housing costs	DHSC	Department of Health and Social Care
BMI	Body Mass Index	DWP	Department for Work and Pensions
BHF	British Heart Foundation	DTap/IPV/Hib	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b
BSOL ICS	Birmingham and Solihull Integrated Care System	E-cigarettes	Electronic cigarettes
CHD	Coronary heart disease	EU	European Union
CPD	Cigarettes per day	EVENS	Evidence for Equality National Survey
CI	Confidence interval	EYFS	Early years foundation stage
CMO	Chief Medical Officer	FSM	Free school meals
COPD	Chronic obstructive pulmonary disease	GAA	Gaelic Athletics Association
COVID-19	Coronavirus disease caused by SARS-CoV-2 virus	GCSE	General Certificate of Secondary Education
COVER	Cover of Vaccination Evaluated Rapidly	GHQ	General Health Questionnaire
CTA	Common Travel Area	GHQ-12	12-Item General Health Questionnaire
		GP	General practice



GPPS	General Practice Patient Survey	MBRRACE	Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries
HBsAg	Hepatitis B surface antigen	MSK	Musculoskeletal
HBV	Hepatitis B	MSOA	Middle layer super output area
HLE	Healthy life expectancy	MWB	Mental Well Being
HPV	Human Papillomavirus	NCMP	The National Child Measurement Programme
HRQoL	Health-related quality of life	NEET	Not in Employment, Education or Training
HSE	Health Survey for England	NHS	National Health Service
ICA	Institutional Childhood Abuse	OHID	Office for Health Improvement and Disparities
IDACI	Income Deprivation Affecting Children Index	ONS	Office for National Statistics
IMD	Index of Multiple Deprivation	OR	Odds ratio
IMR	Infant Mortality Rate	PHE	Public Health England
IoD	Indices of Deprivation	RR	Risk ratio
JCVI	Joint Committee on Vaccination & Immunisation	SEN	Special Educational Need
LA	Local Authority	STI	Sexually Transmitted Infection
LFS	Labour Force Survey	TB	Tuberculosis
LGBTQ+	Lesbian, gay, bisexual, trans, queer, and other sexual orientations and gender identities.	TFR	Total Fertility Rate
LTHC	Long-term health condition	UHI	Urban Heat Island
MMR	Measles, mumps and rubella	UK	United Kingdom
MHCLG	Ministry of Housing, Communities & Local Government	UKHSA	UK Health Security Agency
		WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale

**x Abbreviations** Irish Community Health Profile 2023

WHO World Health Organization

YLL Years of Life Lost

DRAFT

# Community Evidence Summaries

As part of the Public Health Division's work to improve the understanding of the diverse communities of Birmingham, we are developing a series of evidence summaries to improve awareness of these communities and their needs.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behaviour, and wider determinants of health-related issues affecting the specific community nationally and locally.
  - To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community both nationally and locally.
  - To collate and present this information under the ten key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2022 to 2030.
  - To engage with the local communities on the evidence found and any gaps.
  - To promote the use of these summaries for Local Authority and wider system use for community and service development.
- To empower communities, by providing them with a summary of health inequalities, that can be used to advocate for change across local systems to improve outcomes.

# Executive Summary

The Irish Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect the Irish community in Birmingham. Although the focus of this report was health inequalities among the Irish community in Birmingham, the limited available information on health inequalities has resulted in data being used from the UK and internationally where available.

This report covers health topics throughout the life course from maternity to ageing and dying well and includes health status risk factors such as diabetes and cardiovascular disease. The report also covers protect and detect topics such as screening and vaccinations, as well as other themes such as knowledge and understanding of health issues affecting the Irish community.

There has been evidence of health inequalities between different community groups across the UK for some time, some of which have been exacerbated by the Coronavirus pandemic. This Community Health Profile aims to unpack some of these issues, with a focus on the Irish community.

Much of the data for examining health outcomes in this profile has been taken from open-source research and health records. It is worth noting that the sample sizes, coverage and quality for some studies are imperfect. The picture is complex not only between different community groups but also across different conditions. Understanding and knowledge is also limited by a lack of good quality data. This health profile aims to highlight

the available health data and the current gaps in our knowledge and understanding.

## Irish Community in the UK

There are some limitations to accurately defining the Irish population within this report, which are explored in section 1.1.2. Overall, data has been included from the 'White Irish' ethnic group, where this is not available the profile may have defined the Irish population through national identity of country of birth datasets.

The Irish community have shared a long history with the UK and is one of the oldest communities in the UK. The latest Census 2021 shows that there are 507,465 people in England and Wales who identified as White Irish, accounting for 0.9% of the UK population. The top five regions the Irish settled in England include: London (156,333), South East region (78,219), North West (61,422), East of England (57,964) and the West Midlands region (47,886). In 2021, there were over 16,964 White Irish people living in Birmingham, making up 1.5% of the city's total population. Most of the Irish population in Birmingham live towards the East of the city in Yardley Wood (2.3%), Acocks Green (2.2%), Birches Green and Bromford East (2.1%).

The key health inequalities identified within the Irish Community Health Profile are:

## Getting the Best Start in Life

- In 2020, the stillbirth rate to mothers born in the 'Irish Republic' was 6.0 deaths per 1,000 live births, higher than among mothers born in England and Wales (3.5 deaths per 1,000 live births) (ONS, 2023c).

- Nearly 50% of White Irish pupils experienced bullying at school, the highest percentage compared with any other ethnic groups in Wales in 2017 to 2018. Whereas 35% of White British pupils experienced bullying at school (McKeown, 2023).
- White Irish pupils in England had the biggest attainment gap for a grade 5 in GCSE English and maths between free school meal (FSM)-eligible pupils (27%) and non-FSM pupils (67%) (Department for Education (DfE), 2023c).

### Mental Wellness and Balance

- The highest rates of self-harm admission and readmission from 2008 to 2018 in London were among the White Irish group (RR 1.43, 95% CI 1.25 to 1.64 for readmission) (Polling *et al.*, 2021).
- According to the Health Survey for England (HSE) (2011 to 2019), 67% of the White Irish population drank alcohol at least once per week, higher than all other ethnic groups, including White British (56%) (NHS Digital, 2022e).
- There is a disproportionate number of alcohol specific admissions for the White Irish males, accounting for 0.8% of all-cause admissions and 1.1% of alcohol specific admissions in England from 2014 to 2015. Similar trends were observed for White Irish females; 0.7% of all admissions and 0.8% of alcohol specific admissions (Public Health England (PHE), 2017).
- According to the HSE (2011 to 2019), 22% of the White Irish population were current smokers, higher than all other ethnic groups except for 'Other White' (24%) (NHS Digital, 2022e).

- According to the Crime Survey estimates for England and Wales from April 2019 to March 2020, 6.4% of White Irish adults aged 16 to 74 were victims of domestic abuse. This is above the national average (5.5%) and the White British group (5.9%) (ONS, 2021b).

### Active at Every Age and Ability

- White Irish population reported variable levels of long-lasting musculoskeletal (MSK) conditions; Versus Arthritis (2023) reported lower levels of MSK conditions among White Irish (15%) populations than White British (17%). Whereas, Office for Health Improvements and Disparities (OHID) data from 2022 showed higher levels of long-term MSK conditions among White Irish (21%) populations than White British (20%).
- According to the GP Patient Survey (GPPS), 16% of Irish patients have struggled with their mobility in the last 12 months, higher than the White British adults surveyed (14%). Additionally, 21% of Irish patients experienced arthritis or ongoing problem with back or joints (Ipsos and NHS England, 2022).

### Living, Working and Learning Well

- In Birmingham, 28% of White Irish group had achieved a level 4 or above qualification, which was below the Birmingham average of 30% but above the White British group (27%). There was also a large percentage of the White Irish population who had no qualifications (34%) compared with the White British population (23%) and Birmingham average (24%) (ONS, 2023n).
- In England, a higher proportion of the White Irish ethnic group lived in the 10% most deprived neighbourhoods by crime (11%), barriers to

housing and services (13%) and living environment (12%), when compared with the White British ethnic group (9%, 8% and 9% respectively) (Ministry of Housing, Communities & Local Government (MHCLG), 2020).

- A 2016 study of cardiovascular disease (CVD) risk by ethnic group found significantly increased risk of CVD in the Irish (OR 2.0 and 95% CI 1.3 to 3.3) and White groups (OR 1.6 and 95% CI 1.4 to 1.9) compared with the total sample population (Baker, Mitchell and Pell, 2012b).
- A study reported the chronic obstructive pulmonary disease (COPD) risk was significantly higher for the White Irish group (OR 1.2 and CI 1.1 to 1.3) compared with the White British group (Gilkes et al., 2017).
- In Birmingham, 10% of all persons were 'limited a little' and 10% were 'limited a lot' by disability. This increased among the White Irish population, 14% were 'limited a little' and 16% were 'limited a lot' (ONS, 2023f).

### Protect and Detect

- In a London based study from 2006 to 2009, White Irish women (aged 50 to 52) were less likely (OR 0.73, 95% CI 0.67 to 0.79) to attend first screening for breast cancer compared with White British women of the same age (Jack *et al.*, 2014).
- The study also found that White Irish women aged 50 to 69 in London were less likely (OR 0.78, 95% CI 0.74 to 0.81) than White British women of the same age to attend a routine recall screening appointment (Jack *et al.*, 2014).

- Compared with the White British sample, the White Irish group had higher rates of non-attendance to colorectal cancer screening (OR 1.5, 95% CI 1.0 to 2.4) (Scanella *et al.*, 2019).
- In 2022, the White Irish population had higher rates (888.4 per 100,000) of overall new STI diagnoses compared with White British populations (492.2 per 100,000). The White Irish population had comparatively high rates of chlamydia, gonorrhoea and genital warts (UK Health Security Agency (UKHSA), 2023).

### Ageing and Dying Well

- White Irish adults aged 65 years and over living in south London with a secondary care diagnosis of depression (n=311) were more likely (OR 1.7, 95% CI 1.1 to 2.6) to report substance use compared with the White British population (Mansour *et al.*, 2020). The study suggested links between alcohol consumption and feelings of loneliness.

### Contributing to a Green and Sustainable Future

- The White Irish population in Birmingham live in areas with variable environmental justice; from areas such as Sutton Vesey (n=522) with a mean value of 0.15 to Erdington (n=716) with a mean value of 0.34 (Birmingham City Council (BCC), 2022a).
- Approximately 6.7% of the White Irish live in the 15 most polluted Middle Super Output Areas (MSOAs) in Birmingham, compared with 5.4% of the White British population (MHCLG, 2019 and ONS, 2023).

# Methodology

An exploratory search was undertaken by the Public Health Communities Team using a range of databases such as National Data Sources, NOMIS (Office for National Statistics (ONS)), and PubMed to identify information on Irish communities for this profile. Keyword search terms and subject headings relevant to the themes were identified. All references used within this profile are outlined in the References section.

As an initial exploratory search, the following avenues were examined:

## a. National data sources

### NOMIS data:

Data has been extracted by ethnicity from the ONS for the [2021 census](#); data from the 2011 census has only been used as a comparison and/or where 2021 data were not available. Any conclusions based on historical data or information should be considered with caution. The relevant ethnicity category in the 2021 census which has been included in analysis within this report is the 'White: Irish' ethnic group. In this report, people of 'White: English, Welsh, Scottish, Northern Irish or British' ethnicity are referred to as White British.

### Government and Health System Data Sources:

Data has been extracted where relevant Irish community-level information was available, including education data from the DfE, crime data from the Home Office and housing data from the MHCLG.

### National voluntary and community sector reports:

These have been identified through Google Scholar and national websites, specifically where relevant Irish community-level data was available, such as:

- [The King's Fund](#)
- [Sport England](#)
- [Diabetes UK](#)
- [Dementia UK](#)
- [Versus Arthritis](#)
- [Cancer Research UK](#)
- [World Health Organisation](#)
- [Irish in Britain Organisation](#)
- [General Practice Patient Survey \(GPPS\)](#)

## b. Academic Database Search

Systematic literature searches were performed in Medline, Embase, PsychInfo and Web of Science on December 12, 2022. All searches contained terms covering relevant UK geography terms and terms to describe the Irish community. Searches were limited to studies published in English language, published from 2012 onwards. Examples of these are included in this Search Strategy ([Appendix 1: Search Strategy](#)).



### c. Grey Literature

Where information sources had not been identified through a or b, further searching through Google and Google Scholar using topic specific search terms were carried out. Resources that were relevant to the UK were included, i.e., data and information stemming from local or national-level reports and/or surveys.

### d. Data consolidation and analysis

Findings from international and national systematic reviews and large-scale epidemiological and qualitative research studies were also considered for inclusion. International research findings were included if they were deemed to be comparable or relevant to the national population.

In addition, some “snowballing”, a technique where additional relevant research are identified from the reference list and citations of the initial search or published article was also applied. Additional papers were identified from reference lists using this approach, where these additional resources enhanced the knowledge base. Generally, searches were limited to literature from last 20 years; information from a further 5 to 10 years prior was included if the results were too limited.

Results retrieved from the initial searches were reviewed by the author against the search strategy (**Appendix 1: Search Strategy**). The articles utilised in this document were then analysed, identified, and cross referenced with other themes throughout the profile. All resources utilised have also been reviewed against the inclusion and exclusion criteria (**Appendix 2: Exclusion and Inclusion Criteria**).

### e. Caveats and Limitations

It is important to note that the Irish Community Health Profile is limited by the data sources available. In some instances, data on the Irish community living in Birmingham is limited. Other times there is no distinction between ‘White Irish’ and ‘White British’, and they have been grouped together as the comparator, therefore no specific information is available for the Irish community in Britain. In addition, data from the 2021 Census included in the report reflects the data that was available from the dataset at that time and may have since been updated by the ONS.

In section 2.5.3 and 2.8, in the absence of much data on deprivation and green and sustainable futures respectively, ward-level deprivation and environmental data have been used to make assumptions about the experiences of people living in that area; this information should be interpreted with caution.

Additionally, methodology and ethnicity categories vary depending on which source of health data have been utilised. This inconsistency in data collection can lead to multiple different conclusions being drawn from the same data, creating consequences when interpreting data within this report for healthcare and policy decisions.

### f. Statistics

This report draws on evidence from a variety of research studies with different methodologies and results. Data throughout this report has been presented to two significant figures where possible; proportions may not add up to 100% due to rounding.

Below, is a brief overview of some key statistical terms to aid in interpretation of the findings.

An odds ratio (OR) indicates the likelihood of an outcome or event occurring in one group compared with another. An OR of greater than one means there is an increased likelihood compared with the reference group; an OR of less than one means there is a decreased likelihood.

A confidence interval (CI) indicates the level of uncertainty around an estimate (e.g., a percentage or an OR) taken from a sample of a population. 95% CIs are calculated so that if samples were repeated taken from the same population, 95% of the time the true value would lie between the upper and lower bound of the CI. If the CIs surrounding two estimates overlap, there is no statistically significant difference between these estimates.

A p value, or probability value, measures the probability that an observed difference could have occurred by random chance. The smaller the p value, the less likely the finding was due to chance. Often a p value threshold is set at 5%, so only p values of less than 0.05 indicate statistical significance.

In this report, “n” is used to represent the numerator of a percentage (e.g., the number of people with the event of interest) and “N” is used to represent the denominator (e.g., the population from which the numerator was drawn).

# 1. Introduction

## 1.1 Overview

### 1.1.1 History

Under the Act of Union (1801), the Kingdom of Ireland was part of the UK, annexed to Great Britain. In 1916, The Easter Rising sought to proclaim an Independent Irish Republic, which was suppressed by the British Army. In 1919, Sinn Féin sought Irish independence once more, which led to the Irish War of Independence (also named the Anglo-Irish war). The war ended in 1921, where the Sinn Féin and British Government signed an Anglo-Irish Treaty in 1922 which led to an 'Irish Free State.' The agreement enabled Ireland to have its own government and officially ended British rule over Ireland. The agreement also resulted in the creation of the province of Northern Ireland which was separate from the Free State (BBC, 2019).

#### Common Travel Area

The Common Travel Area (CTA) was signed in 1922 following the Anglo-Irish Treaty. The CTA is a part of unique history shared between the British and Irish people. The CTA allowed both the Irish and British citizens to travel between the Republic of Ireland, the UK, the Isle of Man, and the Channel Islands. Both countries have benefitted from a CTA, providing those born in Northern Ireland rights to identify as both Irish and British citizens (BBC, 2019).

During the 20<sup>th</sup> century people moved to UK for education and to advance their career, such as nurses who came to UK to train and work in the

National Health Service (NHS) (O'Dowd, 2022). In June 2022, 13,762 NHS staff identified with an Irish nationality. Irish people in Britain have contributed enormously to British life and from across a wide range of sectors. For more information refer to section 1.2.2 Migration to the UK (BBC, 2019).

#### Irish Civil War and the Republic of Ireland

The emergence of a Northern Irish province was not widely supported and led to the Irish Civil War from 1922 to 1923 which was between the Sinn Féin and the Irish Republic Army (IRA) (nationalists) and those who supported the Anglo-Irish Treaty (unionists). The Irish Civil War was won by the Free State Forces which were backed by the British Government. In 1937, the Irish Free State was known as Éire (the Irish word for Ireland) which removed links between the Irish Free State and British rule. The country did not officially become a Republic until 1949 with the Republic of Ireland Act. This ended Ireland's status with Britain and ended Ireland's membership in the British Commonwealth (BBC, 2019).

#### The troubles and the Good Friday Agreement

From 1968, the tensions between the unionists and nationalists resulted in The Troubles, a violent conflict that resulted in the loss of life of around 3,500 people. The Troubles have been reported to have ended in 1998 with the Good Friday Agreement which enabled a new government for Northern Ireland that represented both nationalists and unionists. The Good Friday Agreement bases on the co-operation between communities that live in Northern Ireland. The Good Friday Agreement also enabled people born in Northern Ireland to choose their identity as either British, Irish, or both (BBC News, 2023).

## The Republic of Ireland and Northern Ireland

The split of Ireland into the Republic of Ireland and Northern Ireland continues to be contentious between unionists, who wish for Northern Ireland to stay within the UK, and nationalists who want it to become part of the Republic of Ireland. Nationalists may refer to Northern Ireland as the North of Ireland (or The Six Counties) and Republic of Ireland as the South of Ireland or “The Republic” (BBC, 2019 and The Irish Times, 2020).

Today the island of Ireland remains officially divided into two: Northern Ireland (which is part of the United Kingdom) and the Republic of Ireland (an independent sovereign country). This is shown in **Figure 1**. Due to the differences in how people perceive the island of Ireland, people from both the Republic of Ireland and Northern Ireland may refer to themselves as Irish.

## Brexit

In June 2016, the UK voted to leave the European Union (EU) which came to be known as Brexit by 31<sup>st</sup> October 2019 (Lulle, Moroşanu and King, 2017). A ‘Memorandum of Understanding’ was signed in Dublin in 2019, which upholds the CTA, allowing UK and Irish residents to travel to either country to work, access health care, education, and social support without a visa (DfE, 2021a). Anyone who was not Irish or British would need to apply for residency in accordance with the EU regulations. The CTA would continue to operate during Brexit. The EU-UK October 2019 Withdrawal Agreement allowed Irish citizens to be eligible for British citizenship, to vote and stand for election and study in the UK, and similarly for UK nationals in Ireland (DfE, 2021a).

**Figure 1:** Map of United Kingdom and Republic of Ireland



Source: Nations Online, n.d.

### 1.1.2 Defining the Irish community within the UK

From the 2021 Census, the Irish population may be captured within ethnicity, nationality or country of birth datasets. Selecting the appropriate

way to define the Irish population is challenging and each classification presents with limitations.

#### Ethnicity:

Under ethnicity, the word “Irish” features in 3 ethnic categories within 8+ category datasets. The 3 categories are: 1) White: English, Welsh, Scottish, Northern **Irish** or British (44,355,038 people in England and Wales), 2) White: **Irish** (507,465 people) or 3) White: Gypsy or **Irish** Traveller, Roma or Other White (3,836,746 people). As the classification groups 1 and 3 contains populations that are not Irish, the most suitable definition for Irish people under ethnicity would be White: Irish.

Additionally, the Irish traveller group has been captured in Public Health’s [Gypsy, Roma and Traveller Community Health Profile](#).

#### Nationality:

In the 2021 Census, the word “Irish” is included in 4 categories (Northern Irish only identity; Northern Irish and British only identity; Irish only identity; and Irish and at least one UK identity) within the 73 category dataset for nationality. The total population living in England and Wales for all 4 nationality categories was 471,768 comprised of 79,117 Northern Irish only, 30,384 as Northern Irish and British only, 299,546 as Irish only and 62,271 as Irish and at least one UK identity. Due to the freedom of movement of people between the Republic of Ireland and Northern Ireland as agreed in the CTA, it may be considered appropriate to include people from Northern Ireland and the Republic of Ireland, as they may share similar cultures and experiences.

However, including people with Northern Irish or other UK nationality may limit interpretations of the Irish migrant community who have moved from

the Republic of Ireland. Northern Ireland has a free healthcare service similar to the NHS, referred to as Health and Social Care (Belfast Health and Social Care Trust, nd). If Northern Irish and Republic of Irish populations were to be merged, the health needs of people who identify with an Irish nationality may be diluted by people who have migrated from Northern Ireland. It may be more likely that as people from Northern Ireland have grown up around free healthcare services, they therefore may have greater knowledge or familiarity in accessing free healthcare services, compared with people from the Republic of Ireland.

#### Country of birth:

Another way to define the Irish population in the 2021 Census is through country of birth data. The 2021 Census includes people who are born in Northern Ireland (198,344 people) and Europe: Ireland (324,670 people), giving a total of 523,014 people living in England and Wales who were born in either Northern Ireland or the Republic of Ireland. Similar limitations as nationality are seen when defining Irish people by using country of birth data.

**Nationality and ethnic identity:**

When exploring national identity by ethnic group, it becomes apparent that those with a Northern Irish only or Northern Irish and British nationality living in England and Wales largely identified within any of the White British ethnic groups (75% for Northern Irish and 93% for Northern Irish and British). Those with an Irish only identity are highly White: Irish (88%) with small populations from Black-ethnic groups (3.5%) and any White British ethnic group (3.2%) (Table 1). Those with an Irish and at least one UK identity had a more mixed ethnic profile spread between White British (43%), White Irish (39%) and White Gypsy or Irish Traveller, Roma or Other Traveller ethnic groups (11%).

Due to the limitations in including Northern Irish nationality or those born in Northern Ireland as highlighted above, the profile will largely include findings from those that are ethnically White Irish which saw large percentages in those with Irish only identity (88%), Irish and at least one UK identity (39%) and Northern Irish only (22%).

**Table 1: National identity by ethnic group: England and Wales, 2021**

Ethnic groups	Northern Irish only identity (%)	Northern Irish and British only identity (%)	Irish only identity (%)	Irish and at least one UK identity (%)
Asian, Asian British or Asian Welsh	0.7	1.5	1.3	1.0
Black, Black British, Black Welsh, Caribbean or African	1.0	0.5	3.5	0.9
Mixed or Multiple ethnic groups	0.9	1.2	1.2	4.5
White: English, Welsh, Scottish, Northern Irish or British	75	93	3.2	43
<b>White: Irish</b>	<b>22</b>	3.5	<b>88</b>	<b>39</b>
White: Gypsy or Irish Traveller, Roma or Other White	0.9	0.5	1.6	11
Other ethnic group	0.3	0.3	0.8	0.9
Total	100	100	100	100

Source: ONS, 2023q

In instances where data has not been available for White Irish ethnic people, the profile may have defined the Irish population through national



identity or country of birth datasets. Some studies included in the profile may have represented “Irish” sample populations as those from the Republic of Ireland and Northern Ireland, without reporting the percentage of the “Irish” population that are from the Republic of Ireland only or the “Irish” population that are from Northern Ireland only. Although this has not been used when using Census data, there is little concern over using this approach due to the sharing of cultures between the Republic of Ireland and Northern Ireland and the influence that sharing cultures has on health and wellbeing (Britannica, nd). The data in the profile will report on the way that the “Irish” population was defined within studies in as much detail as possible.

## 1.2 Migration Patterns

### 1.2.1 Global Migration Patterns

Over a million Irish citizens live abroad, and in 2017, approximately 70 million people of Irish descent live abroad. Just over half of these live in America where in the 2010 Census, 36 million people identified as Irish-American or Scots-Irish. Other Irish emigrants live in the UK, Canada, New Zealand, Australia with smaller populations in Continental Europe and Latin America (Department of Foreign Affairs (DFA), 2017).

### 1.2.2 Migration to the UK

Since 1845, the Great Famine in Ireland led to many people leaving Ireland in search for a better life. Many Irish people settled towards the North-West of England, Birmingham and London. During this period over 20% of Irish people who were in Birmingham lived in central Birmingham and 55%

in Digbeth (ONS, 2018b). Between 1951 and 1961 half a million Irish migrants settled in England and Wales (Schaffer and Nasar, 2018).

**Table 2** shows the migration of White Irish ethnic group to the UK by year of arrival to UK from before 1971 to 2021: 44% of the White Irish ethnic group were born in the UK and 56% were born outside the UK. Additionally, 22% were born outside of the UK and arrived before 1971, 5% between 1971 and 1980, 8% between 1981 and 1990, 4.9% between 1991 and 2000, 5.7% between 2001 and 2010, 10.3% between 2011 and 2021. Among those born outside of the UK, the majority arrived before 1971. Across the decades there have been fluctuations in the number of White Irish people to the UK. From 2001 to 2021 there has been a gradual increase in migration of White Irish people to the UK.



**Table 2: Year of arrival in the UK by White Irish ethnicity: England and Wales, 2021**

Year of Arrival	White Irish (n)	White Irish %
Born in the UK	216,870	44
Arrived before 1971	110,600	22
Arrived 1971 to 1980	24,638	5
Arrived 1981 to 1990	39,417	8
Arrived 1991 to 2000	23,929	4.9
Arrived 2001 to 2010	27,973	5.7
Arrived 2011 to 2021	50,824	10
Total	494,251	100

Source: ONS, 2023q

**Table 3** shows the age of White Irish migrants when they arrived in the UK, according to the 2021 Census: 130,000 White Irish people arrived when they were between the ages of 16 and 24. Over 200,000 White Irish people, approximately 73%, came to the UK before the age of 24.

**Table 3: Age of arrival in the UK by White Irish ethnicity: England and Wales, 2021**

Age of Arrival	White Irish (n)	White Irish (%)
Arrived in the UK: Aged 0 to 15 years	73,342	26
Arrived in the UK: Aged 16 to 24 years	133,085	47
Arrived in the UK: Aged 25 to 34 years	54,249	19
Arrived in the UK: Aged 35 to 49 years	17,836	6.2
Arrived in the UK: Aged 50 to 64 years	4,949	1.7
Arrived in the UK: Aged 65 years and over	2,363	0.83
Total	285,824	100

Source: ONS, 2023q

### 1.2.3 Migration to the West Midlands

Census data showed that 47% of White Irish people living in the West Midlands were born in the UK; 53% were born outside the UK. There were 15,403 (32%) White Irish people in the West Midlands that arrived to the UK before 1971 (**Table 4**). These figures are both higher than for England and Wales.

**Table 4: Year of arrival in the UK by White Irish ethnicity: West Midlands, 2021**

Year of Arrival	White: Irish (n)	White: Irish (%)
Born in the UK	22,537	47
Arrived before 1971	15,403	32
Arrived 1971 to 1980	1,953	4.1
Arrived 1981 to 1990	2,288	4.8
Arrived 1991 to 2000	1,498	3.1
Arrived 2001 to 2010	1,480	3.1
Arrived 2011 to 2021	2,727	4.2
Total	47,886	100

Source: ONS, 2023q

### 1.2.4 Migration to Birmingham

In 1950s, unemployment in Ireland resulted in more Irish people settling in England in search of work. In Birmingham, the Irish population helped to rebuild infrastructure such as canals, roads and railways (Dargue, 2021). The Irish population also worked in manufacturing, construction and in the transport industry. The UK recruited bus drivers from Ireland for the largest bus operations in Birmingham. In 1955, there were more opportunities to recruit Irish women in the retail and catering industry. An estimated 22,000 Irish migrants arrived in Birmingham between 1951 and 1961 (Moran, n.d.).

By the 1960s almost 60,000 men and women moved to Birmingham seeking new opportunities in nursing, construction, and transport (O’Brien, 2017). The 1971 census reported that 140,000 Irish people were living in Birmingham (Schaffer and Nasar, 2018). During this time Irish migrants

moved from the inner-city areas like Small Heath, Kings Heath, Moseley, Sparkbrook and Sparkhill to the more well-off areas (O’Brien, 2017).

Birmingham’s first Irish Centre opened on 13 May 1968 and quickly became a hub to promote the spiritual and social events for the Irish community. Other organisations were formed such as the Irish County Associations, the Gaelic Athletics Association (GAA) and Comhaltas Ceoltoirí Eireann.

In Birmingham in 2021, 49% of White Irish people were born in the UK compared with 41% born outside of the UK (Table 5). Nearly 6,000 (35%) White Irish people arrived in Birmingham before 1971.

**Table 5: Year of arrival in the UK by White Irish ethnicity: Birmingham, 2021**

Year of Arrival	White: Irish (n)	White: Irish (%)
Born in the UK	8,251	49
Arrived before 1971	5,905	35
Arrived 1971 to 1980	676	4
Arrived 1981 to 1990	679	4
Arrived 1991 to 2000	383	2.3
Arrived 2001 to 2010	355	2.1
Arrived 2011 to 2021	715	4.2
Total	16,964	100

Source: ONS, 2023q

Table 6 shows 49% of White Irish people who settled in Birmingham were young adults aged between 16 to 24, as well as nearly 3,000 (34%) children under the age of 15 moving to the city in 2021.

**Table 6: Age of Arrival in the UK by White Irish Ethnicity, Birmingham, 2021**

Age of Arrival	White: Irish (n)	White: Irish (%)
Arrived in the UK: Aged 0 to 15 years	2,959	34
Arrived in the UK: Aged 16 to 24 years	4,300	49
Arrived in the UK: Aged 25 to 34 years	1,017	12
Arrived in the UK: Aged 35 to 49 years	276	3.2
Arrived in the UK: Aged 50 to 64 years	93	1.1
Arrived in the UK: Aged 65 years and over	69	0.79
	8,714	

Source: ONS, 2023q

When looking at country of birth data in Birmingham, in 2017, there were 35,000 (accounting for 4%) Irish born migrants that settled in the West Midlands. Ireland was amongst the top 5 countries of birth to settle in the West Midlands (Vargas-Silva and Rienzo, 2022). In 2021, there were 10,462 Irish born migrants (equivalent to 3.4%) settled in Birmingham. Ireland ranks 7 out of the top 10 countries of birth outside the UK to migrate to Birmingham, as shown in **Table 7**.

**Table 7: Top 10 Countries of Birth, Birmingham, 2021**

Country of birth	n	%
Pakistan	67,449	22
India	27,704	9.1
Bangladesh	18,966	6.2

Country of birth	n	%
Romania	12,238	4.0
Jamaica	12,093	4.0
Somalia	10,812	3.5
<b>Ireland</b>	<b>10,462</b>	<b>3.4</b>
Poland	9,965	3.3
Italy	6,185	2.0
China	6,012	2.0

Source: ONS, 2023q

### 1.3 Language

Language plays an important part of a person’s cultural identity. The Irish language (Gaeilge) also known as Gaelic, is the official language of Republic of Ireland, however approximately 98% of the population speak English as their main language (Kay and Fanning, 2019).

In England, 0.01% of the UK population speak Gaelic and is mostly spoken in West Berkshire, Liverpool, Rossendale, Harborough and in Ceredigion, Wales (ONS, 2022h).

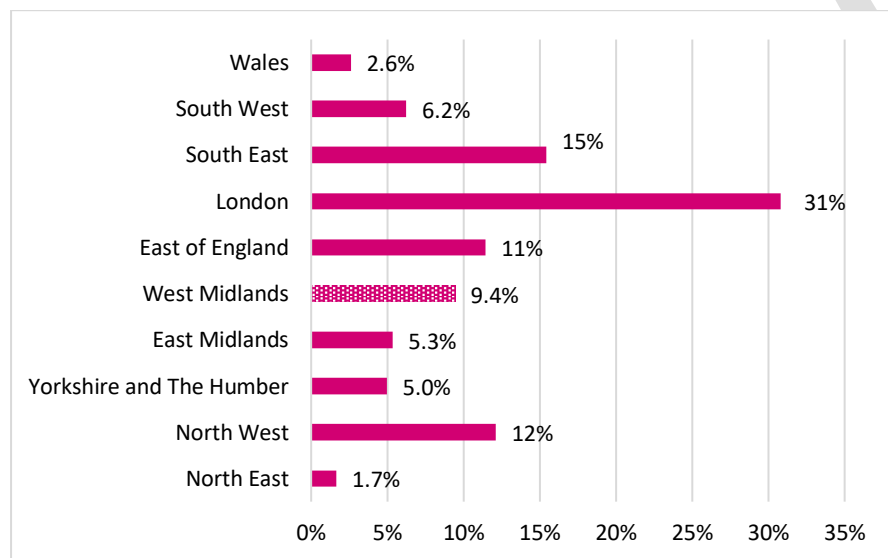
The ONS classify usual residents in England and Wales by their main language. In Birmingham, based on findings of Census 2021 it is estimated that 15 residents speak Gaelic (ONS, 2022i).

## 1.4 Demographics

### 1.4.1 Population Size

**Figure 2 (Appendix 4.1:** Figure 2: Distribution of the White Irish population: England and Wales, 2021) shows the number of Irish living in England and Wales. According to the Census 2021 data, the top 5 regions the Irish settled in England are: London (156,333), South East region (78,219), North West (61,422), East of England (57,964) and the West Midlands region (47,886). In Wales there are 13,214 Irish people.

**Figure 2:** Distribution of the White Irish population: England and Wales, 2021

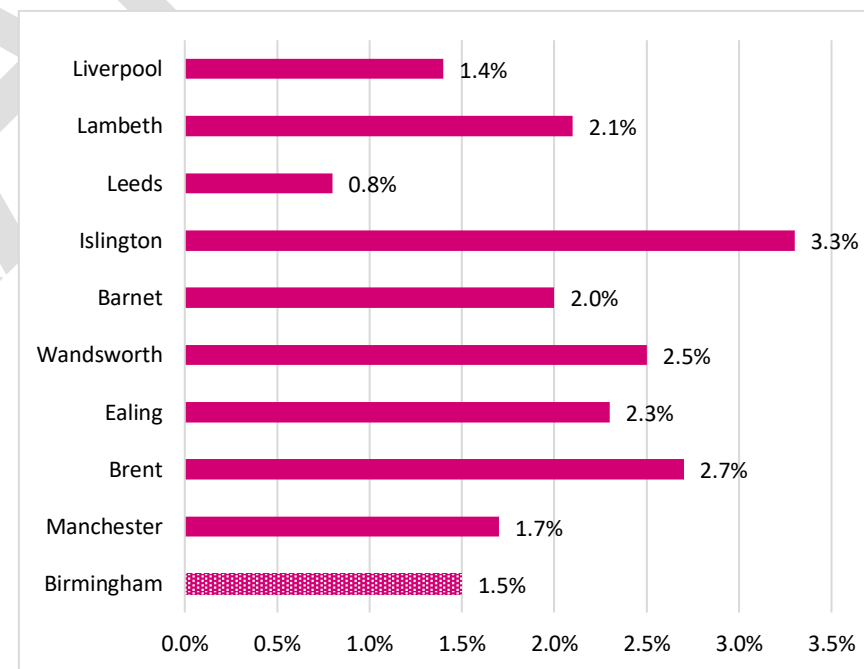


The % represents the proportion of the total White Irish population in England and Wales

Source: ONS, 2023q

Overall, there are more White Irish females (263,620) than White Irish males (213,845) living in England and Wales. Nationally, the largest populations of White Irish people living in local authority areas are within the borough of London Islington (3.3%), Brent (2.7%), Wandsworth (2.5%). Birmingham has a 1.5% White Irish population as highlighted in **Figure 3** (see **Appendix 4.2:** Figure 3: Population by White Irish ethnic group, by top 10 local authorities: England and Wales, 2021 for full data table).

**Figure 3:** Population by White Irish ethnic group, by top 10 local authorities: England and Wales, 2021



*The % represents the White Irish population as a proportion of the total local authority population*

Source: ONS, 2023g

### 1.4.1.1 Birmingham

Birmingham is a truly diverse city, made up of many different ethnic groups. In 2021, Birmingham consists of 53% White British ethnicity and those from the White Irish ethnic group accounted for 1.5% of the city's population (BCC, 2022b).

Birmingham has the UK's largest Saint Patricks Day's Parade (BBC News, 2014) and Britain's only 'Irish Quarter', with many traditional Irish pubs and the Birmingham Irish centre (Dargue, 2021).

**Table 8**, and **Figure 4** show the White Irish population in Birmingham by MSOA level. Most of the Irish population in Birmingham live towards the East of the city in Yardley Wood (2.3%), Acocks Green (2.2%), Birches Green and Bromford East (2.1%).

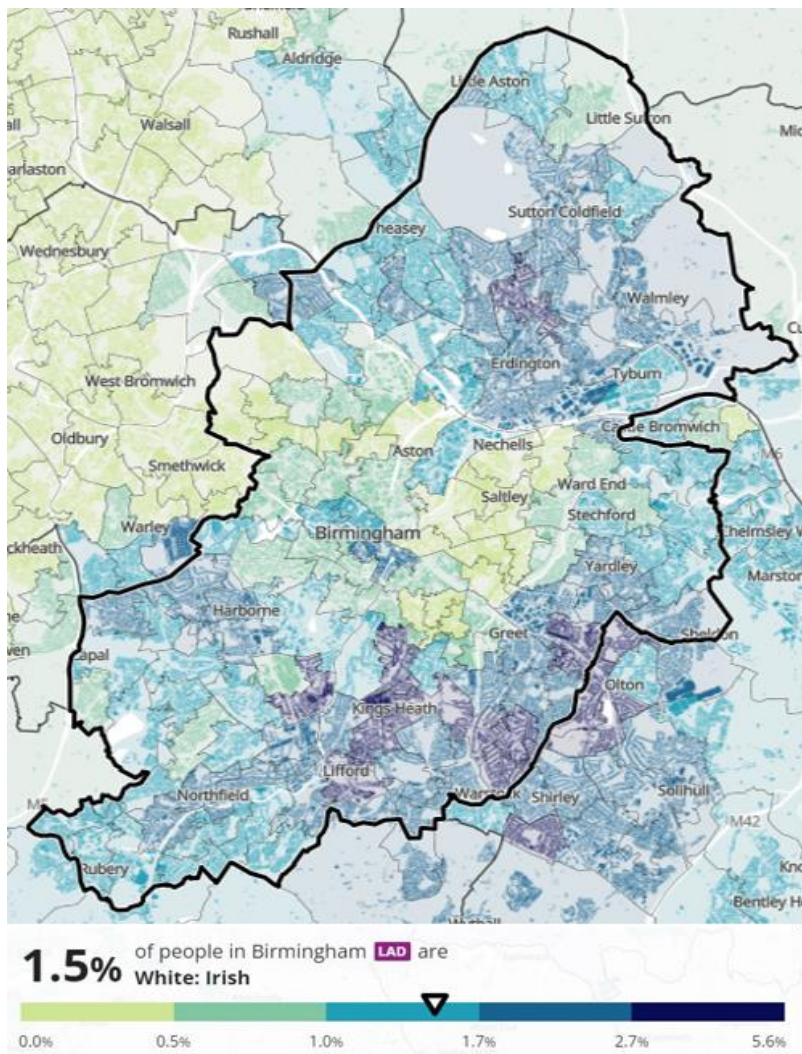
**Table 8: Top 10 MSOAs by White Irish ethnicity: Birmingham, 2021**

MSOA Name	White Irish Population (n)	White Irish Population (%)
Yardley Wood East	384	2.3
Acocks Green East	378	2.2
Birches Green & Bromford East	357	2.1
Hall Green Central	296	1.8
Chester Road	294	1.7
Kings Heath	290	1.7
Wake Green & Moseley Bog	283	1.7

MSOA Name	White Irish Population (n)	White Irish Population (%)
Sheldon South	258	1.5
Gravelly Hill & South Erdington	254	1.5

Source: ONS, 2023q

Figure 4: Map of the White Irish population distribution: Birmingham, 2021

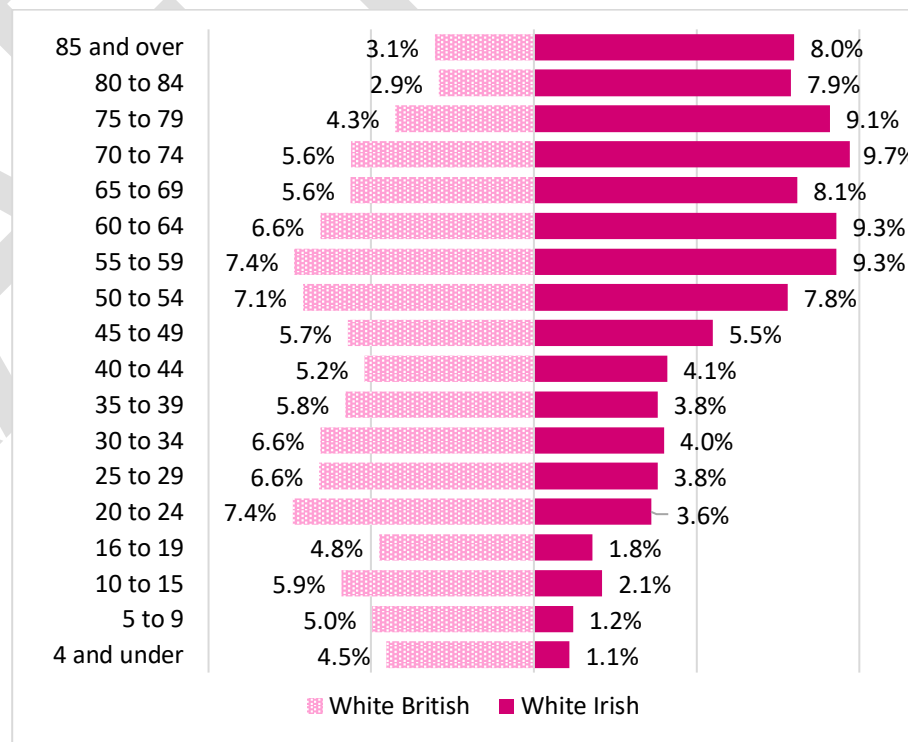


Source: ONS, 2023r

### 1.4.2 Age Profile

The White Irish ethnic group typically has an older age demographic than both the Birmingham and England and Wales averages. In Birmingham, 52% of the White Irish population is aged 60 years or over, compared with 28% of the White British population (Figure 5, see Appendix 4.3: Figure 5: for data table) (ONS, 2023a).

Figure 5: Age by White Irish and White British ethnicity, Birmingham, 2021

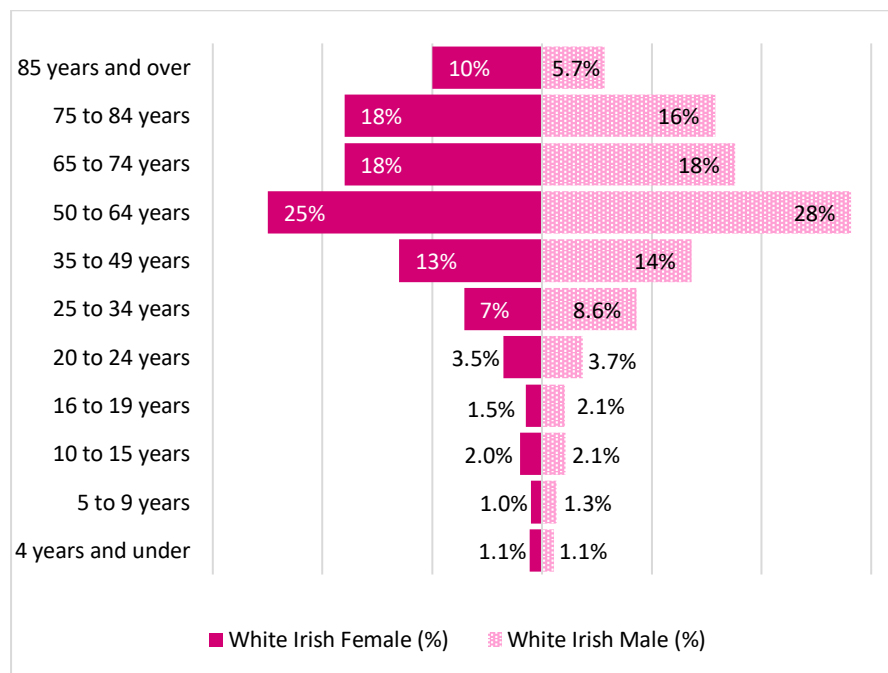


Source: ONS, 2023q



Further analysis by gender is also available. White Irish females in Birmingham had a larger proportion of their population aged 65 and over (46%) compared with White Irish males (40%) (Figure 6, see Appendix 4.4: Figure 6: Age by gender by White Irish ethnicity: Birmingham, 2021 for data table).

Figure 6: Age by gender by White Irish ethnicity, Birmingham, 2021



Source: ONS, 2023q

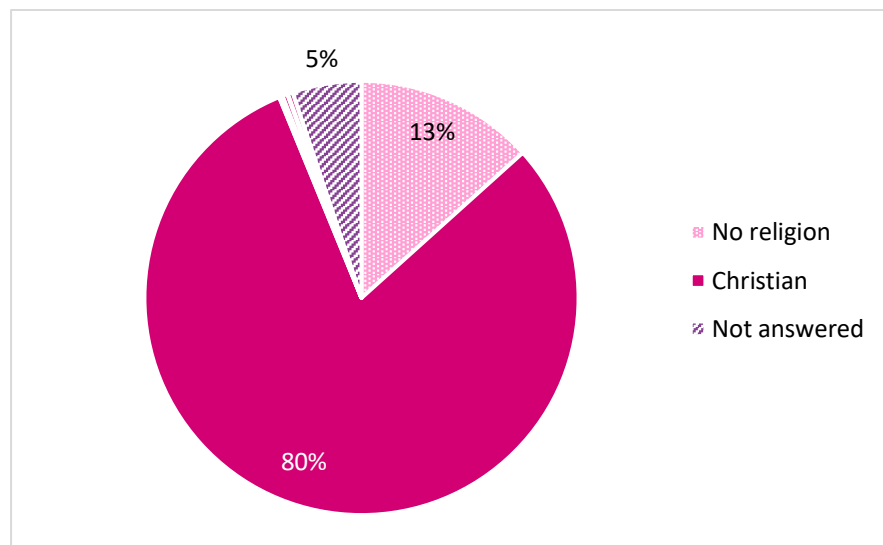
### 1.4.3 Religion

In Ireland there is an association between religion and identity whereby many Catholics identify themselves as Irish and in Northern Ireland they are mainly Protestants and identify as British (Cross Care, 2018). In the 19<sup>th</sup> century, Irish migration to Britain led to the revival of the Catholic Church in England. In Birmingham, the Irish population built St Chad's Cathedral, the first Catholic church built in Britain after the English Reformation. Catholic churches were established in the 1840s and 1850s in Erdington, Lozells, Nechells and Edgbaston (Dargue, 2021).

The 2021 census did not provide a breakdown of religion by specific denominations, however 80% of the White Irish population in Birmingham cited 'Christianity' as their religion (Figure 7, see Appendix 4.5: Figure 7: Religious affiliation by White Irish ethnicity: Birmingham, 2021 for data table). This is much higher than among the White British population (49%). Additionally, 13% of the White Irish population cited no religion, compared with 43% of the White British population.



**Figure 7: Religious Affiliation by White Irish Ethnicity, Birmingham, 2021**



Source: ONS, 2023q

#### 1.4.4 Identity

##### 1.4.4.1 National Identity

In the 2021 Census, 52% of White Irish people living in England and Wales identified with an Irish only nationality, 28% identified as British only, while 6.0% identified as English only.

In Birmingham, 47% of the White Irish population have an Irish only identity, 35% have a British only identity, 7.1% have an English only identity, 4.4% have an Irish and at least one UK identity, 3.1% have a Northern Irish only identity, 3.9% have an Other identity (**Table 9**).

**Table 9: National Identity by White Irish Ethnicity, Birmingham, 2021**

National Identity	White: Irish (n)	White: Irish (%)
Irish only identity	7,916	47
British only identity	5,914	35
English only identity	1,207	7.1
Irish and at least one UK identity	741	4.4
Northern Irish only identity	533	3.1
Other Identity	655	3.9
Total	16,966	100

Source: ONS, 2023q

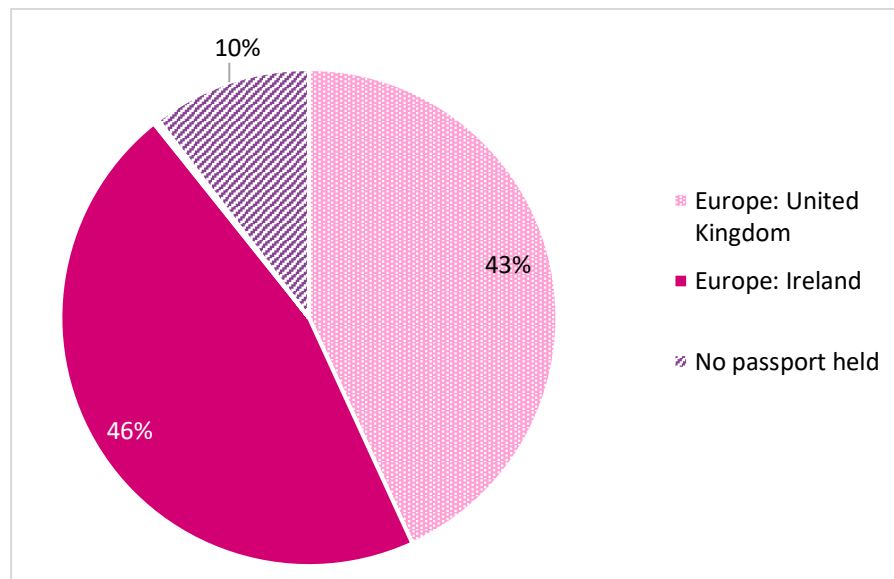
##### 1.4.4.2 Passports

In the 2021 Census, there were 364,726 Irish people living in England and Wales with an Irish passport). London has the largest proportion of residents (1.4%) that hold an Irish passport followed by the East of England (0.7%) and the West Midlands with 0.5% who hold an Irish passport (D'Angelo and Ryan, 2022).

According to the latest Census 2021 in England and Wales, 55% of the White Irish population hold an Irish passport, 38% hold a British passport and 6% do not hold a passport.

In Birmingham, 46% of the White Irish population had an Irish passport, 43% had a UK passport and 10% had no passport (**Figure 8**, see **Appendix 4.6: Figure 8: Passports held by White Irish Ethnicity, Birmingham, 2021** for data table). For comparison, among the general population in Birmingham in 2021, 75% had a UK passport and 12% had no passport.

Figure 8: Passports held by White Irish Ethnicity, Birmingham, 2021



Source: ONS, 2023q

### 1.4.5 Sexual Orientation

In England and Wales, 89% of all people identified as straight or heterosexual; 3.2% identified with an LGB+ orientation; 1.5%, described themselves as gay or lesbian; 1.3% described themselves as bisexual; 0.3% selected “Other sexual orientation” (ONS, 2023o). In Birmingham 88% of people identified as straight, 1.3% gay or lesbian and 1.3% bisexual (Nomis, 2021).

Data on sexual orientation by ethnicity is currently only available by broad ethnic group. The White Irish ethnicity has been aggregated into the White ethnic group.

### 1.4.6 Living Arrangements

The 2021 census provides insight into people’s living arrangements, which included legal partnership status, people living alone, people with second addresses and whether people had moved in the year prior to census.

In Birmingham, the most common living arrangement for people aged 16 years and over were married or in a civil partnership with 34% White Irish group (

**Table 10)** compared with 28% White British group. This is lower than the England and Wales average of 43% of people living in these types of households. Among the White Irish population 24% lived alone compared with 28% for the White British; and 8.5% White Irish cohabit with the opposite gender compared with 11% for the White British. A higher proportion of White Irish were widowed (14%) compared with 5.4% for the White British population (ONS, 2023h).

**Table 10: Living arrangements among the White Irish population: Birmingham, 2021**

Living arrangements	White Irish (n)	White Irish (%)
Living in an opposite-sex couple: Married or in a civil partnership	5,729	34
Living in a same-sex couple: Married or in a civil partnership	53	0.3
Living in a couple: Separated, but still married or in a civil partnership	25	0.1
Living in an opposite-sex couple: Cohabiting	1,436	8.5
Living in a same-sex couple: Cohabiting	107	0.6
Not living in a couple: Single (never married and never registered a civil partnership)	4,144	24
Not living in a couple: Married or in a registered civil partnership	147	0.9
Not living in a couple: Separated (including those who are married and those who are in civil partnerships)	378	2.2
Not living in a couple: Divorced or formerly in a civil partnership which is now legally dissolved	1,434	8.5
Not living in a couple: Widowed or surviving partner from a civil partnership	2,386	14

Source: ONS, 2023h

## 2. Community Profile

### 2.1 Getting the Best Start in Life

#### Key Findings

- There is no data on the total fertility rate (TFR) for Irish women in the UK. The TFR for the Republic of Ireland in 2021 was 1.7, similar to the England and Wales average (1.6) (Central Statistics Office, 2021 and ONS, 2022b).
- The infant mortality rate among babies born to mothers born in the 'Irish Republic' in 2020 was 2.0 deaths per 1,000 live births; lower than among mothers born in England and Wales (3.2 deaths per 1,000 live births) (ONS, 2023c).
- In 2020, the stillbirth rate to mothers born in the 'Irish Republic' was 6.0 deaths per 1,000 live births, higher than among mothers born in England and Wales (3.5 deaths per 1,000 live births) (ONS, 2023c).
- In 2020, there were 2,500 live births in England from mother's whose country of birth was listed as the 'Irish Republic' (ONS, 2022b).
- In 2019, 14% of White Irish 5-year-olds children in England had the lowest prevalence of dental decay among the White ethnic group (PHE, 2020d).
- 

- From 2022 to 2023 there were similar rates of Reception age overweight and obesity (23%) and Year 6 overweight and obesity (35%) among White Irish children when compared with White British children (22% and 35% respectively) in England (OHID, 2023).
- Nearly 50% of White Irish pupils experienced bullying at school, the highest percentage compared with any other ethnic groups in Wales in 2017 to 2018. Whereas 35% of White British pupils experienced bullying at school (McKeown, 2023).
- In the 2018 to 2019 school year, 74% of White Irish 4- to 5-year-olds met the expected standard in development and were above the national average of 71% and the White British average of 73% (DfE, 2023c).
- In the 2021 to 2022 academic year, 61% of White Irish pupils met the KS2 expected standard for reading, writing and maths (combined) compared with 58% of White British pupils (DfE, 2021c).
- The White Irish Progress 8 score was 0.13 during academic year 2018 to 2019 and was also above the progress 8 score for the White British population (-0.14) (ONS, 2020b).
- In the 2020 to 2021 academic year 61% of White Irish pupils received a grade 5 or above in English and maths GCSE, which is above national average for England (52%) (DfE, 2022a).

- White Irish pupils had the biggest attainment gap for a grade 5 in GCSE English and maths between FSM-eligible pupils (27%) non-FSM pupils (67%) (DfE, 2023c).

### 2.1.1 Fertility

Fertility among a population can be represented using the ‘Total Fertility Rate (TFR)’, which can be defined as “the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing years” (BCC, 2021).

Fertility rates for many migrant groups in Britain have declined to around the national average, and below it in some cases, with a general decrease in TFRs noted for all women from 2004 to 2021. However, in 2021 it was reported that non-UK born women overall still have higher TFRs (2.0) than UK-born women (1.5) in England and Wales (ONS, 2022b).

The ONS does not hold TFR by ethnicity; data is only available for the mother’s birth country. Women born in the Republic of Ireland would have been grouped into the ‘European Union (EU)’ category. Women living in England and Wales born in the EU had a TFR of 1.9, only slightly higher than the UK average during the same year (1.8). Women born in Northern Ireland would have been grouped into the UK averages (ONS, 2022b). As data for Irish women cannot be specifically disaggregated, caution must be taken when interpreting these results. Additionally, it is unclear how these may have changed from 2011 to 2021, as updated data sets are not yet available at the time of writing this report.

Data from the Irish Central Statistics Office (2022) showed that, in 2021, the total period fertility rate (TPFR) was 1.7. This shows the age specific

fertility rates in the current year in Ireland. The TPFR for 2021 was similar to the England and Wales average TFR (1.6) (ONS, 2022b). However, it is unclear whether this TPFR applies to Irish women living in England and Wales.

The ONS also reported on geographical differences in TFR. In 2021, the TFR across England and Wales was slightly lower than the Birmingham average (1.7). It is unclear how these regional differences affect the TFR of Irish women in Birmingham (ONS, 2022b).

### 2.1.2 Maternal Health

#### 2.1.2.1 Maternal Mortality

The Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) Saving Lives, Improving Mothers’ Care 2021 report outlined maternal mortality by ethnicity and by country of birth. Data on maternal mortality for women from the Republic of Ireland has been grouped with UK data within this report. The MBRRACE-UK 2023 report however does highlight some causes of death within the UK and Ireland from 2019 to 2021 ([Table 11](#)).

**Table 11: Causes of maternal mortality: UK and Ireland, 2019 to 2021**

Cause of Maternal Mortality	Mortality per 100,000 maternities (95% CI)	Time period after pregnancy
Haemorrhage	0.80 (0.48 to 1.3)	Six weeks
Sepsis	2.5 (1.9 to 3.3)	Six weeks
General medical and surgical conditions not considered elsewhere	0.94 (0.58 to 1.4)	42 days
Epilepsy	0.76 (0.44 to 1.2)	One year

Source: MBRRACE-UK, 2023

Specific data on maternal mortality in Ireland is captured by the Maternal Death Enquiry (MDE) (2022) Ireland, which reported that from 2018 to 2020 the overall maternal mortality rate was 6.3 per 100,000 maternities (95% CI 3.2 to 11). However, it is unclear how applicable this data would be to Irish women living in England.

### 2.1.2.2 Antenatal Care

There is currently no data available on the White Irish community and antenatal care in England and Wales.

## 2.1.3 Infant Mortality, Stillbirths and Live Births

### 2.1.3.1 Infant mortality

In 2021, the infant mortality rate (IMR) in England and Wales was 3.7 per 1,000 live births, accounting for 2,323 infant deaths (aged under one year). The West Midlands had the highest IMR in England in the same year (5.6 deaths per 1,000 live births). The main causes of death among infants and

children aged 28 days to 15 years in 2021 continues to be congenital malformations, deformations and chromosomal abnormalities (ONS, 2023c).

The ONS does not hold TFRs by ethnicity but there is data on the mother’s birth country. In 2020, the IMR among babies born to mothers born in the ‘Irish Republic’ was 2.0 deaths per 1,000 live births. This is compared with an IMR of 3.2 deaths per 1,000 live births among mothers born in England and Wales during the same year (ONS, 2023c). However, due to small sample sizes among mothers born in the ‘Irish Republic’, data should be interpreted with caution.

### 2.1.3.2 Stillbirths

Generally, ONS data indicates an overall decline in stillbirths in England and Wales since 2007. However, variations in rates of stillbirths by mothers country of birth are present. In 2020, the stillbirth rate to mothers born in the ‘Irish Republic’ was 6.0 per 1,000 live births, higher than that among mothers born in England and Wales (3.5 deaths per 1,000 live births). The ONS defined a stillbirth as “a baby born after 24 or more weeks completed gestation and which did not, at any time, breathe or show signs of life” (ONS, 2023c).

### 2.1.3.3 Live Births

In 2020, there were 613, 231 live births in England and Wales (ONS, 2022b). The ONS collect data annually on live births in England and Wales by the parents’ country of birth. In 2020, there were 2,500 live births from mother’s whose country of birth is listed as the ‘Irish Republic’ (ONS, 2022b). ‘Ireland’ has not been in the top 10 countries of birth of mother in

England and Wales since 2006, where it ranked 10<sup>th</sup> most common country of birth. (ONS, 2022b).

In England and Wales there was also a slight decline from 35% (2020) to 34% (2021) of children born to either one or both parents born outside the UK (ONS, 2022b). In Birmingham, there was a higher proportion (43%) of live births to non-UK-born mothers but there is currently no data available for White Irish ethnicity (ONS, 2022b).

### 2.1.4 Childhood Vaccinations

#### 2.1.4.1 Routine Vaccinations

The World Health Organisation (WHO) recommends childhood immunisations to include diphtheria, neonatal tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), Hepatitis B, measles, mumps, and congenital rubella (MMR). The UK childhood immunisation programme or Cover of Vaccination Evaluated Rapidly (COVER) programme offers routine vaccination to children up to the age of five. This includes both the WHO immunisations listed above and additional vaccines advised by the Joint Committee on Vaccination & Immunisation (JCVI) and the UKHSA (NHS Digital, 2022c). There is currently no data on childhood vaccinations in Birmingham for the White Irish ethnic group. Furthermore, there is limited data on childhood vaccinations by ethnic group as official vaccination data does not include ethnic groups. There are a few studies that shed some light on vaccination rates among the White Irish group.

A study by Tiley *et al.*, (2022) analysed Meningitis B vaccination records for children aged 12 months who were born from December 2015 to May 2017 and found the White Irish sample (n=1,508) had low crude dose two

coverage (86%) compared with the White British sample (95%). The White Irish sample also had a high crude dropout rate (6.%) for dose one to dose two compared with the White British sample (2.6%). The adjusted difference (%) in dose of one and two dose coverage by ethnic group can be seen in **Table 12**.

**Table 12: Meningitis B coverage, adjusted for ethnic group: England, 2016 to 2018**

Ethnic Group	Adjusted difference (%) in dose one coverage (95% CI)	Adjusted difference (%) in dose two coverage (95% CI)
White British	N/A*	N/A*
Black Caribbean	-6.7 (-7.7 to -5.6)	-12 (-13 to -10)
White Any Other	-6.1 (-6.3 to -5.8)	-8.6 (-8.9 to -8.3)
<b>White Irish</b>	<b>-5.3 (-6.7 to -4.0)</b>	<b>-7.9 (-9.6 to -6.2)</b>
Other: Any Other	-4.4 (-4.9 to -3.9)	-6.5 (-7.1 to -5.9)
Any Other Black	-3.4 (-4.1 to -2.7)	-4.9 (-5.8 to -4.0)
Any Other Asian	-1.7 (-2.1 to -1.3)	-2.1 (-2.6 to -1.5)
Indian	-1.7 (-2.0 to -1.4)	-2.1 (-2.5 to -1.8)
Black African	-1.3 (-1.6 to -1.0)	-2.1 (-2.6 to -1.7)
Other: Chinese	-1.6 (-2.4 to -0.9)	-2.0 (-3.0 to -1.0)
Pakistani	-1.0 (-1.3 to -0.8)	-1.7 (-2.1 to -1.4)

Source: Tiley *et al.*, 2022

\*The White British sample is the baseline population

Note: all values are statistically significant ( $p < 0.001$ )

Byrne *et al* (2018) assessed two vaccination programmes in England (maternal pertussis vaccination and a new infant rotavirus vaccination



programme) using data from national vaccine coverage datasets from April 2014 to March 2015 for pertussis and January 2014 to June 2016 for rotavirus. Byrne found that White Irish infants (n=1,215) had a significantly lower completion rate (-3.3%, 95% CI -3.6% to -2.3%) for rotavirus vaccination compared with White-British infants and were less likely to initiate and to complete their vaccination.

#### 2.1.4.2 Human Papillomavirus Vaccine

Human Papillomavirus (HPV) is the collective name given to a group of viruses; “high risk” HPV types are linked to cervical cancer, anal cancer, genital cancers and cancers of the head and neck. The HPV vaccine can drastically reduce the likelihood of developing cervical cancer; incidence was reduced by 90% in those vaccinated between ages 12 and 13 and by 34% in those vaccinated from ages 16 to 18 (Matson, 2021).

There is currently no information available for the White Irish ethnicity for HPV vaccine uptake.

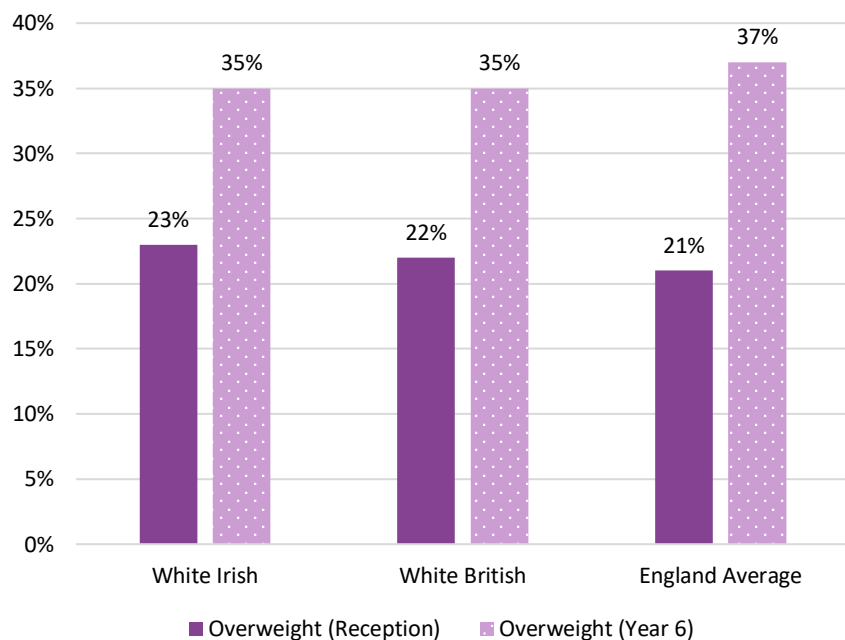
#### 2.1.5 Childhood Obesity

Measurements of childhood obesity are recorded by the National Child Measurement Programme (NCMP) at Reception (between 4 and 5 years of age) and Year 6 (between 10 and 11 years of age). (NHS Digital, 2021b). There is no specific data on childhood obesity in relation to the White Irish ethnic group in Birmingham.

From 2022 to 2023, 21% of Reception age children in England were classified as overweight (including obesity). This was slightly higher among both White Irish (23%) and White British (22%) populations. However, the

opposite is observed when investigating levels of overweight (including obesity) Year 6 children. From 2022 to 2023, 37% of Year 6 children in England were classified as overweight (including obesity). This is slightly lower among White Irish (35%) and White British (35%) populations (**Figure 9**, see **Appendix 4.7**: Figure 9: Percentage of children in reception and Year 6 who were obese by ethnicity: England, 2021 to 2022 for data table) (OHID, 2023).

**Figure 9: Percentage of children in reception and Year 6 who were overweight (including obese) by ethnicity: England, 2021 to 2022**



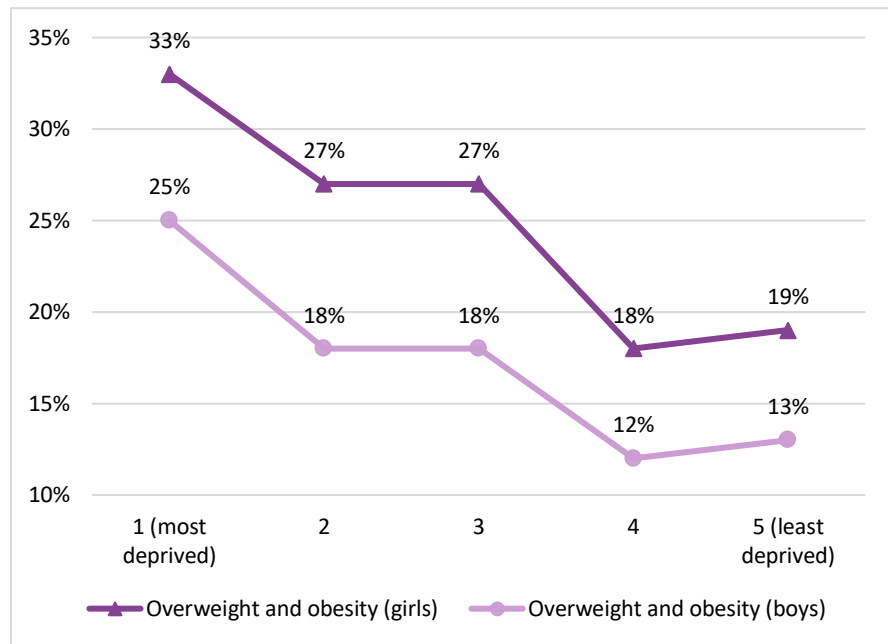
Source: OHID, 2023

The highest rates of overweight/obesity are from the most disadvantaged socioeconomic position. On average children living in England from the most disadvantaged socioeconomic quintile had the highest percentage of overweight or obese children. Based on the data from the 2015 to 2016 and 2016 to 2017.

The occurrence of overweight and obese children can be influenced by multiple factors, including income deprivation affecting children index

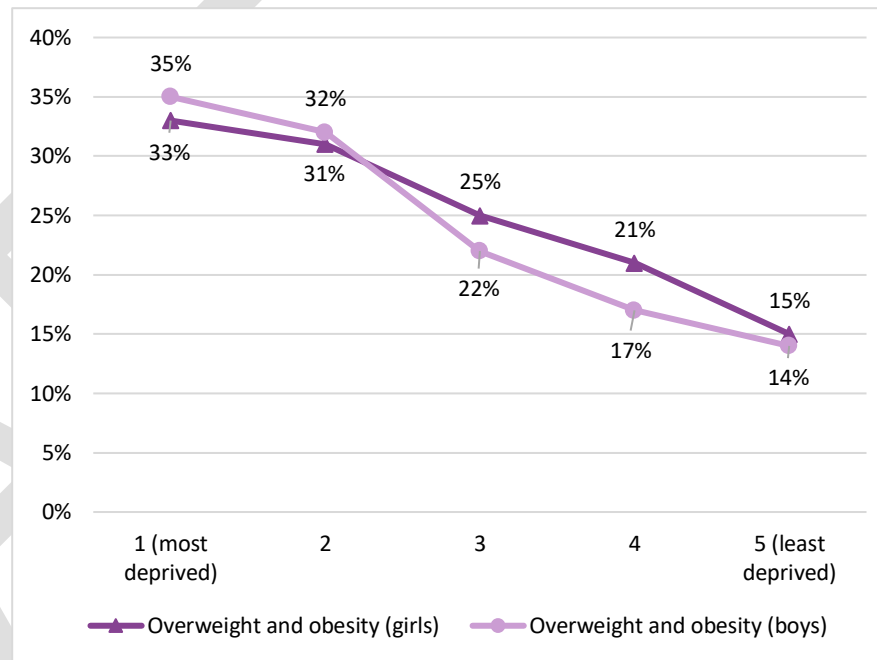
(IDACI). A 2020 cross-sectional study, including 5,673 White Irish children, investigated the inequality in overweight and obesity risk among different ethnic groups in England in Reception and Year 6 (Strugnell *et al.*, 2020). The study utilised data from the 2015 to 2016 and 2016 to 2017 cycles of the NCMP. Overall, the study found that children living in higher levels of deprivation had higher rates of being overweight or obese (Figure 10 and Figure 11, see Appendix 4.8: Figure 10: Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Reception: England, 2015 to 2017 combined and Appendix 4.9: Figure 11: Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Year 6: England, 2015 to 2017 combined for corresponding data tables).

**Figure 10:** Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Reception: England, 2015 to 2017 combined



Source: Strugnell *et al.*, 2020

**Figure 11:** Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Year 6: England, 2015 to 2017 combined



Source: Strugnell *et al.*, 2020

In the study by Strugnell *et al.*, (2020), White Irish girls at both Reception age and Year 6 typically had higher levels of overweight (including obesity). This is in contrast with national datasets. From 2022 to 2023, 22% of Reception boys and 21% of reception girls were overweight (including obesity). This increased to 39% and 34% respectively in Year 6 during the same year (OHID, 2023).

### 2.1.6 Dental Decay in Children

The annual Oral Health Survey of 5-year-olds by PHE examines the prevalence of dental decay by investigating the “percentage of children with one or more teeth with visually obvious dental decay”. Overall, 23% of 5-year-old children in England whose parents gave consent for participation in this survey had experience of dental decay in 2019 (PHE, 2020d).

The prevalence of experience of dental decay among the ‘White’ ethnic group (n=56,817) in 2019 was 21%. However, the ‘White’ ethnic group showed some of the largest variation; ranging from 14% in the White Irish population to 60% in the Gypsy/Irish Traveller ethnic groups (PHE, 2020d). *The numbers of the subpopulations included in the ‘White’ group were not available.*

### 2.1.7 Child Poverty

One measure of childhood poverty is those living in households with relatively low income, which is defined as below 60% of the median household income, either before (BHC) or after housing costs (AHC) (ONS, 2020b). In 2020 to 2021, approximately 3.9 million children were living in relative poverty in the UK AHC. That equates to 27% of children (Department for Work and Pensions (DWP), 2022).

Family Resource Survey data showed low-income households BHC by ethnic group by using three-year average statistics from 2016 to 2018. Information on the White Irish group is not available and has been grouped into the ‘White’ ethnic group (ONS, 2020b).

Children born into the most deprived neighbourhoods tend to spend a large proportion of their lives living in poor health. In Birmingham in 2021, 28% of under 16s were living in low-income families, which is higher than the West Midlands region (20%) and England (17%) averages. (PHE, 2020a). However, it is not clear how regional levels of deprivation will affect the Irish population in Birmingham.

However, there is evidence that Irish people living in Britain experience increased mortality, poorer self-rated health and limiting long-term illness, which has persisted into second and third generations. In one study, data was analysed from British birth cohorts (n=17,000 babies born in one week in 1958 and 1970) who were followed up through childhood. They found that relative to the rest of the cohort, second-generation Irish children grew up in material hardship and showed greater levels of psychological problems at ages 7, 11 (1958 cohort) and 16 years (both cohorts). Irish-born parents were more likely to report chronic health problems (OR 1.3 and 95% CI: 1.1 to 1.5) and Irish-born mothers were more likely to be psychologically distressed (OR 1.4 and 95% CI: 1.1 to 1.8) when their child was 10 years old compared with the non-Irish sample, but this was reduced after adjusting for material adversity (Das-Munshi *et al.*, 2013a).

### 2.1.8 Children’s Mental Health and Wellbeing

#### 2.1.8.1 Adverse childhood experiences

Adverse childhood experiences (ACE) can include physical and emotional abuse, neglect, mental illness, and domestic violence.

A study by Das-Munshi *et al.*, (2013b) assessed if childhood disadvantage accounts for poorer mental and physical health in adulthood, by following

17,000 participants who were born in a single week in 1958. Around 6% of the cohort were of second-generation Irish descent. By the age of 23, the second-generation Irish population in the study were more likely to experience common mental disorders (OR 1.4 and 95% CI: 1.1 to 1.9) which reduced slightly by midlife (OR 1.3 and 95% CI: 1.0 to 1.7) relative to the rest of the cohort. The Irish population in the study were also just as likely to report poorer self-rated health (OR 1.1 and 95% CI: 0.8 to 1.4), compared with the White British, Black Caribbean, Black African and South Asian samples; this increased by midlife (OR 1.3 and 95% CI: 1.0 to 1.6). These conclusions were not applicable after adjusting for childhood disadvantage. Limitations of the study include the use of parental country of birth to determine ethnicity (Das-Munshi *et al.*, 2013b).

### 2.1.8.2 Bullying at school

There is currently no data on bullying at school specific to the White Irish ethnic group in Birmingham. However, experiences of school racism and bullying can have direct links to health outcomes. Nearly 50% of White Irish pupils self-reported experiencing bullying at school in Wales from 2017 to 2018; the highest percentage experienced compared with any other ethnic group. In addition, just over 25% of White Irish pupils were cyber bullied. These figures were higher than those reported among White British students experience of bullying (35%) and cyber bullying (<20%) (McKeown, 2023).

### 2.1.8.3 Institutional Childhood Abuse

Survivors of clerical institutional childhood abuse (ICA) experience poor mental health outcomes in adulthood (Moore, Flynn and Morgan, 2019). One study surveyed 56 survivors based in the UK and 46 based in Ireland to explore the influence of resilience-enhancing factors on the mental wellbeing (MWB) of Irish emigrant survivors of ICA. A further 9 interviews with UK resident were analysed and found the emigrant survivors of ICA had more resilience-enhancing resources such as problem-focused coping, altruism and defiance, and social inclusion were associated with MWB regardless of where they live. For the Irish emigrant's social inclusion was easier if their social identity was not defined by childhood abuse. Migration to the UK and informal support were key turning points towards resilience (Moore, Flynn and Morgan, 2019).

### 2.1.9 Children in Care

Statistics for children looked after in England, including adoptions, indicate that in 2020 there were 80,080 children looked-after in care, 200 of which were White Irish children. Since 2015 the number of looked after White Irish children has decreased each year (DfE, 2023b).

Some additional demographic data on children in care and children in need is also available. In 2020, data from the children in need census reported that 13% of all children in need have a recorded disability. This was higher among the White Irish population (16%). However, it is important to note that not all children in need will be in social settings (DfE, 2022f).

The Department for Education report 'Ethnicity and children's social care' also provided an overview for the top 10 reasons for social care involvement in 2019 to 2020. In England the most common assessment

factors were domestic violence (19%) and mental health (18%) (DfE, 2022f). There was little observed variation between the England averages and the White Irish population (Table 13).

**Table 13: Proportion of assessment factors make up of an ethnicities total assessment factors: England, 2019 to 2020**

Assessment Factor	White Irish (%)	White British (%)	England Average (%)
Alcohol misuse	8	8	7
Domestic violence	18	18	19
Drug misuse	8	9	9
Emotional abuse	7	8	8
Learning disability	5	5	5
Mental health	18	19	18
Neglect	8	7	7
Other	7	6	7
Physical abuse	4	4	5
Physical disability	5	4	4

Source: DfE, 2022f

The ONS found that children who went into care were more likely to have poorer health, live in deprivation, or be from lone parent families or large households. There are limitations in how the data is reported, for example there may be multiple reasons a child enters care but only one reason is reported for each new period of care, caution should be used when interpreting data (ONS, 2022k).

## 2.1.10 Education

### 2.1.10.1 School Readiness

The Early Years Foundation Stage (EYFS) profile provides statistics on children’s development at the end of the academic year when a child turns 5. The assessment framework evaluates development progress towards 17 early learning goals across 7 areas of learning, including physical development, communication and language and expressive arts and design. EYFS reforms were introduced in September 2021, making it impossible to directly compare 2021 to 2022 assessment outcomes with earlier years. Across England, 65% of children were reported to have a ‘good level of development’ from 2021 to 2022 (ONS, 2022).

At the end of reception, pupils are assessed for their readiness for school. In the 2021 to 2022 academic year, 63% of children in Birmingham achieved a good level of development at the end of reception, just below the attainment in England (65%) and the West Midlands region (64%).

In the 2018 to 2019 school year, 71% (n=638,946) of 4 to 5 year olds in England met the expected standard in development. A slightly higher percentage (74%) of White Irish children (n=1,551) met the expected development goals; compared with White British (73%, n= 409,675) (DfE, 2023c).

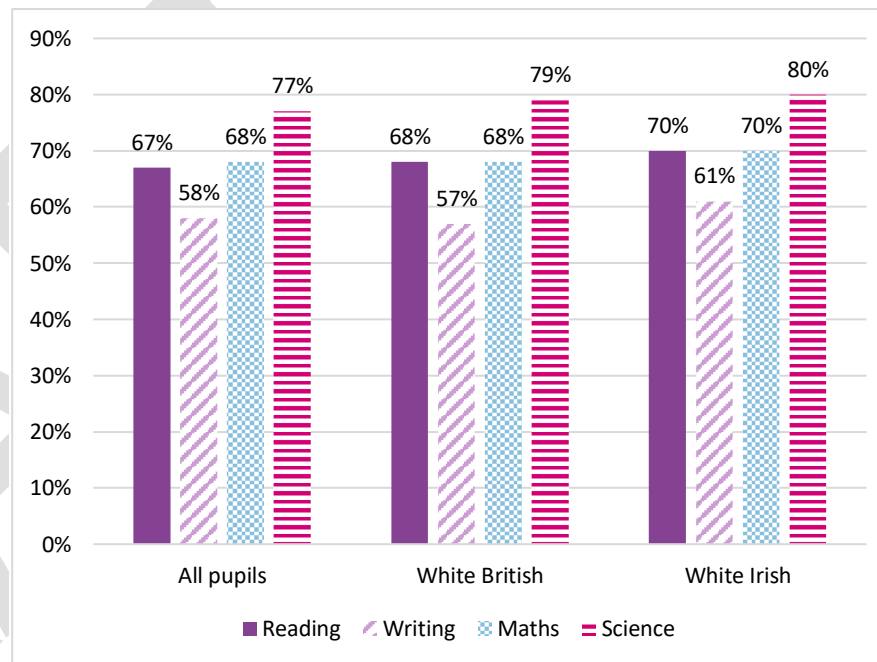
### 2.1.10.2 Key Stage 1 and 2

School pupils attending state-funded schools undergo a phonics screening check at the end of Year 1, typically aged 6. Pupils are also assessed at the end of Key stage 1 (Year 2, aged 7 years) in reading, writing, maths and science via national curriculum teacher assessments (TA). The 2021 to 2022

academic year was the first time these statistics have been recorded since 2019 due to the COVID-19 pandemic. There has been an observed decrease in achievement from previous years, due to disruption to learning caused by the pandemic (DfE, 2022b).

In the academic year 2021 to 2022, 75% of pupils in England met the expected standard in the phonics screening check in Year 1. The White Irish ethnic group showed slightly higher attainment in this area with 76% of pupils meeting the expected standard for phonics. Similar trends were also observed for the KS1 TA (Figure 12, see Appendix 4.10: Figure 12: Key stage 1 pupils meeting the expected standards in reading, writing, maths, and science by ethnic group: England, academic year 2021 to 2021 for data table) (DfE, 2023). In almost all markers of attainment across ethnic groups, girls typically showed a higher percentage of pupils meeting the expected standards.

Figure 12: Key stage 1 pupils meeting the expected standards in reading, writing, maths, and science by ethnic group: England, academic year 2021 to 2021



Source: DfE, 2023

Data on attainment of Year 6 pupils via Key stage 2 (KS2) national curriculum assessments is also available. In the academic year 2021 to 2022, 59% of pupils in England met the expected standards for reading, writing and maths (combined), compared with 61% of White Irish pupils (Table 14) (DfE, 2022c).



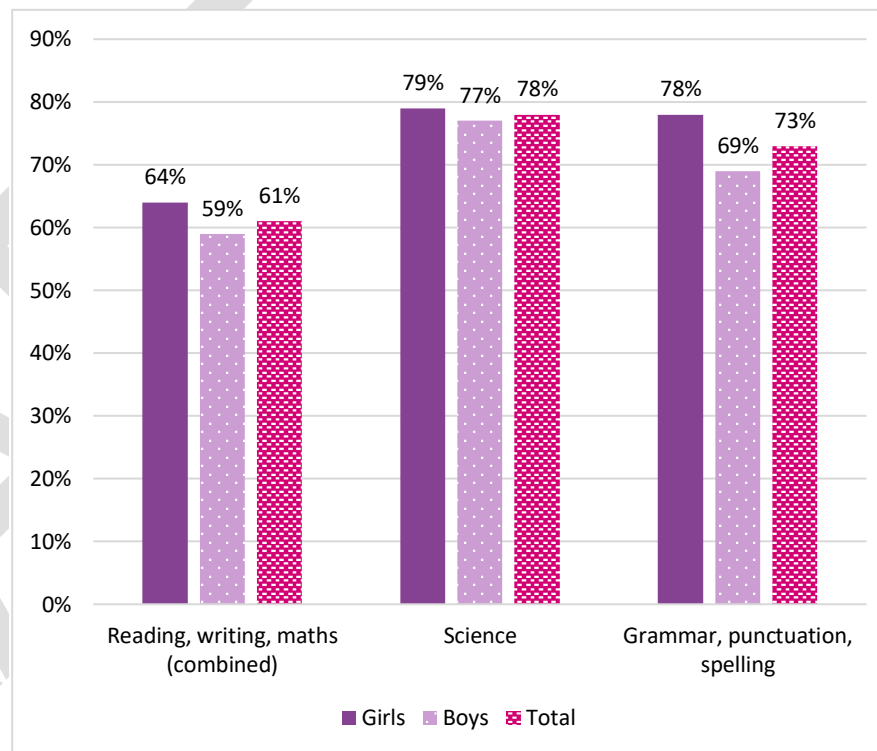
**Table 14:** Key stage 2 pupils achieving expected standards of development by ethnic group: England, academic year 2021 to 2022

Key Stage 2 Attainment	All pupils (%)	White Irish pupils (%)	White British pupils (%)
Reading, writing and maths (combined)	59	61	58
Reading	75	78	75
Writing (TA)	69	69	69
Maths	71	72	70
Grammar, punctuation, and spelling	72	73	71
Science (TA)	79	78	79

Source: DfE, 2022c

Additionally, there were some gendered differences in KS2 expected attainment within the White Irish ethnic group (**Figure 13**, see **Appendix 4.11**: Figure 13: Key stage 2 attainment of White Irish pupils by sex: England, academic year 2021 to 2022 for data table). Attainment at this level is typically higher in girls across multiple ethnic groups (DfE, 2022c).

**Figure 13:** Key stage 2 attainment of White Irish pupils by sex: England, academic year 2021 to 2022



Source: DfE, 2022c

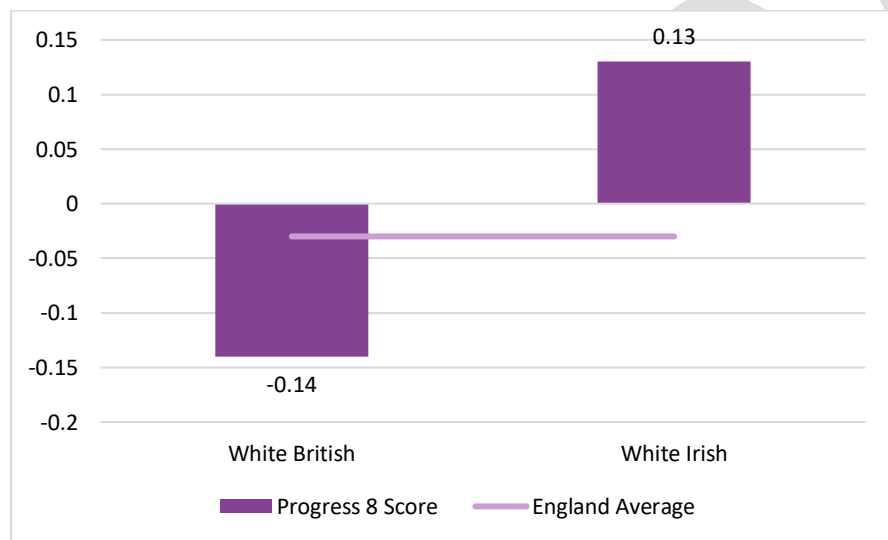
### 2.1.10.3 Progress 8

Progress 8 scores measure how much progress students make between 11 years old and 16 years old across eight core subjects, compared with other students with similar starting points. The baseline score of 0 indicates

achievement at 16 which is in line with an average rate of progression compared with children with similar KS2 results. A score of +1 indicates a student has achieved one grade higher than children with similar KS2 results, and score of -1 shows a student achieved one grade lower than children with similar KS2 results (ONS, 2020b).

The average Progress 8 score across ethnic groups in England from 2018 to 2019 was -0.03 (Figure 14, see Appendix 4.12: Figure 14: Progress 8 score by ethnic group: England, academic year 2018 to 2019 for data table). The White Irish Progress 8 score was 0.13 during this same academic year and was also above the progress 8 score for the White British population (-0.14) (ONS, 2020b).

**Figure 14:** Progress 8 score by ethnic group: England, academic year 2018 to 2019



Source: ONS, 2020b

In Birmingham the Progress 8 score was -0.12 in 2017 to 2018 for children in the 'White' ethnic group, data was not disaggregated further to understand the progress 8 score of White Irish pupils in Birmingham.

#### 2.1.10.4 GCSE and A-level Attainment

In the academic year 2020 to 2021, 52% of students in England received a grade 5 or above in GCSE English and maths (DfE, 2022a). This compares with 61% of pupils from the White Irish ethnic group (n=1,721). White Irish girls performed better (63%, n=848) than boys (58%, n=873) with a grade 5 or above in English and maths GCSE. This was above national average for girls (56%) and boys (48%) (Table 15) (DfE, 2022a).

**Table 15:** Percentage of pupils achieving a grade 5 or above in GCSE English and maths by gender and ethnicity: England, academic year 2020 to 2021

Ethnic Group	Boys (%)	Girls (%)
White Irish	58	63
White British	47	55
All ethnic groups	48	56

Source: DfE, 2022a

Education attainment, on average, was slightly lower in Birmingham with 50% of pupils in the 2020 to 2021 academic year achieving a grade 5 or above in English and maths GCSE.

Birmingham data on the White Irish data has been aggregated into the 'White' category and is not currently available.

Trends in academic attainment within the White Irish ethnic group continue to A-level results; 29% of White Irish pupils in the academic year 2021 to 2022 achieved three A\* to A grade A-levels, and 93% achieved two or more A-levels at any grade. For comparison, 20% of White British pupils achieved three A\* to A grade A-levels and 87% achieved two or more A-levels during the same period (DfE, 2022e).

#### 2.1.10.5 Special Educational Needs

In England, from 2021 to 2022, 13% of pupils had a Special Educational Need (SEN) and 4.0% had an Education, Health, and Care (EHC) plan. In Birmingham, during the same academic year, 14% (n=71) of the White Irish ethnic group were in receipt of SEN support and 3.9% (n=20) had an EHC plan. This is compared with the White British group where 17% were in receipt of SEN support and 4.4% had an EHC plan (DfE, 2022e).

Additionally, data from the academic year 2021 to 2022 provides insight into common special educational needs in Birmingham. The most common SEN among White Irish pupils in Birmingham were moderate learning difficulties (3.9%, n=20), social, emotional and mental health (3.5%, n=18), and speech, language and communication needs (3.0%, n=15). These were lower than figures among White British pupils (5.0%, 4.6%, 3.8% respectively) (DfE, 2022e).

In every ethnic group, children with any SEN achieved a grade 5 or above in GCSE English and maths less often than those without any SEN. During the academic year 2021 to 2022, 18% of pupils in England with any SEN achieved a grade 5 or above in GCSE English and maths (Table 16) (DfE, 2022a). *Data for the White Irish ethnic group has been aggregated into the 'White' group.*

**Table 16:** Percentage of pupils achieving a grade 5 or above in GCSE English and maths by ethnic group and SEN: England, academic year 2021 to 2022

Ethnic Group	No SEN (%)	Any SEN (%)
White	57	19
All ethnic groups	58	18

Source: DfE, 2022a

#### 2.1.10.6 School Exclusions

There are 2 types of exclusions temporary or 'fixed period exclusions', which can be for up to 45 school days, and permanent exclusion. There are limitations in the data available on exclusions; students excluded more than once were only counted once and the results were grouped into 6 ethnic groups (Asian, Black, Chinese, Mixed, White, and other), meaning the White Irish have been grouped into the 'White' category.

The suspension rate among White Irish pupils for the 2020 to 2021 academic year was 4.2% (n=921), lower than among White British pupils (4.8%) and the England average (4.3%). Exclusion rate varied by school type; among the White Irish group this was lowest among 'State-Funded Primary' schools (1.1%) and highest in 'Special' schools (13%). This trend was slightly different among White British pupils and the England averages, where suspensions were highest in 'State-Funded Secondary' schools (Table 17) (DfE, 2023e).

**Table 17:** Suspension rate by ethnicity and type of school: England, 2020 to 2021

School Type	White Irish (%)	White British (%)	England Average (%)
State-Funded Primary	1.1	1.2	1.0
State-Funded Secondary	7.3	9.5	8.5
Special	13	8.6	7.3
<b>Total</b>	<b>4.2</b>	<b>4.8</b>	<b>4.3</b>

Source: DfE, 2023d

In the same academic year, permanent schools exclusions were slightly higher among White Irish pupils (0.06%, n=13) in England than among White British pupils (0.05%) and the England average (0.05%) (DfE, 2023d).

### 2.1.10.7 Absence from School

In the 2020 to 2021 academic year, the overall absence rate in England was 4.6%. Absence is defined by the proportion of school session missed due to authorised and unauthorised absence. The White Irish pupils had missed 5.5% school days, higher than among the White British absence rate of 4.6% (DfE, 2023a).

The DfE also provides an overview of ‘persistent absence’; pupils missing 10% or more of their school sessions. In the 2020 to 2021 academic year, 12% of pupils in England were persistently absent. This was slightly higher among the White Irish ethnic group (16%, n=2,882), compared with the White British ethnic group (12%) (DfE, 2023a).

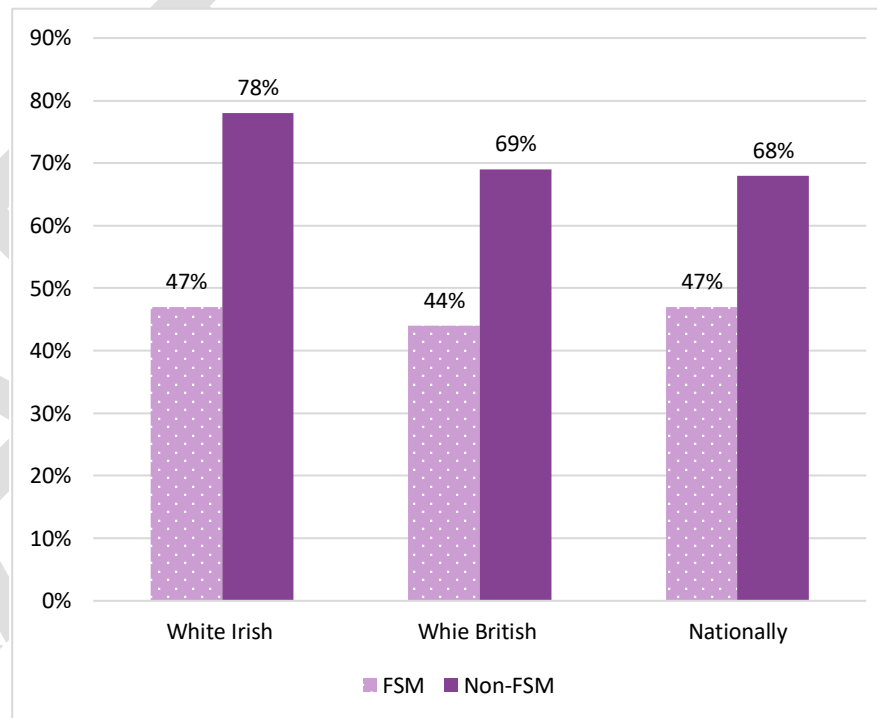
### 2.1.10.8 Free School Meals

Eligibility for FSM in England is used as an indicator of deprivation. In Key stage 1, 53% of White British pupils were eligible for FSM compared with 49% among White Irish pupils, which was below the national average of 55%. The White Irish pupils had the biggest attainment gap between FSM-eligible (49%) and non-FSM pupils (78%) (DfE, 2023c).

For key stage 2 (10 to 11 year olds) in England, 47% of FSM-eligible pupils met the expected standard in reading, writing and maths (

**Figure 15** and **Appendix 4.13**: Figure 15: Percentage of pupils meeting the expected standard in reading, writing and maths by ethnicity and FSM: England, academic year 2018 to 2019). The expected standard in reading, writing and maths for White Irish pupils who were FSM-eligible was also 47% (DfE, 2020).

**Figure 15:** Percentage of pupils meeting the expected standard in reading, writing and maths by ethnicity and FSM: England, academic year 2018 to 2019



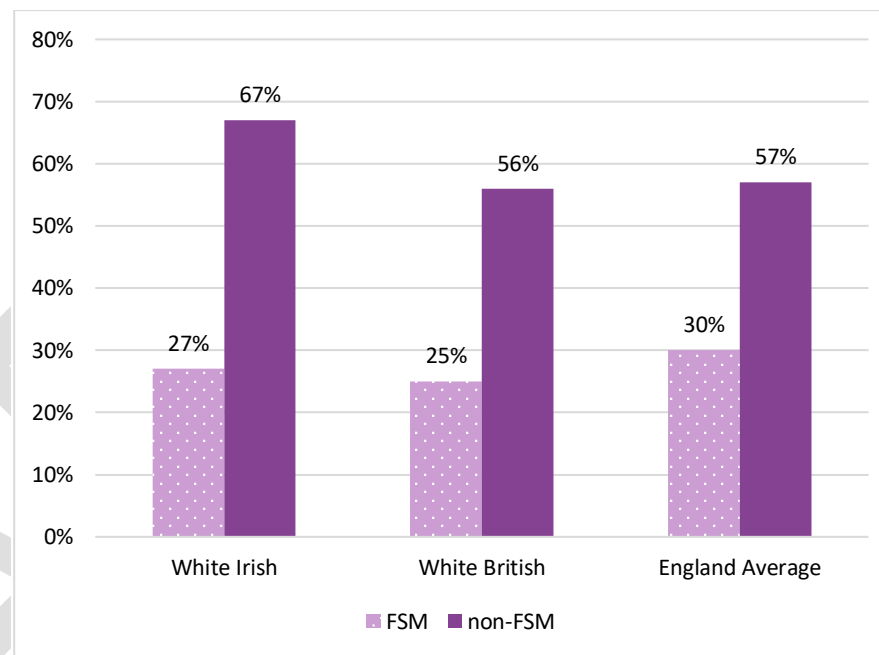
Source: DfE, 2020

In Birmingham, 62% FSM-eligible pupils are meeting the standard in reading, writing and maths but there is currently no data available on the White Irish ethnicity as the White Irish category has been grouped together in White category (DfE, 2020; DfE, 2022a).

During the 2020 to 2021 academic year, a lower percentage of all pupils in England eligible for FSM received a grade 5 or above compared in GCSE English and maths (30%) compared with non-eligible pupils (57%). The disparity in attainment was larger among White Irish pupils, where 27% of FSM-eligible pupils achieved a grade 5 or above, compared with 67% of non-eligible pupils (

**Figure 16 and Appendix 4.14:** Figure 16: Percentage of pupils achieving a grade 5 or above in GCSE English and maths by ethnic group and FSM eligibility: England, academic year 2020 to 2021 for data table) (DfE, 2022a).

**Figure 16:** Percentage of pupils achieving a grade 5 or above in GCSE English and maths by ethnic group and FSM eligibility: England, academic year 2020 to 2021



Source: DfE, 2022a

## 2.2 Mental Wellness and Balance

### Key Findings

- According to the GPPS, 12% of Irish patients self-assessed having a mental health condition, similar to the White British (12%) population (Ipsos and NHS England, 2022).
- The White Irish population on average had a higher WEMWBS score (51.8) than the White British population (51.8) in England (NHS Digital, 2022c).
- The highest rates of self-harm admission and readmission from 2008 to 2018 in London were among the White Irish group (RR 1.43, 95% CI 1.25 to 1.64 for readmission) (Polling *et al.*, 2021).
- From 2021 to 2022, the White Irish population had one of the lowest detention rates (62 per 100,000) as under the Mental Health Act; the White British detention rate was 69 per 100,000 for the same period (NHS Digital, 2023).
- According to the HSE (2011 to 2019), 67% of the White Irish population drank alcohol at least once per week, higher than all other ethnic groups, including White British (56%) (NHS Digital, 2022e).
- There is a disproportionate number of alcohol specific admissions for the White Irish males, accounting for 0.8% of all-cause admissions and 1.1% of alcohol specific admissions in England from 2014 to 2015. Similar trends were observed for White Irish females; 0.7% of all admissions and 0.8% of alcohol specific admissions (PHE, 2017).

- According to the HSE (2011 to 2019), 22% of the White Irish population were current smokers, higher than all other ethnic groups except for 'Other White' (24%) (NHS Digital, 2022e).
- The Crime Survey for England and Wales estimates from April 2019 to March 2020, 6.4% of White Irish adults aged 16 to 74 were victims of domestic abuse. This is above the national average (5.5%) and the White British group (5.9%) (ONS, 2021b).

### 2.2.1 Mental Health

#### 2.2.1.1 Prevalence of Mental Illness

Mental health is an increasingly important and common health concern across the country. According to Mind UK, 1 in 4 people will experience a mental health problem of some kind each year in England. The percentage of people with common mental health problems, such as anxiety or low level depression went up by 20% between 1993 to 2014, in both men and women, and the percentage of people reporting severe mental health symptoms in any given week rose from 7% in 1993, to over 9% in 2014 (Mind UK, 2020).

There is currently no data in Birmingham that is specific to the White Irish population in relation to Mental Health.

It was identified that Irish migrants in England have experienced high stress levels which may lead to poor health (Delaney, Fernihough and Smith, 2013). Based on the results of the 12-Item General Health Questionnaire



(GHQ-12) psychological distress scale, within the study, Irish men had higher levels of psychological distress than the Irish in Ireland and the English population in England.

Data from the GPPS 2022 investigated the number of patients citing experiences of mental health condition(s) as a long-term condition. The White Irish population reported similar levels of mental health conditions (12%) compared with the White British and total England population (both 12%) (Ipsos and NHS England, 2022).

#### 2.2.1.2 Suicide and Self-Harm

Suicide is another important health concern the Irish people face (Polling *et al.*, 2021). Maynard *et al.*, (2012) examined trends in suicide death rates among migrants in England and Wales between 1979 to 2003 and found that the suicide rates for both men and women born in the Republic of Ireland remained higher than for England and Wales born people (Maynard *et al.*, 2012). The suicide rate for England and Wales born men by the end of 2003 was 21 per 100,000 people, compared with 40 per 100,000 Irish born men. The suicide rate for England and Wales born women by 2003 was 6.1 per 100,000 people compared with 12 per 100,000 Irish born women (Clarke, 2014). A limitation of this study is that it used ONS data from previous censuses and it did not separate English, and Welsh born population, caution should be used when interpreting data.

#### 2.2.1.3 Warwick-Edinburgh Mental Wellbeing Scale

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) can be utilised to get a broader understanding of mental wellbeing. The WEMWBS scale has been developed as a tool to monitor the mental wellbeing of the

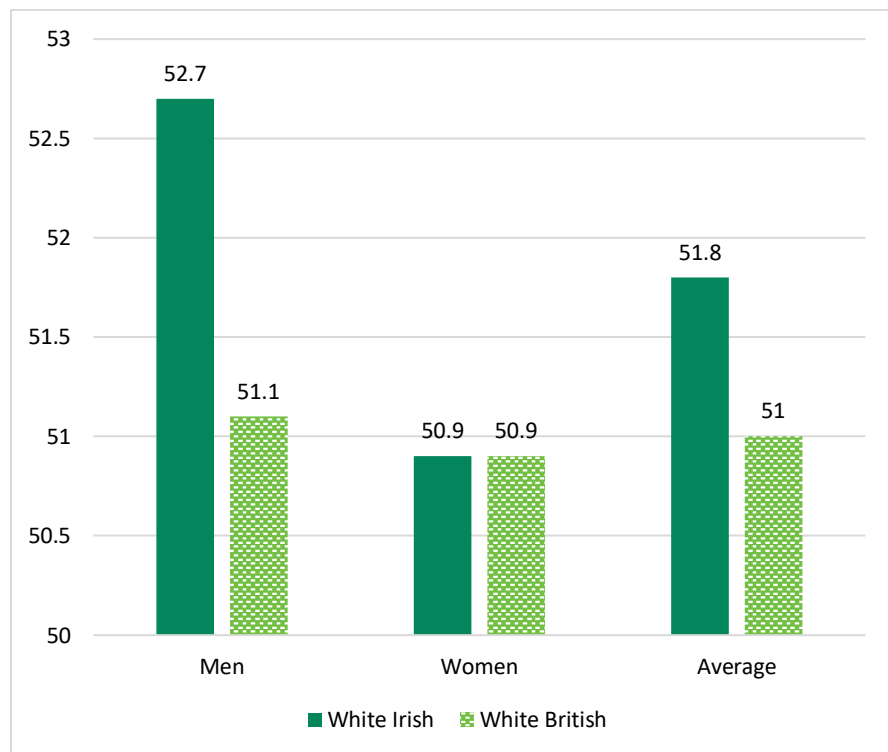
general population aged 13 to 74; the scores range from 14 to 70 (NHS Digital, 2022c).

Average WEMWBS scores by ethnic group have been captured by the HSE. In 2019, the mean WEMWBS score of the White Irish population (51.8) was slightly higher than the White British population (51.0). However, when scores were broken down by gender, White Irish women displayed similar WEMWBS scores compared with White British women, whereas White Irish men typically scores almost two points higher than White British men (

**Figure 17**, see **Appendix 4.15**: Figure 17: Age standardised WEMWBS scores by ethnic group and sex: England, 2019 (for data table).

DRAFT

**Figure 17:** Age standardised WEMWBS scores by ethnic group and sex: England, 2019



Source: NHS Digital, 2022c

There is currently no specific data in relation to WEMWBS in Birmingham for the White Irish community.

### 2.2.1.4 Use of Mental Health Services

#### Admissions for self-harm

Polling *et al.* (2021) analysed Hospital Episode Statistics data (n=59,510) for all people living in Greater London over the age of 11 who had been admitted to hospital for physical health treatment following self-harm between 2008 and 2018. Ethnicity data was available for 94% of individuals and found that only the White Irish, Mixed Other and Other ethnic groups had higher rates of self-harm first admissions when compared with the White British group. This difference only remained in the White Irish group after standardisation for age and Index of Multiple Deprivation (IMD), with aRR of 1.14 and 1.15 respectively for White Irish females and males in the study (**Table 18**).

In the study the White Irish population was also more likely to be readmitted than the White British population (RR 1.43, 95% CI 1.25 to 1.64)

**Table 18:** Adjusted risk ratios for first admissions for self-harm by ethnic group and sex: London, 2008 to 2018

Ethnic Group and sex	Age standardised RR (95% CI)	Age and IMD standardised RR (95% CI)
Irish (Female)	1.07 (0.99 to 1.15)	1.14 (1.06 to 1.22)
Irish (Male)	1.14 (1.06 to 1.23)	1.15 (1.06 to 1.24)

*The White British sample was used as the reference, RR 1.0*

Source: Polling *et al.*, 2021

Income-related inequalities have also been identified as being linked to mental health morbidity. A study conducted by Mangalore and Knapp,

(2012) included a sample of 614 people, with the highest percentage of people (21%) belonging to the Irish population. The study compared income-related inequalities in common mental disorders among ethnic groups in Britain and found the burden was greater for the lower income groups within the Irish, White and African Caribbean communities when compared with higher income groups (Mangalore and Knapp, 2012).

### Detentions under the mental health act

From 2021 to 2022, people from the White Irish ethnic group in England had a detention rate of 62 detentions per 100,000 people under the Mental Health Act, the lowest of all ethnic groups included. The detention rate among the White British population was 69 detentions per 100,000 persons. The detention rate for the White Irish population has continually decreased over the previous three years; the detention rate in 2019 to 2020 was 70 detentions per 100,000 persons. Data includes people who were detained in hospital for assessment or treatment under the Mental Health Act 1983 but excludes detentions under Section 136 that take place in non-healthcare settings (NHS Digital, 2023).

### Anxiety and depression therapy

Patients in NHS treatment for anxiety or depression complete health and anxiety questionnaires at the start and end of their treatment. A patient classifies as showing ‘reliable improvement’ if there is both:

- A reliable decrease in one or both of the scores
- No reliable increase in either of them

From 2018 to 2019, 66% of White Irish patients showed reliable improvements, compared with 68% of the White British population (Table 19). In every ethnic group, over 60% of patients showed reliable improvement after treatment for anxiety or depression in 2018 to 2019. The White Irish ethnic group had the smallest increase in improvement following therapy from 64% to 66% between 2015 to 2016 and 2018 to 2019. (NHS Digital, 2021c).

**Table 19:** Percentage of patients showing improvement, deterioration or no change following therapy for anxiety or depression by ethnic group: England, 2018 to 2019

Ethnic Group	Reliably improved (%)	No change (%)	Deteriorated (%)
White British	68	25	5.5
White Irish	66	27	6.4

Source: NHS Digital, 2021c

### 2.2.1.5 Community Support

For nearly 20 years, Immigration Counselling and Psychotherapy offer psychotherapy and counselling services to the Irish migrant community in Britain (MHF, 2023). Since April 2019 they partnered with Tir Chonaill Gaels football club to pilot a new Green Hearts Mental Health Charter to raise awareness and reduce stigma around mental health (Irish in Britain, 2023h).

A systematic review by Shafiq *et al.* (2021) explored the coping strategies used by people from African Caribbean or Irish background living in the UK between 1960 and 2020. The review found five papers focused on the Irish population. They also included studies with Northern Irish populations. The authors concluded that in the Irish population living in the UK, stigma, fear, mistrust and misunderstanding act as barriers to seeking help. Common coping strategies for mental health conditions include denial, avoidance or scepticism, self-management, and spirituality or religion.

Moore (2019) found that older age, economic factors and better self-rated health aided stronger social support. A recent study Moore (2022) (n=790 Irish Migrants in London) highlighted that older Irish men in particular were less likely to access GP services, self-reported health highlighted the potential of social support in promoting healthcare access for males.

Researchers examined data from the UK household longitudinal study to determine whether changes in neighbourhood cohesion were independently associated with changes in mental health (measured using the GHQ from 2009 to 2018) and looked at ethnicity. They found when compared with White British, White Irish, and other ethnic groups all saw

a similar improvement in GHQ (-0.76, 95% CI -0.83 to -0.70) for each point increase in neighbourhood cohesion (Chum, Teo and Azra, 2021).

## 2.2.2 Alcohol

### 2.2.2.1 Alcohol Consumption

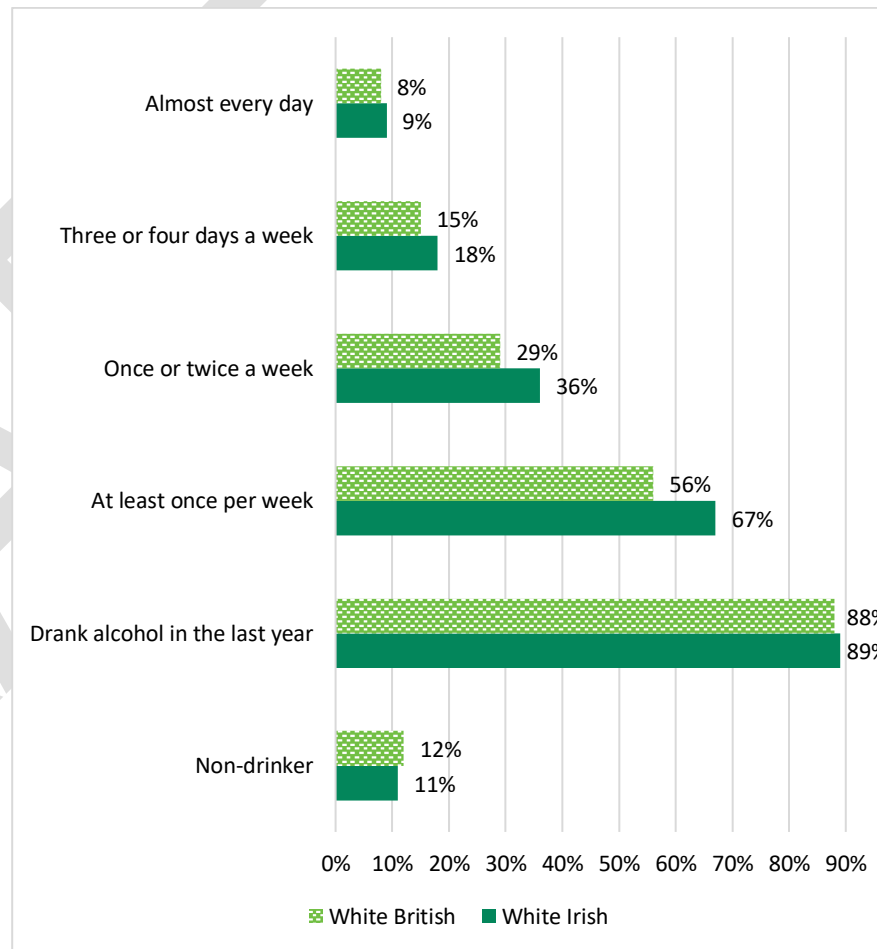
According to Clarke, (2014) loneliness and depression are linked to alcohol use, which is more common in older, single, or separated Irish men than in younger Irish immigrants who are moving away from the drinking culture. These older men are also more likely to downplay the role of alcohol with mental health issues (Clark, 2014).

Rao *et al.* (2015) explored the relationship between alcohol consumption, health, ethnicity, and socioeconomic deprivation in people aged 65 and over from an inner-city population in South East London. The main outcome measures were alcohol use and misuse (over 21 units per week for men and over 14 units per week women). A total of 9,248 older drinkers were identified, of whom 1,980 (21%) drank above safe limits. People of Irish ethnicity aged 65 and over accounted for 5% and were overrepresented when compared with the UK population (1.7%). Those aged 65 were more likely to drink and consume unsafe levels than any other age group. They found that lower deprivation predicted higher alcohol use among older people drinking above safe limits. Those who lived alone were at risk of drinking excessive amounts of alcohol, especially the older age group. There were several limitations to the study including selection bias from under-reporting, but this is also known to occur in studies that explore substance use in older people. Under-reporting may have been present when alcohol consumption recorded and for these

reasons caution is advised when drawing any conclusions and making any generalisations.

The HSE (2011 to 2019) surveyed adults aged 16 and over on the frequency of drinking alcohol in the last year. They found that 88% of White British people and 89% of White Irish people drank alcohol in the last year. Additionally, the HSE observed that two thirds (67%) of the White Irish group drank alcohol at least once per week, higher than all other ethnic groups, including White British (56%) (NHS Digital, 2022e). One third (36%) of White Irish people consumed alcohol more than once or twice a week and 18% reported drinking alcohol as often as 3 or 4 days a week (Figure 18, see Appendix 4.16: Figure 18: Usual frequency of drinking alcohol by ethnic group: England, 2011 to 2019 for data table). Additionally, 11% of the White Irish people were non-drinkers which was slightly lower than the White British population with 12%.

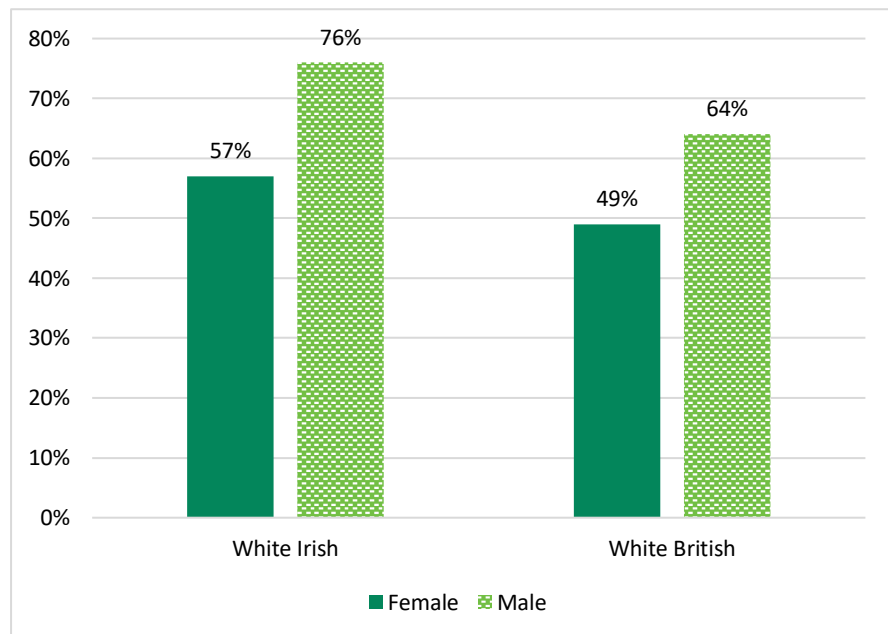
Figure 18: Usual frequency of drinking alcohol by ethnic group: England, 2011 to 2019



Source: NHS Digital, 2022e

Typically, men drank alcohol more frequently than women across ethnic groups. Among the White Irish population, 57% of women and 76% of men reported drinking alcohol at least once a week; higher than both White British women (49%) and men (64%) (Figure 19, see Appendix 4.17: Figure 19: People who drink alcohol at least once a week by ethnicity and gender: England, 2021 for data table). Drinking frequency was most common among the White Irish and White British ethnic groups when compared with men and women from other ethnic groups (NHS Digital, 2022e).

**Figure 19:** People who drink alcohol at least once a week by ethnicity and sex: England, 2021



Source: NHS Digital, 2022e

The White Irish population also reported higher levels of drinking to excess than the White British population. UK Chief Medical Officers (CMOs) advise that adults should not regularly drink more than 14 units of alcohol per week to ensure the risk from alcohol is kept low. Among the White Irish population, 36% reported regularly drinking more than 14 units, compared with 27% among the White British population (Table 20).

**Table 20:** Age standardised estimated weekly alcohol consumption by ethnic group and sex: England, 2011 to 2019

Ethnic Group and Sex	Up to 14 units (low risk) (%)	More than 14, up to 35/50* (%)	More than 35/50* (%)
White Irish (Female)	61	21	5
White Irish (Male)	44	39	7
<b>White Irish (All Adults)</b>	<b>52</b>	<b>30</b>	<b>6</b>
White British (Female)	67	15	4
White British (Male)	55	30	6
<b>White British (All Adults)</b>	<b>61</b>	<b>22</b>	<b>5</b>

\*More than 35 units per week for women, and 50 units for men is considered higher risk consumption

Source: NHS Digital, 2022e



### 2.2.2.2 Alcohol Related Hospital Admissions and deaths

The Public Health England Equity Report identifies alcohol-related hospital admissions as a measure of alcohol misuse. From 2014 to 2015, there were almost 65,000 alcohol-specific admissions among men and nearly 40,000 among women (Bhala *et al.*, 2016).

There is a disproportionate number of alcohol specific admissions for the White Irish males, accounting for 0.8% of all-cause admissions and 1.1% of alcohol specific admissions in England from 2014 to 2015. Similar trends were observed for White Irish females, accounting for 0.7% of all admissions and 0.8% of alcohol specific admissions in England in the same time period (PHE, 2017). Disproportionate admissions for alcohol can be seen where the percentage for alcohol admissions is higher than the percentage for all admissions. Therefore, the PHE report demonstrated the relative high risk of alcohol misuse within the White Irish community.

A study by Barry *et al.* (2015) used national cross-sectional data regarding alcohol-related admissions to calculate admissions rates according to ethnic group. Out of 264,870 admissions reported in 2010 to 2011, the White Irish group in London had the highest rates of admissions in England for alcohol-related conditions, with 306 cases per 100,000. Furthermore, when the condition is coded as the primary diagnosis, the White Irish population had high rates across all regions of England (Barry *et al.*, 2015). This study provides insights on the incidence of alcohol-related conditions in the White Irish community using hospital admissions as an objective measure of alcohol-related harm. However, there are some limitations noted by the authors such as the accuracy of the ethnic coding used and the study only focused on conditions directly related to alcohol and not

events that may be attributed to alcohol use, such as strokes (Barry *et al.*, 2015).

### 2.2.3 Drug Use

There is minimal data available on drug use within the White Irish ethnic group. Most recent estimates provide drug use by headline ethnic group (e.g., 'White British' and 'White Other' or 'White'). From 2013 to 2014, it was reported that 9.2% of those from the 'White Other' ethnic group had used illicit drugs, compared with 8.9% of the White British population (NHS Digital, 2016). However, this data may not provide an accurate estimate of drug use within the White Irish population.

More recent data from June 2021 to June 2022 shows similar levels of drug use to previous year; 9.2% of adults aged 16 to 59 and 19% of young people aged 16 to 24 reported previous drug use (ONS, 2022e).

An estimated 2.6% of adults aged 16 to 59 years frequently used drugs more than once a month in the past year, this was similar to findings in March 2020 (2.1%) (ONS, 2022e). Cannabis was the most used drug in England and Wales with 16% of young people aged between 16 to 24 using cannabis. There was no change in the prevalence of powder cocaine use in adults aged 16 to 59 (2.0%) and young people aged 16 to 24 (4.0%) compared with the year ending March 2020 (NHS Digital, 2021a).

Data available from drug and alcohol services on ethnicity which shows between April 2020 and March 2021 there were 275,896 adults in contact with drug and alcohol services (OHID, 2021a). **Table 21**

There were 1,454 White Irish people receiving treatment for opiate use (mainly heroin) and 226 White Irish people (0.8%) who used non-opiate

drugs such as cannabis, crack and ecstasy (Table 21) (OHID, 2021a). The White Irish population are slightly over-represented in substance misuse treatment for opiates; the White Irish ethnic group makes up 0.88% of the total England and Wales population, but 1.0% of those in opiate treatment.

**Table 21:** Ethnicity of adults in substance misuse treatment: England, 2021

Ethnicity	Opiate (number)	Opiate (%)	Non-opiate only (number)	Non-opiate only (%)
White British	116,965	83.8	21,685	78.8
White Irish	1,454	1.0	226	0.8

Percentages show proportion of total population from all ethnic groups in substance misuse treatment

Source: OHID, 2021a

## 2.2.3 Smoking

### 2.2.3.1 Smoking Prevalence

According to ONS data, in 2021, 13% of adults aged 18 or older in England were current smokers. HSE data from 2011 to 2019 provides a more detailed ethnic and gender breakdown of smoking status. White Irish adults had the second highest proportion of ‘current smokers’ (22%), higher only among the ‘Other White’ ethnic group (24%). ‘White’ ethnic groups typically have higher smoking prevalence than non-White ethnic groups (Table 22).

**Table 22:** Cigarette smoking status of adults aged 16 and over by ethnic group: England, 2011 to 2019

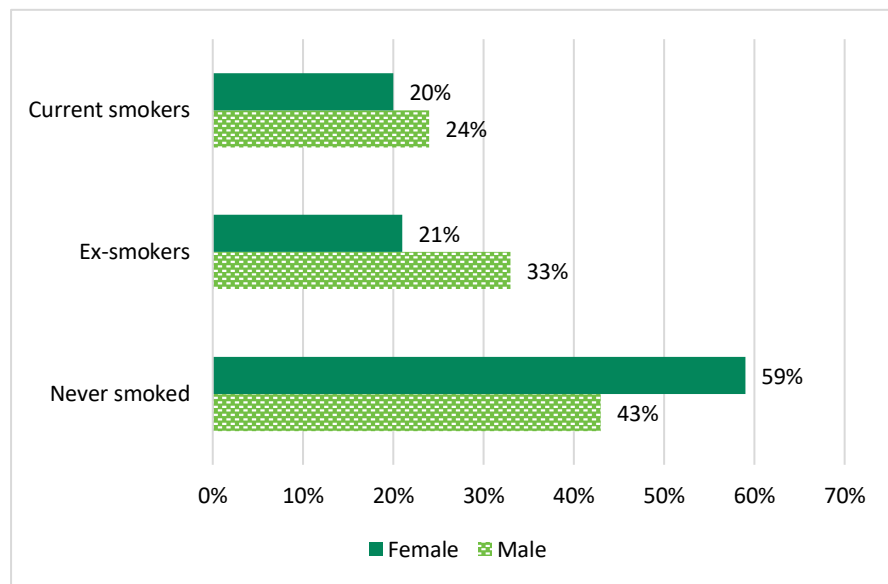
Ethnic Group	Current Smoker (%)	Used to Smoke (%)	Never Regularly Smoked (%)
Other White background	24	26	50
<b>White Irish</b>	<b>22</b>	<b>28</b>	<b>51</b>
White British	19	27	54
Bangladeshi	16	12	72
Pakistani	14	9	77
Chinese	7	11	82
Indian	7	8	85
Black African	6	10	84

Source: NHS Digital, 2022e

The percentage of people aged 18 years and over who smoked cigarettes in Birmingham (14%) in 2022 was slightly higher than across the UK (13%). It is unclear how this affects smoking rates among the Irish population in Birmingham.

The prevalence of cigarette smoking is typically higher in men across ethnic groups, including White Irish. A higher percentage of men from the White Irish ethnic group were current smokers (24%) than White Irish women (20%) (Figure 20, see Appendix 4.18: Figure 20: Cigarette smoking status among the White Irish population by sex: England, 2011 to 2019 for data table).

**Figure 20:** Cigarette smoking status among the White Irish population by sex: England, 2011 to 2019



Source: NHS Digital, 2022e

### 2.2.3.2 Electronic cigarettes

Electronic cigarettes also known as e-cigarettes and other vaping devices are used to inhale nicotine as a vapour. The HSE reported that more White Irish men (27%) than women (17%) have tried e-cigarettes. This is higher than for White British men (24%) but lower than White British women (20%) (Table 23).

**Table 23:** E-cigarette use, by ethnic group and sex: England, 2016 to 2019

Ethnic group and sex	Never used E-cigarettes (%)	Used E-cigarettes (%)
White Irish (Female)	83	17
White Irish (Male)	73	27
White Irish (All Adults)	78	22
White British (Female)	80	20
White British (Male)	76	24
White British (All Adults)	78	22

Source: NHS Digital, 2022e

### 2.2.4 Domestic Violence

Domestic abuse is defined in the UK by the Domestic Abuse Act 2021. The definition of domestic abuse is behaviour of a person (“A”) towards another person (“B”) if: (a) A and B are each aged 16 or over and are “personally connected” to each other, and (b) the behaviour is abusive. Behaviour is “abusive” if it consists of any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse (acquiring, using, or maintaining money or other property, or obtaining goods or services)
- Psychological, emotional, or other abuse

The Crime Survey for England and Wales stated that from April 2019 to March 2020, 6.4% of White Irish adults aged 16 to 74 reported being a victim of domestic abuse in the previous 12 months. This is higher than among the White British ethnic group (5.9%) and average for all ethnic

groups (5.5%) (ONS, 2021b). The data excludes the number of times someone reported being a victim, people living in care homes, university accommodation and prisons (ONS, 2021b). Additional analysis by gender is not available for the White Irish group due to small sample size.

### 2.2.5 Hate Crimes and Discrimination

Racism and discrimination can have a negative impact on the physical and mental health of people from ethnic minority groups (MHF, 2021). Often people do not talk about their mental health problems or seek help because of stigma. This becomes a barrier to knowing that help is available or where to go to get help.

The Evidence for Equality National Survey (EVENS) provides an assessment of racism and racial discrimination experienced in the period before the start of the COVID-19 pandemic and the first year (2020). The survey found 10% of White Irish group experienced a racist assault, and two fifths of the White Irish group reported experienced discrimination within institutional or social settings (Ellingworth *et al.*, 2023).

White Irish experiences of racism and of racial discrimination were lower compared with the overall average for all other ethnic groups. Racist insult was the most prevalent form of discrimination (8.1%) experienced by the Irish, followed by 3.2% experienced property damage, 0.4% experienced a physical attack. Over 80% of Irish people do not worry about experiencing racial assault or discrimination. The experience of any racist assault (insult, property damage, physical assault) was higher for Irish males (59%) than females (24%) (Ellingworth *et al.*, 2023).

The prevalence of experiencing racial discrimination prior to the pandemic within institutions among the White Irish population (n=406, 4.4%) were in

the context of education (19%), employment (31%), policing (18%) and seeking housing (18%).

## 2.3 Healthy and Affordable Food

### Key Findings

- The consumption of five or more portions of fruit and vegetables a day was the same for both White Irish and White British ethnic groups. Both grouped reported eating on average 3.5 of their '5-a-day'; 24% consumed five or more portions daily (NHS Digital, 2022c).
- White Irish women reported higher mean 5-a-day consumption (3.7) than White Irish men (3.3). This trend is typically seen across multiple ethnic groups (NHS Digital, 2022c).
- Levels of overweight and obesity were similar between White Irish and White British populations. In the HSE (2011 to 2019), 67% of White Irish men and 59% of White Irish women were overweight or obese. This is compared with 66% and 59% respectively among the White British population (NHS Digital, 2022c).
- Among the White Irish adults 41% had a waist circumference within the desired range (below 94cm in men and below 80cm in women) compared with 36% among White British adults (NHS Digital, 2022c).

### 2.3.1 Diet and Nutrition

#### 2.3.1.1 Fruit And Vegetable Consumption

The NHS '5 A Day' campaign recommends eating at least five fruit and vegetable portions every day (NHS, 2022). Since 2001 the HSE<sup>1</sup> has asked the question about fruit and vegetable consumption. Within England, a quarter of the White Irish and the White British populations ate five or more portions of fruit and vegetables a day (**Table 24**Table 24).

**Table 24:** Age standardised daily fruit and vegetable consumption by ethnic group: England, 2011 to 2018

Ethnic Group	Mean daily portions of fruit and vegetables	Five or more portions consumed daily (%)
White Irish	3.5	24
White British	3.5	24

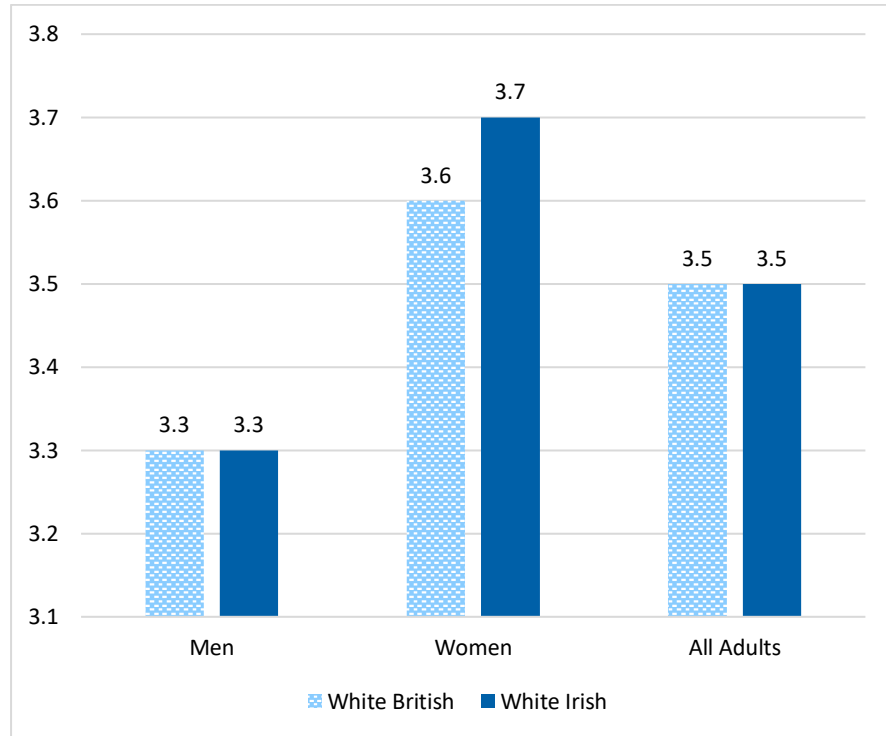
Source: NHS Digital, 2022c

In 2018, in England, the average consumption of portions of fruit and vegetables was 3.5 per day within White Irish and White British populations. When breaking down by gender,

**Figure 21** (see **Appendix 4.19**: Figure 21: Mean portions of fruit and vegetable daily consumption, by ethnic group and gender: England, 2011 to 2018) below shows that White Irish women consume more portions of fruit and vegetables daily (3.7) than White Irish men (3.3). This pattern is similar in White British men and women (NHS Digital, 2022c).

<sup>1</sup> The HSE is reliant on convenience samples and therefore some findings may be ungeneralisable.

**Figure 21:** Mean portions of fruit and vegetable daily consumption, by ethnic group and gender: England, 2011 to 2018



Source: NHS Digital, 2019

The lowest consumption of five or more portions of fruit and vegetables day was among White Irish, Black Caribbean (3.2), and White British men (NHS Digital, 2022c).

**2.3.1.2 Common Cuisine**

The Irish diet has traditionally been built around potatoes, grains (especially oats) and dairy products. Some traditional dishes include soda bread, boiled fruit cake, barm brack, Irish stew and carrageen jelly. There were many local dishes such as Coddle in Dublin and Drisheen in Cork (Irish in Britain, 2023g).

**2.3.2 Obesity**

**2.3.2.1 Body Mass Index**

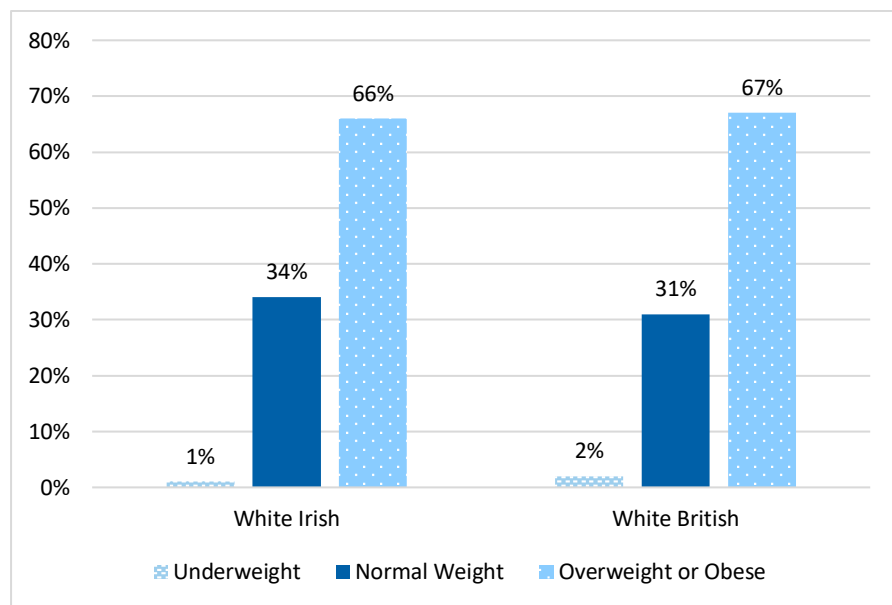
Body Mass Index (BMI) is a measure that uses weight (kg) divided by squared height (m<sup>2</sup>) to estimate an individual's weight status. A BMI of 25kg/m<sup>2</sup> or higher is considered overweight and over 30 kg/m<sup>2</sup> is considered obese (NHS Digital, 2019). In the HSE, from 2011 to 2019, 63% of White British and White Irish adults were classified as overweight (including obese). The corresponding mean BMI within the White Irish ethnic group was cited as 27.2 for men and 27.2 for women. This compares with 27.5 and 27.4 for the White British population respectively (NHS Digital, 2022c).

Tackling obesity is a major public health priority. Health Survey for England reported in 2021 that 26% of adults in England were obese. The obesity prevalence was lowest among adults living in the least deprived areas (20%) compared with in the most deprived areas (34%) (NHS Digital, 2022c).

Men are typically more likely to be overweight or obese than women. In England, from 2011 to 2019, between 69% and 69% of men were overweight or obese, compared with 59% of women. In the same period, 59% of White Irish women and 66% of White Irish men were classified as

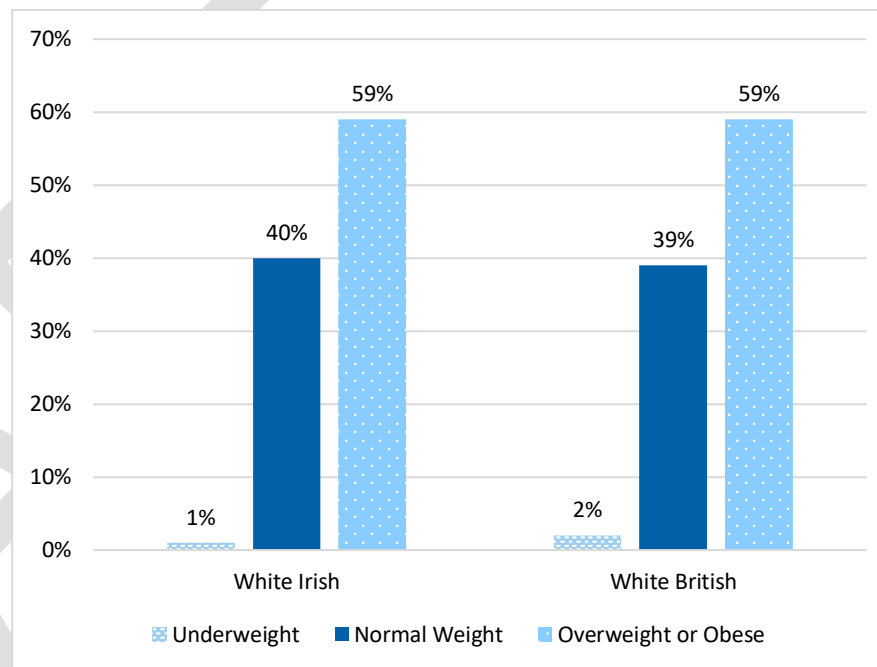
overweight or obese (Figure 22 and Figure 23, see Appendix 4.20: Figure 22: Weight category among men by ethnic group: England, 2011 to 2019 and Appendix 4.21: Figure 23: Weight category among women by ethnic group: England, 2011 to 2019 for data tables).

**Figure 22: Weight category among men by ethnic group: England, 2011 to 2019**



Source: NHS Digital, 2022c

**Figure 23: Weight category among women by ethnic group: England, 2011 to 2019**



Source: NHS Digital, 2022c

### 2.3.2.2 Waist Circumference

Waist circumference can be utilised as an indicator for several health conditions. Excess fat around the abdomen usually suggests that there is excess fat inside the organs, which can contribute to high blood pressure and diabetes (British Heart Foundation (BHF), nd).



The HSE reported that from 2011 to 2019, the mean waist circumference was 98cm for men and 89cm for women from the White British ethnic group. For the White Irish population, the mean waist circumferences were 97cm for men and 87cm for women (Table 25).

Within the HSE a ‘desirable waist circumference’ was listed as less than 94cm for men and less than 80cm for women. A ‘very high waist circumference’ was listed as more than 102cm for men and more than 88cm for women.

**Table 25:** Age standardised waist circumference among adults aged 16 and over by ethnicity: England, 2011 to 2019

Measurement	White Irish (%)	White British (%)
Very high waist circumference	36	42
High waist circumference	23	22
Desirable waist circumference	41	36

Source: NHS Digital, 2022c

A study explored generational differences in adult health-related lifestyles and socio-economic circumstances, and whether these differences might explain changing patterns of obesity in ethnic minorities in England (Smith, Kelly and Nazroo, 2012). After adjusting for socio-economic factors there was an increase in obesity risk among the second generation in all ethnic groups except the White Irish group.

### 2.3.3 Food Insecurity

The House of Commons Library define household food insecurity as whether a household can acquire an adequate quality or sufficient quantity of food in socially acceptable ways. Food insecurity has been exacerbated

by the cost-of-living crisis. In 2020 to 2021, 4.2 million people (6%) were in food poverty, including 9% of children. The cost of living crisis has increased household food insecurity i.e., people ate less or went a day without eating because they couldn’t access or afford food (Francis-Devine, Tyler and Danechi, 2023). Between June to July 2022, within a sample of 4,974 households in Great Britain, of the 91% of adults who reported an increase in their cost of living, 95% reported that their food bill had increased, while 44% reported that they had reduced spend on essentials, including food (Francis-Devine, Tyler and Danechi, 2023).

A poor diet can slow a child’s physical, mental, and emotional development. Adults have a greater chance of developing diabetes and mental health, and poor nutrition in pregnancy can lead to low birthweight and pre-term delivery, as well as intellectual development for her baby (Joseph Rowntree Foundation, 2022).

The Family Resources Survey found that food security is the most secure amongst White households with 93% of households being food secure and lowest in Black-ethnic households with only 81% being food secure. There currently is no data available on White Irish ethnicity and food insecurity in the Family Resources Survey (DWP, 2023).

## 2.4 Active at Every Age and Ability

### Key Findings

- According to the Active Lives Survey (2016 to 2018) the Irish population was more active (71%) than the White British population (63%). Consequently, rates of physical inactivity were lower amongst the Irish population (18%) compared with the White British population (25%) (Sport England, 2020).
- White Irish population reported variable levels of long-lasting Musculoskeletal (MSK) conditions; Versus Arthritis reported lower levels of MSK conditions among White Irish (15%) populations than White British (17%) (Versus Arthritis, 2023). Whereas, OHID data from 2022 showed higher levels of long-term MSK conditions among White Irish (21%) populations than White British (20%).
- According to the GPPS, 16% of Irish patients have struggled with their mobility in the last 12 months, higher than the White British adults surveyed (14%). Additionally, 21% of Irish patients experienced arthritis or ongoing problem with back or joints (Ipsos and NHS England, 2022).

### 2.4.1 Physical Activity

#### 2.4.1.1 Physical Activity Rates

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally (PHE, 2019a). There are many benefits of regular physical exercise which include reducing the risk of diabetes, obesity, heart disease, stroke, improving mental health and physical wellbeing, individual development as well as social and community development (NHS, 2021). For older adults physical activity increases functional capacity.

The UK Chief Medical Officers' physical activity guidelines suggest that adults should complete a minimum of 150 minutes of physical activity per week at moderate intensity or 75 minutes of physical activity per week at vigorous intensity (DHSC, 2019). Moderate activity is anything that raises the heart rate, such as brisk walking or cycling. Vigorous activity is high intensity exercise, such as running.

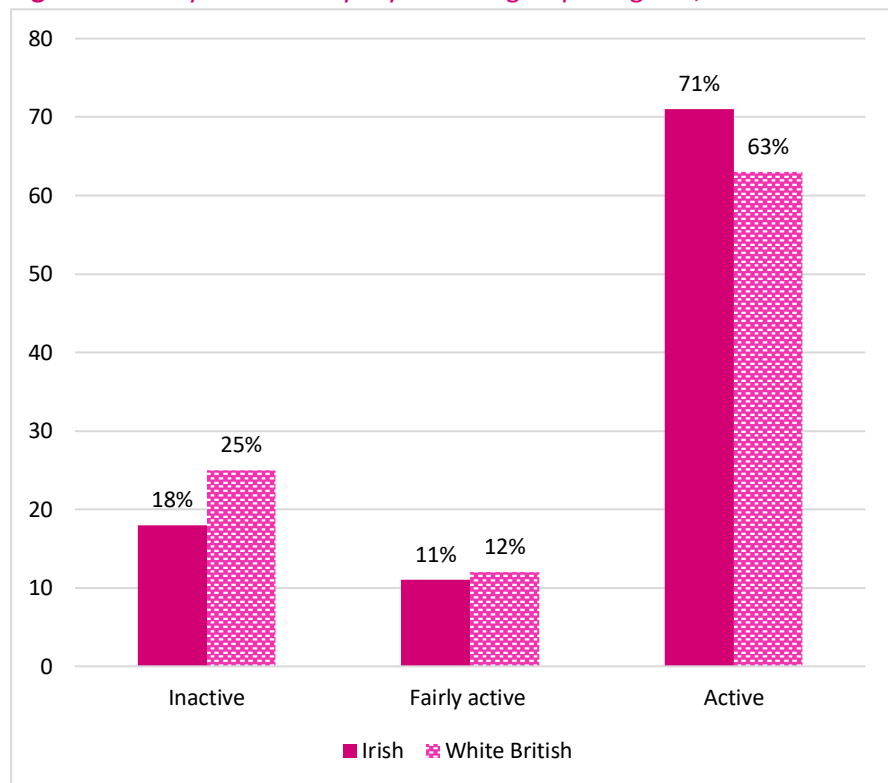
The Active Lives Survey 2020 to 2021 measured activity levels in England and provided analysis by ethnic group. Overall, the report noted that 61% of the general population was physically active (150+ minutes per week), and an additional 12% were fairly active (between 30 and 149 minutes per week). The White Irish ethnicity is predominantly included as a subgroup under 'White other', which also includes people from 'White Gypsy or Irish Traveller' and 'Any other White background' (Sport England, 2022)

The Irish population had higher levels of physical activity than the general population and the White British population: 71% were classified as active and 11% were fairly active. Only 18% of the Irish group were physically

inactive. This compares with 63% of the White British group who were active, and 25% who were inactive (

**Figure 24**, see **Appendix 4.22**: Figure 24: Physical activity by ethnic group: England, 2016 to 2018 for data table).

**Figure 24: Physical activity by ethnic group: England, 2016 to 2018**

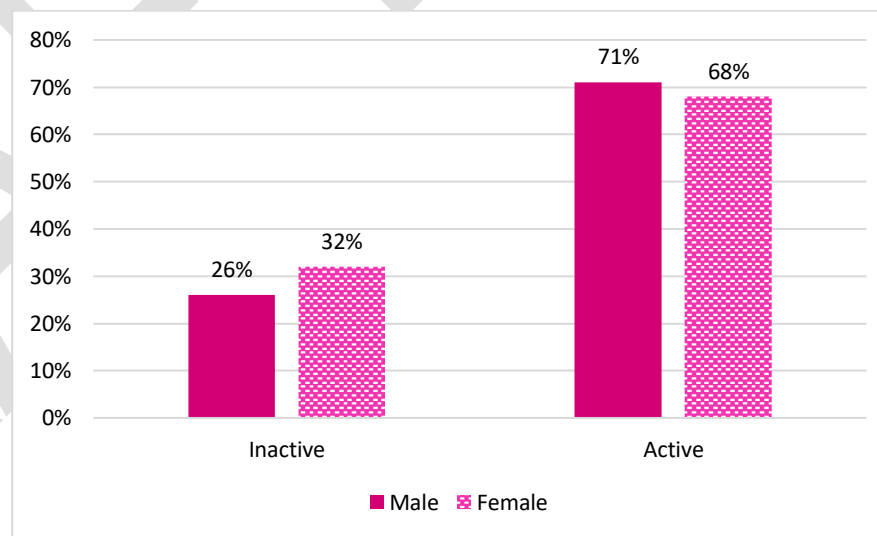


Source: Sport England, 2020

There were observed disparities in physical activity rates by sex within the Active Lives Survey, men more commonly reported being physically active

compared with women across ethnic groups. Within the ‘White Other’ ethnic group 71% of men and 68% of women were defined as being physically active (**Figure 25**, see **Appendix 4.23**: Figure 25: Physical activity among the ‘White Other’ ethnic group, by sex: England, 2021 to 2022 for data). This compares with 76% of White British men and 70% of White British women who were physical active.

**Figure 25: Physical activity among the ‘White Other’ ethnic group, by sex: England, 2021 to 2022**



*This figure should be interpreted with caution as it does not fully reflect the White Irish population.*

Source: Sport England, 2022

### 2.4.1.2 Barriers and Facilitators to Physical Activity

Physical inactivity remains a global health issue. The decline in physical activity in later adult life has been due to the lack of knowledge of the benefit of physical activity, lack of access to facilities for physical activity, lack of time and resources (Ige-Elegbede *et al.*, 2019). People with long-term health conditions may find it difficult to be active but they have the most to gain. There is no one size fits all approach when it comes to physical activity, which is why it is vital to understand peoples’ motivations and barriers to sport and physical activity. Economic and health inequalities amplify the impact of barriers to getting active such as confidence, knowing where to go, cost, lack of time and appropriate opportunity (Sport England, n.d.). People with a long-term health condition, and disabled people are twice as likely to be physically inactive than those without a disability or health condition (Sport England, n.d.).

#### Attitude or Motivation Towards Sport and Exercise

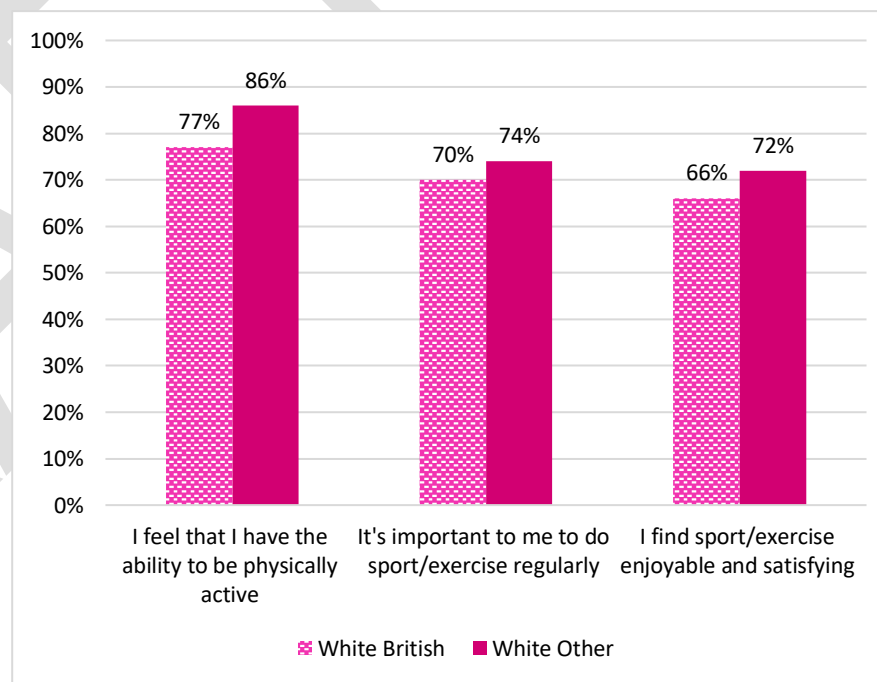
The Active Lives Survey investigated attitudes to physical activity using three questions looking at enjoyment, how important exercise is, and capability (

**Figure 26**, see **Appendix 4.24**: Figure 26: Perceptions regarding physical activity by ethnic group and ‘Agree or Strongly agree’ response categories: England, 2021 to 2022 for data table). The ‘White Other’ group (Including White Irish) responses to the questions were:

- I find sport/exercise enjoyable and satisfying: 41% agree 31% strongly agree.

- It's important to me to do sport/exercise regularly: 44% agree, 30% strongly agree.
- I feel that I have the ability to be physically active: 46% agree, 40% strongly agree.

**Figure 26:** Perceptions regarding physical activity by ethnic group and ‘Agree or Strongly agree’ response categories: England, 2021 to 2022



*This figure should be interpreted with caution as it does not fully reflect the White Irish population.*

Source: Sport England, 2022

### 2.4.1.3 Sport among the Irish population

Popular Irish sports include Gaelic football, hurling and camogie (DFA, 2013). There are over 80 GAA clubs that actively promote Irish sport and culture across Britain. The social and cultural life of Irish communities in Britain strengthens connections among Irish communities living abroad (Global Irish Department of Foreign Affairs, nd). Since 2003, the Department of Foreign Affairs and Trade have funded over €86 million to over 200 Irish community and voluntary organisations in Britain (DFA, 2014).

### 2.4.2 Mobility

Mobility can be impacted by various MSK conditions that affect the joints, bones, muscles and spine. Those with MSK conditions may experience pain, joint stiffness and limited mobility when participating in physical activity. In England, MSK conditions are the leading cause of pain and disability and lead to high sickness absence. By maintaining a healthy weight and increasing levels of physical activity, the risk of developing MSK conditions can be reduced (OHID, 2022).

Prevalence of long-term MSK conditions is available from a 2023 report by Versus Arthritis and OHID Fingertips. Between 11% and 17% of the England population reported a long-lasting MSK. The White Irish population reported variable levels of long-lasting MSK conditions; the Versus Arthritis report showed lower levels of MSK conditions among White Irish (15%) populations than White British (17%) (Versus Arthritis, 2023). Whereas, OHID data from 2022 showed higher levels of long-term MSK conditions among White Irish (21%) populations than White British (20%) (PHE,

2019b). It is therefore unclear what the true representation of long-term MSK conditions is among the White Irish populations.

Additionally, the prevalence of self-reporting at least 2 long-term conditions one of which was MSK related was higher among those who identified as White Gypsy or Irish Traveller (17%) or White Irish (15%) compared with the White British group (14%) (OHID, 2022).

The 2022 GPPS also assessed mobility more generally via the following question “over the last 12 months have you experienced problems with your physical mobility, for example, difficulty getting about your home?”. Among the respondents, 16% of Irish people said they experienced problems with physical mobility. This figure was higher than White British adults surveyed (14%) and the general population (13%) (Ipsos and NHS England, 2022). Similarly, 21% of Irish respondents experienced arthritis or ongoing problems with back or joints (Ipsos and NHS England, 2022).

## 2.5 Living, Working and Learning Well

### Key Findings

- In Birmingham, 28% of White Irish group had achieved a level 4 or above qualification, which was below the Birmingham average of 30% but above the White British group (27%). There was also a large percentage of the White Irish population who had no qualifications (34%) compared with the White British population (23%) and Birmingham average (24%) (ONS, 2023n).
- Economic activity among the White Irish population was low; 44% were economically active in Birmingham compared with 55% of the White British population and 56% of the Birmingham average (ONS, 2023n).
- The largest category for economic inactivity among the White Irish population in Birmingham was 'retired', with 41% of the population falling into this category; much higher than among the White British (24%) and Birmingham (16%) averages (ONS, 2023m).
- The White Irish population typically saw larger proportions of its population in 'Professional occupations' (27%) compared with the White British (20%) and Birmingham averages (21%) (ONS, 2023n).
- Among the White Irish population in Birmingham, the most common professions were teaching and other educational professionals (n=426), caring personal services (n=324), and nursing and midwifery professionals (n=275) (ONS, 2023n).

- In Birmingham, the White Irish population are equally as likely to live in the most deprived areas as the White British population: 34% of both the White Irish and White British populations in Birmingham live in the 10% most deprived MSOAs nationally (MHCLG, 2020c).
- In England, a higher proportion of the White Irish ethnic group lived in the 10% most deprived neighbourhoods by crime (11%), barriers to housing and services (13%) and living environment (12%), when compared with the White British ethnic group (9%, 8% and 9% respectively) (MHCLG, 2020).
- In Birmingham, the White Irish ethnic group had a high percentage of people who owned their home outright (42%) compared with the White British ethnic group (29%) and the Birmingham average (24%) (ONS, 2023q).
- There were low reported rates of overcrowding among White Irish households in Birmingham (3.9%) compared with the White British (7.3%) and the Birmingham average (19%) (ONS, 2023q).
- In Birmingham, 65% of White Irish population stated their health as "good or very good" compared with 76% of the White British population. Of the White Irish population, 13% reported their health as 'bad or very bad' which is much higher than the White British population (8%) in Birmingham (ONS, 2023q).
- The HSE provided a breakdown of hypertension by ethnic group, the White Irish ethnic group had similar levels of hypertension (29%) compared with the White British population (28%) (NHS Digital, 2022c).

- A 2016 study of CVD risk by ethnic group found significantly increased risk of CVD in the Irish (OR 2.0 and 95% CI 1.3 to 3.3) and White groups (OR 1.6 and 95% CI 1.4 to 1.9) compared with the total sample population (Baker, Mitchell and Pell, 2012b).
- A study reported the COPD risk was significantly higher for the White Irish group (OR 1.2 and CI 1.1 to 1.3) compared with the White British group (Gilkes *et al.*, 2017).
- According to the Health Survey for England (HSE), 37% of the White Irish population had a longstanding condition, compared with 42% of the White British population (NHS Digital, 2022c).
- In Birmingham, 10% of all persons were 'limited a little' and 10% were 'limited a lot' by disability. This increased and among the White Irish population, 14% were 'limited a little' and 16% were 'limited a lot' (ONS, 2023f).
- White Irish patients, who stayed in hospitals in England, November 2020, had an average satisfaction score of 80% and were the most satisfied out of all ethnic groups (77% average) (NHS Digital, 2023b).

## 2.5.1 Education, Qualification, Skills and Training

### 2.5.1.1 Not in Employment, Education or Training

Education and employment status has been shown to be a marker for future health outcomes. Being not in employment, education, or training (NEET) has been linked to poorer health status, due to the increased likelihood of unemployment, lower wages and/or lower quality of employment later in life (PHE, 2018).

There is currently no data on the number of White Irish people in England and Wales not in employment, education or training.

### 2.5.1.2 Higher and Further Education

The Department for Education collects data on what students do when they have completed their A levels or other 16 to 18 study in schools and colleges in England.

In July 2017, 81% of students finished their 16 to 18 study (including A levels) in England. Nearly half (47%) continued their education and 10% went into apprenticeships (DfE, 2021b). For those who identify as White Irish, 51% went into higher education compared with 42% for the White British group. This was reversed for apprenticeships where 11% of White British students went into apprenticeships compared with 7% among the White Irish students (DfE, 2021b).

### 2.5.1.3 Highest Level of Qualification

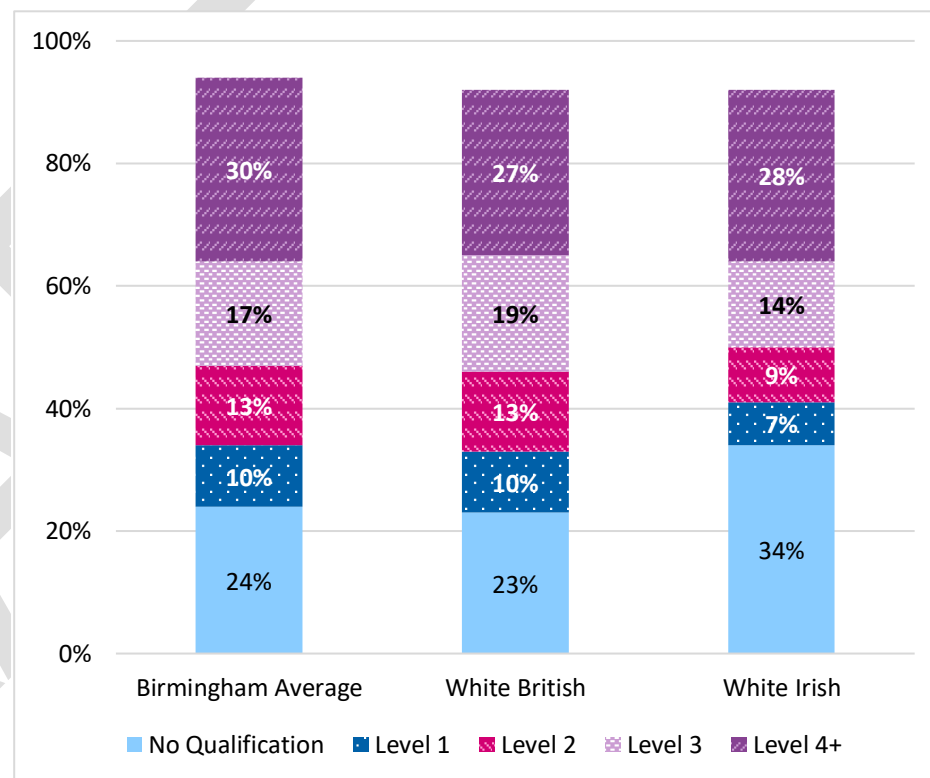
The 2021 census reported on the highest level of qualification obtained by ethnic group, at both a national and regional level. In England and Wales,



there were over 16 million people aged over 16 in 2021, approximately 34% with a level 4 or above qualification, which equates to a university degree or higher level BTEC qualification. 43% of White Irish pupils had achieved a level 4 qualification, which is above both the England and Wales average (34%) and the White British population (31%). However, 20% of White Irish pupils did not have any qualifications, which was above the national average of 18%. Among the White Irish population, 6% had obtained an apprenticeship, which was above the national average of 5%; and 3% of White Irish had other qualifications such as vocational or work-related qualifications, which was the same as the national average (ONS, 2023n).

In Birmingham, among the White Irish group, 28% had achieved a level 4 or above qualification, which was below the Birmingham average of 30% but was slightly above the White British group (27%). There was also a large percentage of the White Irish population who had no qualifications (34%) compared with the White British population (23%) and Birmingham average (24%) (Figure 27, see Appendix 4.25: Figure 27: Highest level of qualification by ethnic group: Birmingham, 2021 for data table) (ONS, 2023q).

Figure 27: Highest level of qualification by ethnic group: Birmingham, 2021



Source: ONS, 2023q<sup>2</sup>

Note: the figure does not show regional attainment for apprenticeships or 'other' qualifications

<sup>2</sup> Level 2 qualifications are GCSE (grades 4 to 9) equivalent qualifications, level 3 qualifications are A-level equivalent qualifications

## 2.5.2 Employment and Economic Activity

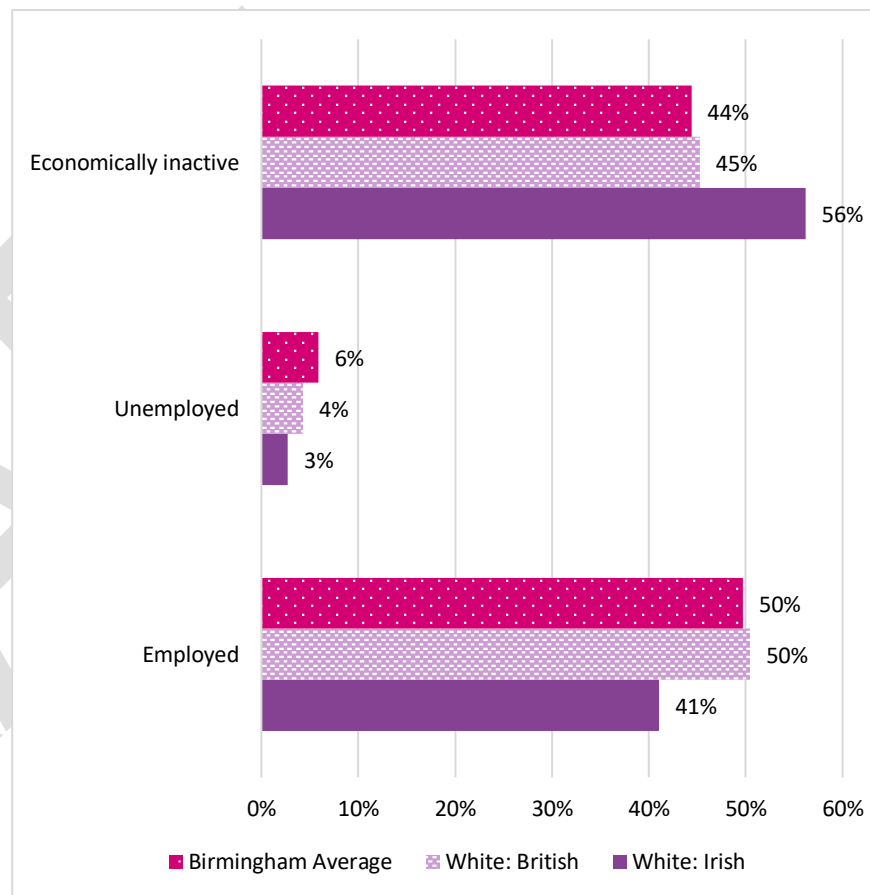
### 2.5.2.1 Employment

### 2.5.2.2 Economically Active

According to the 2021 Census, the total population of England and Wales was 59.5 million. Approximately 37.5 million people (63%) are of 'working age', between the age of 16 to 64 (ONS, 2023p). Among the White British population, 61% were of working age. Whereas 62% (n= 42,165) of White Irish people were of working age - aged 16 to 64 (ONS, 2021).

Adults aged 16 and over are defined a 'economically active' if they are in employment or are unemployed but looking for work or are available to start work within the next two weeks. Economic activity among the White Irish population was low; 44% were economically active in Birmingham compared with 55% of the White British population and 56% of the Birmingham average (Figure 28, see Appendix 4.26: Figure 28: Economic activity status by ethnic group: Birmingham, 2021 for data table).

Figure 28: Economic activity status by ethnic group: Birmingham, 2021



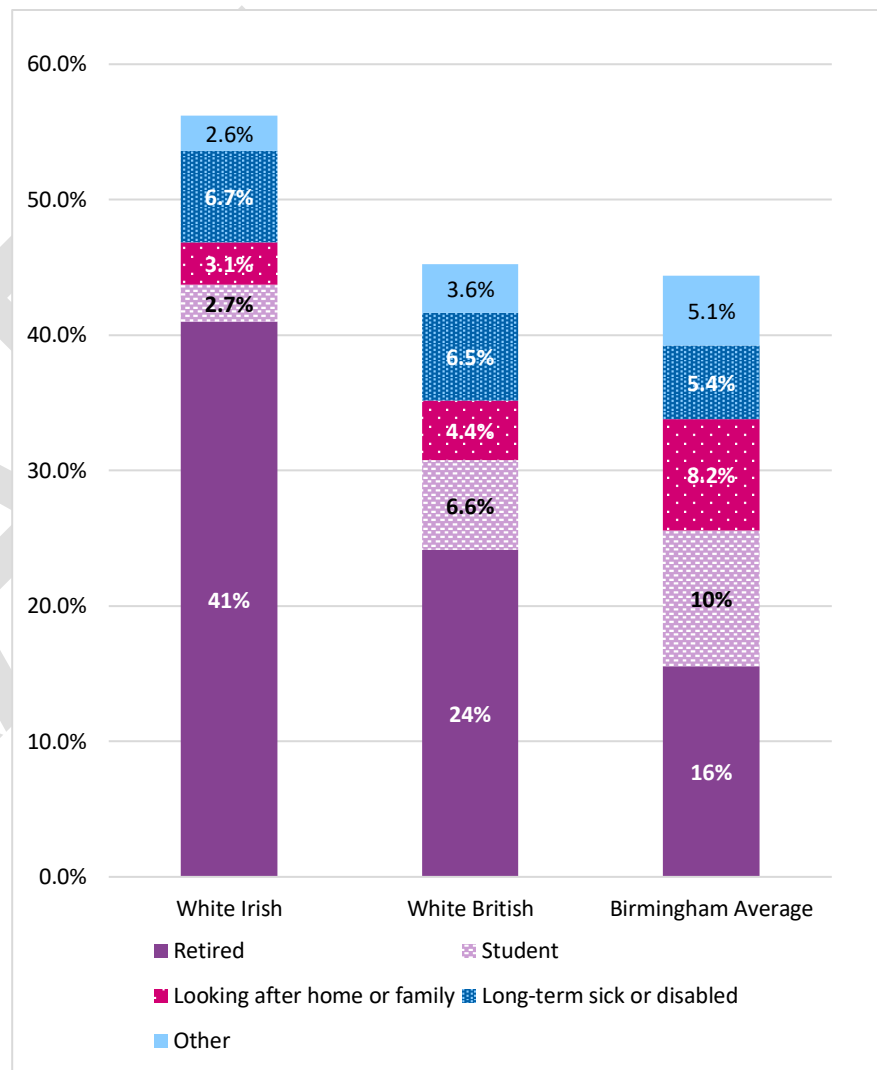
Source: ONS, 2023q

### 2.5.2.3 Economically Inactive

An economically inactive person is defined in the Labour Force Survey (LFS) as “people aged 16 and over without a job who have not sought work in the last four weeks or are not available to start work in the next two weeks”. Typically, the main economically inactive groups are students, people looking after family and home, those who are sick and disabled (both long-term and temporary) and retired people (ONS, 2020a).

The 2021 census provided a detailed breakdown on economic inactivity category by ethnic group. Overall, rates of inactivity reported for the White Irish group was 56%, higher than for both the White British population (45%) and the Birmingham average (44%). The largest category for economic inactivity among the White Irish population was ‘retired’, with 41% of the population falling into this category (Figure 29, see Appendix 4.27: Figure 29: Economic Inactivity by Ethnicity, Birmingham, 2021 for data table). Being retired was much more common among the White Irish population compared with the White British (24%) and Birmingham (16%) averages. This may be partially attributed to the older age demographics of the White Irish population (see section 2.7.1.1).

Figure 29: Economic Inactivity by Ethnicity, Birmingham, 2021



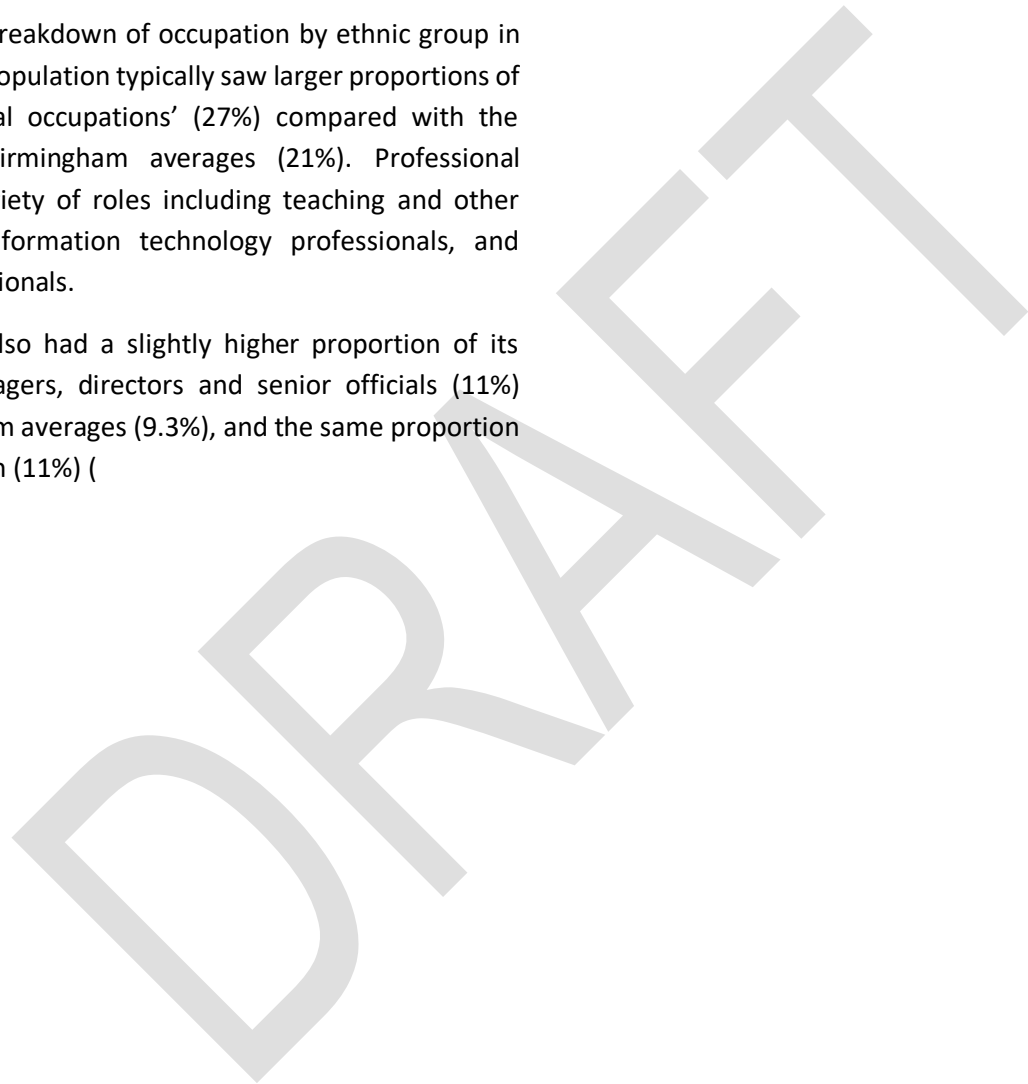
Source: ONS, 2023q

#### 2.5.2.4 Occupation

The 2021 census provided a breakdown of occupation by ethnic group in Birmingham. The White Irish population typically saw larger proportions of its population in 'Professional occupations' (27%) compared with the White British (20%) and Birmingham averages (21%). Professional occupations encompass a variety of roles including teaching and other educational professionals, information technology professionals, and nursing and midwifery professionals.

The White Irish population also had a slightly higher proportion of its population working as 'Managers, directors and senior officials (11%) compared with the Birmingham averages (9.3%), and the same proportion as the White British population (11%) (

Table 26).



**Table 26: Current Occupation by Ethnicity, Birmingham, 2021**

Occupation	White Irish (%)	White British (%)	Birmingham (%)
Managers, directors and senior officials	11	11	9.3
Professional occupations	27	21	21
Associate professionals and technical occupations	12	13	11
Administrative and secretarial occupations	10	10	9.3
Skilled trades occupations	9.6	10	8.3
Caring, leisure and other service occupations	8.7	9.8	10
Sales and customer service occupations	4.8	7.6	8.2
Process, plant and machine operatives	6.8	6.9	8.7
Elementary	9.8	11	13

Source: ONS, 2023q

Additionally, the census provided detailed breakdowns of specific occupation by ethnic group in Birmingham. Among the White Irish population, the most common occupations (105 category dataset) included: teaching and other educational professionals (6%, n=426), caring personal services (5%, n=324), nursing and midwifery professionals (4%, n=275), construction and building trades (3%, n=224) and production managers and directors (3%, n=179) (ONS, 2023m).

This differs from the most common occupations across Birmingham, which included: caring personal services (6%), sales assistants and retail cashiers (5%), road transport drivers (5%), teaching and other educational professionals (4%) and elementary storage occupations (3%).

### 2.5.3 Deprivation

#### 2.5.3.1 Index of Multiple Deprivation

The IMD is the official measure of relative deprivation in England and is calculated using outputs from the Indices of Deprivation (IoD) domains. There are seven distinct domains of deprivation, including income, employment, crime, barriers to housing and services and living environment. An IMD decile output of 1 demonstrates a neighbourhood which is in the 10% most deprived in the country (MHCLG, 2019).

In Birmingham, the White Irish population are equally as likely to live in the most deprived areas as the White British population: 34% of both the White Irish and White British populations in Birmingham live in the 10% most deprived MSOAs nationally. However, slightly more White Irish people proportionally live in the top 10 most deprived MSOAs in the city (8.5%) compared with the White British population (5.4%). There was large variation in the experiences of deprivation based on MSOA within the White Irish population (

Table 27).

**Table 27:** Deprivation among the White Irish population by MSOA: Birmingham, 2019

MSOA	Total Population	White Irish (n)	IMD Rank	IMD Decile
Yardley Wood East	8,055	384	3,629	6
Acocks Green East	12,024	378	1,340	2
Birches Green & Bromford East	N/A*	357	N/A*	N/A*
Hall Green Central	6,944	296	3,037	5
Chester Road	9,850	294	2,438	4
Kings Heath	7,932	290	2,483	4
Wake Green & Moseley Bog	8,063	283	2,318	4
Sheldon South	9,869	258	1,943	3
Gravelly Hill & South Erdington	13,722	254	196	1
New Oscott	9,043	250	4,672	7

*\*Due to MSOA renaming from 2019 to 2021 data cannot be overlapped from 2021 census and IMD 2019*

*Note: IMD rank is comprised of all MSOAs in England, with 1 being the most deprived neighbourhood in England*

Source: MHCLG, 2019

It is also important to note that while some MSOAs are more deprived than others, some people can live in the most deprived areas and not be deprived themselves, while some can experience deprivation despite living in the least deprived areas.

All populations in Birmingham are more likely to live in a deprived neighbourhood than the England average. However, at a national level the White Irish population less commonly lived in areas of high deprivation; 8.1% of the White Irish ethnic group in England lived in the most deprived 10% of neighbourhoods, compared with 9.1% of White British people. Deprivation by area can also be expanded upon by type of deprivation experienced (Table 28). A higher proportion of the White Irish ethnic group lived in the 10% most deprived neighbourhoods by crime (11%), barriers to housing and services (13%) and living environment (12%), when compared with the White British ethnic group (9%, 8% and 9% respectively) (MHCLG, 2020).

**Table 28:** Percentage of people living in the most deprived 10% of neighbourhoods, by type of deprivation and ethnicity, England, 2019

Deprivation Measure	White Irish (%)	White British (%)	England Average (%)
Education, training and skills	6	10	10
Health and disability	8	10	10
Crime	11	9	10
Barriers to housing and services	13	8	11
Living Environment	12	9	10

Source: MHCLG, 2020

Additionally, on a local level, similar dimensions can be investigated (Table 29). The White Irish population in Birmingham experienced relative high levels of deprivation by employment (30%) and health and disability (42%)

compared with the White British population (21% and 40% respectively) (ONS, 2023q).

**Table 29:** Dimensions of Household Deprivation by Ethnic Group, Birmingham, Census 2021

Household Deprivation	White Irish (%)	White British (%)
Education Dimension	30	21
Employment Dimension	15	17
Health and Disability Dimension	42	40
Housing Dimension	7	11

Source: ONS, 2023q

### 2.5.3.2 State Support

Data from the Family Resource Survey from 2019 to 2021 showed, on average, 51% of families received some type of state support (DWP, 2023).

The White Irish ethnic group has been included in the White population group, therefore, there is currently no data available on how much state support is received by the White Irish community.



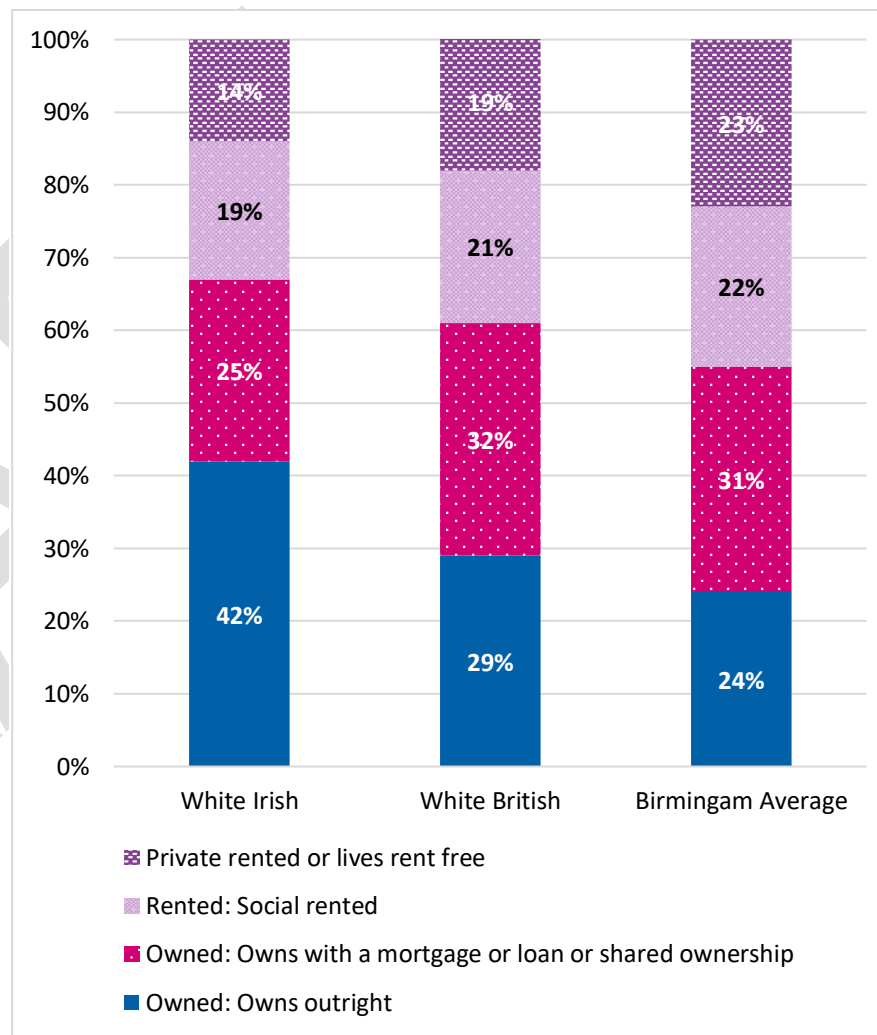
## 2.5.4 Housing

### 2.5.4.1 Tenure

Housing tenure refers to the ownership structure under which people live in their accommodation. The 2021 census provided insight into tenure by ethnic group, however, it is important to note that this did not include White Irish residents in communal establishments, such as university halls of residence or care homes.

2021 census data reported that the White Irish ethnic group had a high percentage of people who owned their home outright (42%) compared with the White British ethnic group (29%) and the Birmingham average (24%). As a result, the White Irish ethnic group had a smaller proportion of their population living in private rented or rent free homes (14%), social rented homes (19%) or homes with a mortgage (25%), as seen in **Figure 30** (see **Appendix 4.28**: Figure 30: Household tenure by ethnicity: Birmingham, 2021 for data table).

**Figure 30:** Household tenure by ethnicity: Birmingham, 2021



Source: ONS, 2023q

From 2015 to 2017, 7% of homeowners in England had financial help from family members to buy their current home; this was similar among both White Irish households (8%) and White British households (7%) (Department for Levelling Up, Housing and Communities (DLUHC), 2020).

In England, from 2016 to 2018 an estimated 20% of households rented their home from a private landlord (around 4.6 million households). Of the White Irish people, 21% rented their home privately compared with 16% of White British households.

#### 2.5.4.2 Overcrowding

Overcrowding refers to having more people in a household than the recommended number of bedrooms (ONS, 2023c). An occupancy rating of -1 or less is an indication that a household is overcrowded. According to the 2021 census, 3.9% of the White Irish population in Birmingham live in overcrowded housing, which is less than the White British population (7.3%), and the Birmingham average (19%).

### 2.5.5 Crime and the Justice System

#### 2.5.5.1 Arrests and Stop and Searches

In the year up to March 2021 there were 646,292 arrests in England and Wales, a rate of 12 arrests per 1,000 people. The rate of arrests among the White Irish population was below the national average with 10 arrests for every 1,000 people and above the rate among the White British population with 8 arrests for every 1,000 people (Home Office, 2022a). Data is also available by a gender breakdown; the rate for White Irish females was 3 per 1000 and males 18 per 1,000.

In England and Wales between April 2020 and March 2021 there were 697,405 stop and searches, a rate of 12.4 per 1,000 people. There were 4,442 stop and searches conducted on White Irish people, which equates to 8.4 stop and searches for every 1,000 people. This was below the national average of 12.4 per 1000 population but was higher when compared with the White British people (n= 299,748) a rate of 6.6 for every 1,000 (Home Office, 2022b).

#### 2.5.5.2 Victims of Crime

The Crime Survey for England and Wales reported in the year ending March 2020, 13% of people aged 16 and over said they were a victim of a least one crime in the last year. For White Irish people, 12% (n=258) were victims of crime between 2019 to 2020. For the White British people 13% (n=27,633) were victims of crime (ONS, 2021h). Refer to section 2.2.6. for information on Hate Crimes and Discrimination.

### 2.5.6 Physical Health

#### 2.5.6.1 General Health

The Census 2021 survey asked people to rate their health from “very good”, “good”, “fair”, “bad”, or “very bad”. Across England and Wales, nearly half (48%) of people said they had “very good” health and 1.2% said they had “very bad” health. For the White Irish population, 41% reported very good health, 5.7% reported “bad”, 2% reported “very bad” (ONS, 2023m). This could be related to the White Irish community being older, with an average age of 54 years, compared with 40 years for the rest of the population. When responses for bad/very bad were analysed within the White Irish and White British populations, similar outputs were observed.

The HSE also recorded self-assessed general health by ethnic group and showed similar results (Table 30).

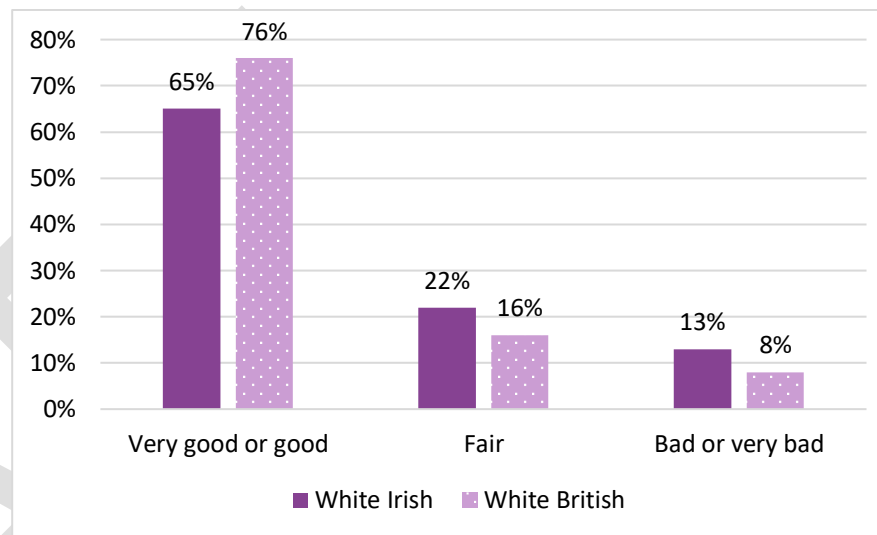
**Table 30:** Age-standardised self-assessed general health among adults aged 16 and over by ethnicity and gender: England, 2011 to 2019

Self-Assessed General Health	Good /very good (%)	Fair (%)	Bad/very bad (%)
White British Men	76	17	7
White British Women	74	18	8
White British All	75	17	7
White Irish Men	73	19	7
White Irish Women	75	18	8
<b>White Irish All</b>	<b>74</b>	<b>19</b>	<b>7</b>

Source: NHS Digital, 2022c

In Birmingham, 65% of White Irish population stated their health as “good or very good” compared with 76% of the White British population. Of the White Irish population, 13% reported their health as ‘bad or very bad’ which is much higher than the White British population (8%) in Birmingham, as shown in Figure 31 (see Appendix 4.29: Figure 31: Self-assessed general health by ethnicity: Birmingham, 2021 for data table).

**Figure 31:** Self-assessed general health by ethnicity: Birmingham, 2021



Source: ONS, 2023q

### 2.5.6.2 Diabetes

Diabetes refers to the condition where blood glucose levels are too high and can be caused by the body not producing insulin (type 1) or producing insufficient or ineffective insulin (type 2). There are two types of diabetes: Type 1, in which the body’s immune system attacks insulin-producing cells, and Type 2, where the body does not produce enough insulin (Diabetes UK, n.d.). Diabetes UK suggest that more than 4.9 million adults in the UK in 2021 were living with diabetes; 850,000 of whom were undiagnosed. Type 2 diabetes contributes to around 90% of all cases of diabetes. In Birmingham (2017 and 2018) diabetes prevalence was 8.6%, compared with 6.8% across the UK.

The prevalence of type 2 diabetes is higher in South Asian, African Caribbean or Black Asian ethnic groups (BHF, 2021). The prevalence of diabetes varies between 2% and 15% among adults in different ethnic groups (NHS Digital, 2022c). The prevalence of being diagnosed with diabetes is slightly higher for White Irish group (7%) when compared with the White British group (6%).

There was a slightly higher percentage of White Irish women (34%) with increased risk of diabetes compared with White British women (32%), but overall, there was no difference between White British and White Irish population risk for increased or high risk of diabetes (63%) for both populations (NHS Digital, 2022c).

**Table 31: Diabetes risk by ethnicity and gender, England 2021**

Diabetes Risk	Increased risk (%)	High risk (%)
White British Men	41	27
White British Women	32	28
White British All	36	27
White Irish Men	41	24
White Irish Women	34	25
White Irish All	38	25

Source: NHS Digital, 2022c

### 2.5.6.3 Hypertension

Hypertension, also known as high or raised blood pressure, significantly increases the risk of heart, brain, kidney and other diseases. It is estimated that 46% of adults with hypertension are unaware of their condition. Hypertension can be affected by diet, physical activity, smoking, alcohol consumption and weight (WHO, 2023b).

Blood pressure readings are composed of two numbers, the systolic pressure (top number) and the diastolic pressure (bottom number). Hypertension is defined as a blood pressure more than or equal to 140/90 mmHg (or receiving antihypertensive drug treatment). Improving hypertension control, including among those at increased risk (more than 120 mmHg systolic blood pressure), is key to reducing deaths. It is estimated that 12% of the Birmingham is on the hypertension register, which compares to 13.9% across the UK (NHS Digital, 2022c).

The HSE provided a breakdown of hypertension by ethnic group, the White Irish ethnic group had similar levels of hypertension (29%) compared with the White British population (28%) (Table 32). The prevalence of hypertension among different ethnic groups varied between 8% and 39% (NHS Digital, 2022c). The GPPS also reported that 20% of White Irish people had high blood pressure (Ipsos and NHS England, 2022).

**Table 32:** Age standardised prevalence of hypertension in adults aged 16 or older by ethnic group: England, 2011 to 2019

Hypertension	White Irish (%)	White British (%)
Normotensive untreated	71	72
Hypertensive controlled	10	10
Hypertensive uncontrolled	5	6
Hypertensive untreated	14	13
All with hypertension	29	28

Source: NHS Digital, 2022c

The organisation 'Irish in Britain' recognise that blood pressure is a concern for the Irish community and have rolled out a national Green Hearts screening campaign to raise awareness of hypertension. Over 300 people were screened at Green Hearts blood pressure awareness events across Britain (Irish in Britain, 2023a).

**Table 32**

#### 2.5.6.4 Cardiovascular Disease

CVD is one of the leading causes of death nationally, causing 24% of all deaths within the general population in England and Wales in 2019. CVD is the collective term for diseases affecting the circulatory system, such as the heart, arteries, and blood vessels. Diabetes increases the risk of CVD almost two-fold (The King's Fund, 2021).

Baker, Mitchell and Pell (2012b) studied adults aged 40 to 74 (n=15,605) across 6 ethnic groups and found that factors, such as socioeconomic grouping significantly increased the risk of CVD in the Irish (OR 2.0 and 95% CI 1.3 to 3.3) and White groups (OR 1.6 and 95% CI 1.4 to 1.9) compared with the total sample population.

The GPPS found that 1% of Irish people surveyed have stroke and 8% had heart conditions such as angina or atrial fibrillation (Ipsos and NHS England, 2022). The Irish community also experienced high mortality in coronary heart disease (CHD), stroke and hypertension (Wood *et al.*, 2012).

Ethnic minority groups are particularly at risk of cardiovascular multimorbidity, which may be exacerbated by poorer management of cardiometabolic risk factors. A study by Fat *et al.*, (2022) investigated ethnic difference in the cardiometabolic risk factors amongst young adults living in North West of England (n=238) aged 18 to 24. They found that ethnic inequalities in multimorbidity are independent of socioeconomic factors. They reported 20% of all adults had general multimorbidity which was higher among the White Irish (24%) and Caribbean adults (25%). The study found that ethnic inequalities in multimorbidity are independent of socioeconomic factors (Fat *et al.*, 2022).

### 2.5.6.5 Chronic Obstructive Pulmonary Disease

COPD refers to a range of conditions affecting the lungs including emphysema and chronic bronchitis; COPD accounts for approximately 30,000 deaths annually (British Lung Foundation, 2022). COPD is the third leading cause of death worldwide, causing 3.23 million deaths in 2019 (WHO, 2023a).

A study in 2017 examined the smoking history and COPD diagnosis (n = 1,000,388; 13,703 people were diagnosed with COPD) among ethnic groups in London. Ethnicity was recorded for 89% of the population and 96% of COPD patients (Gilkes *et al.*, 2017). The White Irish population on average smoked 11 cigarettes per day (CPD), the same amount of CPD were smoked by the White British and 9.6 CPD smoked among Other White ethnic groups. Women smoked fewer CPD than men in all ethnic groups. The study found the COPD risk was significantly higher for the White Irish group (OR 1.2 CI 1.1 to 1.3) and significantly lower for all other ethnic groups compared with the White British group (Gilkes *et al.*, 2017). For more information refer to section 2.2.4 on smoking.

Additionally, in the 2022 GPPS, 14% Irish surveyed reported having asthma or COPD (Ipsos and NHS England, 2022).

### 2.5.7 Living With a Physical Disability

#### 2.5.7.1 Limiting and Longstanding Conditions

According to the HSE, 37% of the White Irish population had a longstanding condition, compared with 42% of the White British population (NHS Digital, 2022c).

**Table 33**

Table 33 shows longstanding conditions by ethnicity.

**Table 33:** Age standardised prevalence of longstanding and limiting longstanding conditions among adults aged 16 and older, by ethnic group: England, 2012 to 2018

Condition	White Irish (%)	White British (%)
Any longstanding condition	37	42
One longstanding condition	19	23
Two or more longstanding conditions	18	20
Any limiting longstanding conditions	20	25

Source: NHS Digital, 2022c

The most common longstanding illness in White Irish adults was musculoskeletal system (15%), followed by heart and circulatory system (10%) as shown in

Table 34.

Table 34: Prevalence of the most commonly reported longstanding illness Health Survey England 2012 to 2018. Adults aged 16 and over

Longstanding Conditions	White British (%)	White Irish (%)
Musculoskeletal system	17	15
Heart & circulatory system	11	10
Diabetes, other endocrine & metabolic	8	9
Respiratory system	8	7
Mental behavioural & neurodevelopmental disorders	8	6

Source: (NHS Digital, 2022c)

By type of longstanding condition, people of White British ethnicity had a higher percentage than people of White Irish ethnicity except diabetes and ‘other endocrine & metabolic conditions’. The GPPS also found 15% of Irish self-reported having another long-term condition or disability (Ipsos and NHS England, 2022).

### 2.5.7.2 Disability

Disability was self-reported in the 2021 census. People are considered disabled if they reported being limited “a little” or “a lot” in their day-to-day activities by a long-term-health condition. This also aligns with the Equality Act (2010) definition. In 2021, there were 10.4 million people (18%) who were disabled in England and Wales. (ONS, 2023f).

Overall, in England and Wales, 8% of people felt ‘limited a lot’ and 10% ‘limited a little’. Among the White Irish ethnic group 11% reported being ‘limited a lot’ and 12% were limited ‘a little’. Disability among all groups

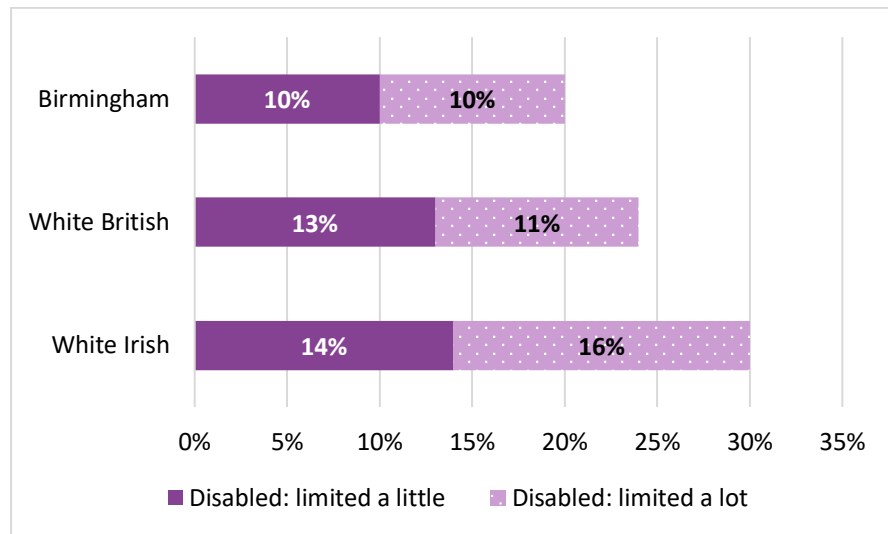


was higher at a regional level. In Birmingham, 10% of all persons were 'limited a little' and 10% were 'limited a lot' by disability. This increased and among the White Irish population, 14% were 'limited a little' and 16% were 'limited a lot' (

**Figure 32**, see **Appendix 4.30**: Figure 32: Self-reported limiting disability by ethnic group: Birmingham, 2021 for data table) (ONS, 2023f).

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**Figure 32:** Self-reported limiting disability by ethnic group: Birmingham, 2021



Source: ONS, 2023f

There were also some gendered differences in self-reported disability: 18% of White Irish women reported a disability that limited their day to day activities ‘a lot’, compared with 14% of White Irish men. This was higher than for both sexes in the White British population: 11% of White British women and 10% of White British men were disabled and limited ‘a lot’ (Table 35).

**Table 35:** Self-reported limiting disability by ethnic group and sex: Birmingham, 2021

Ethnic Group and Sex	Disabled, limited a little (%)	Disabled, limited a lot (%)
White Irish Men	13	14
White Irish Women	15	18
<b>All Adults (White Irish)</b>	<b>14</b>	<b>16</b>
White British Men	12	10
White British Women	14	11
<b>All Adults (White British)</b>	<b>13</b>	<b>11</b>

Source: ONS, 2023q

### 2.5.7.3 Sight Loss, Deafness and Hearing Loss

The GPPS found 2% of Irish people surveyed reported self-assessed blindness or partial sight. This was slightly higher than the general population (1%). The White British sample surveyed was also 1% (Ipsos and NHS England, 2022). Irish people surveyed reported deafness and hearing loss of 8% (Ipsos and NHS England, 2022).

### 2.5.8 Neurodivergence

Neurodiversity covers a range of neurodevelopmental conditions (e.g., Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder,

Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia). It is estimated 15% of the UK's population is neurodivergent (Thomas, 2022).

The GPPS reported among the Irish people surveyed that 1% reported self-assessed learning disability and 1% reported autism or autism spectrum condition (Ipsos and NHS England, 2022).

From 2020 to 2021 there were 3,772 White Irish people per 100,000 using NHS mental health, learning disability and autism services. This is below the national average of 4,063 people per 100,000 and 4,041 White British people per 100,000 (NHS Digital, 2022i).

### 2.5.9 Quality of Life

The Annual Population Survey (APS) on Wellbeing from 2017 to 2018, provides insight into life satisfaction by ethnicity. In 2018, the average life satisfaction score for people in the UK was 7.7 out of 10 in England. The Irish are included in the White category which includes English, Welsh, Scottish, Northern Irish, British, Gypsy or Irish Traveller, and Any other White background (ONS, 2020c). The White category had similar average scores to the UK average, but this is not specific to the Irish community in England.

The APS also asked the question on how worthwhile they felt the things they did in life were (ONS, 2020c). Between 2012 and 2018, the percentage of people in the UK with 'very high' life satisfaction increased from 26% to 31%. However, there is no data available specifically for the Irish population as it has been included in the White category (ONS, 2020c). For the White group 31% had 'very high satisfaction' with their lives, 52% had 'high satisfaction', 13% 'medium satisfaction' and 4.3% had 'low

satisfaction'. These results are not specific for the Irish population in the UK.

### 2.5.10 Access to Health and Social Care Services

#### 2.5.10.1 Experience of GP practice

England GPPS 2022 data, which includes people aged 16 and above, shows 73% of White Irish patients reported a positive experience of making a GP appointment, compared with 70% of the White British population (Ipsos and NHS England, 2022). This has fallen slightly since 2017 to 2018, where 88% of Irish patients within England GPPS data reported a positive experience of GP services (NHS Digital, 2022g). Overall, 69% of people surveyed reported a positive GP experience (NHS Digital, 2022h).

In 2014 to 2015, 71% of White Irish patients reported a positive experience of GP out-of-hours services compared with 70% of White British people. (NHS England, 2020).

#### 2.5.10.2 Patient satisfaction score for hospital care

White Irish patients, who stayed in hospitals in England, November 2020, had an average satisfaction score of 80% and were the most satisfied out of all ethnic groups (NHS Digital, 2023b). The overall national satisfaction score for hospital patients was 77% out of 100. (NHS Digital, 2023b).

## 2.6 Protect and Detect

### Key Findings

- In a London based study from 2006 to 2009, White Irish women (aged 50 to 52) were less likely (OR 0.73, 95% CI 0.67 to 0.79) to attend first screening for breast cancer compared with White British women of the same age (Jack *et al.*, 2014).
- The study also found that White Irish women aged 50 to 69 in London were less likely (OR 0.78, 95% CI 0.74 to 0.81) than White British women of the same age to attend a routine recall screening appointment (Jack *et al.*, 2014).
- Compared with the White British sample, the White Irish group had higher rates of non-attendance to colorectal cancer screening (OR 1.5, 95% CI 1.0 to 2.4) Scanella *et al.*, 2019).
- In June 2022, the gap between Irish COVID-19 vaccine uptake and the British vaccine uptake of 92% was 6% (Irish in Britain, 2022).
- In 2022, the White Irish population had higher rates (888.4 per 100,000) of overall new STI diagnoses compared with White British populations (492.2 per 100,000). The White Irish population had comparatively high rates of chlamydia, gonorrhoea and genital warts (UKHSA, 2023).
- A study by Davidson *et al.* (2021), in their crude model, found no statistical difference ( $p > 0.05$ ) of the incidence of influenza between White Irish and White British people (IRR = 1.04, 95% CI 0.96 to 1.13).

- From 2020 to 2021, 87% of White British and 87% White Irish patients reported a positive experience of NHS dental services in the same time period; higher than the national average 85%. Approximately 95% of the White Irish population had successfully booked an NHS dental appointment from 2017 to 2018 (NHS Digital, 2022a).

### 2.6.1 Cancer Screening

Cancer is one of the major causes of death in the UK, with more than 1 in 4 deaths in the UK being attributed to cancer in 2019 (Cancer Research UK, 2015). Diagnosis at an early stage of cancer development can improve survival chances and health interventions, such as screening programmes, are an important part of efforts to reduce cancer mortality (PHE, 2021a).

There are three national cancer screening programmes in England: cervical screening, breast screening and bowel screening (NHS England, 2023).

The rise in cancer mortality is a growing concern among the Irish population in England and Wales (Tilki, 2015a). Tilki (2015b) discusses possible explanations for the high incidence of cancer amongst Irish populations living in the UK. Possible explanations highlighted in the report include a delay in seeking help related to a fear of cancer, a higher proportion of Irish people living in areas of deprivation and insensitivity, or racism experienced by Irish people within the NHS, particularly those who are older or marginalised (Scanlon *et al.*, 2006; Tilki *et al.*, 2010; The Kings Fund, 2011). It is however important to highlight that some of these conclusions are from studies before 2010 and thus may be outdated.

### 2.6.1.1 Cervical Cancer

Cervical screening helps identify pre-cancerous cell changes in the cervix. These changes can be treated, preventing cancer from developing. Cervical screening is believed to save up to 5,000 lives a year in the UK (Marlow, Wardle and Waller, 2015). Cervical screening is offered to all women and people with a cervix every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64.

Cervical screening uptake is suboptimal, even though research shows that the programme is highly effective at preventing cervical cancer (Oyegbite, Roberts and Bircher, 2021). There is limited data available on the Irish community and cervical screening uptake. For more information see section 2.6.1.5 – barriers to cancer screening.

### 2.6.1.2 Breast Cancer Screening

Breast screening prevents approximately 1,300 women from dying of breast cancer every year in the UK. Uptake of breast cancer screening is defined as the proportion of women invited who attend from screening within 6 months of their invitation (Marmot *et al.*, 2013). Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer as well.

Breast cancer screening varies by ethnicity. A large study by Jack *et al.* (2014) (N=655,516, White Irish n=17,271; aged 50 to 69 years) in London included people invited for breast cancer screening between March 2006 and December 2009. The study explored the rates of those who attend first and second call-ups for breast cancer screening in London. White Irish women (aged 50 to 52) were less likely (OR 0.73, 95% CI 0.67 to 0.79) to

attend first screening compared with White British women (OR 1, ref) of the same age. The study also found that White Irish women aged 50 to 69 in London were also less likely (OR 0.78, 95% CI 0.74 to 0.81) to attend routine recall screening appointments compared with White British women of the same age (Jack *et al.*, 2014). For further information refer to section 2.6.1.5 – barriers to cancer screening.

### 2.6.1.3 Colorectal Cancer Screening

Bowel cancer screening for colorectal cancer is offered to everyone aged 60 to 74, using a home test kit, every two years. Colorectal cancer screening can prevent cancer through the detection and removal of precancerous growths and detect cancer at an early stage when treatment is usually more successful (NHS 2021).

Non-attendance in colorectal cancer appointments have been associated with poor clinical outcomes for patients. A study by Scannella *et al.* (2019) (N=9,829) investigated the relationship between ethnicity and non-attendance in colorectal cancer referrals and reported a non-attendance rate of 14%. Ethnic minorities have higher non-attendance rates in comparison to the White population. Among the White Irish group, the rate of non-attendance was significant (OR 1.5, 95% CI 1.0 to 2.4) compared with White British groups (OR 1, ref) but there was no correlation between gender or age, and non-attendance. Further studies are needed to improve access and quality of care for colorectal cancer patients (Scannella *et al.*, 2019). For further information refer to section 2.6.1.5 – barriers to cancer screening.

#### 2.6.1.4 Prostate Cancer Screening

In the UK there is no national screening programme for prostate cancer mainly due to unreliable prostate specific antigen also known as PSA test to specifically detect prostate cancer (Cancer Research UK, 2022). Prostate cancer is the most common cancer in males, with 62,500 new cases in 2023. (Cancer Research UK, 2023). There is currently no data available by ethnicity for prostate cancer and therefore no information for White Irish males.

#### 2.6.1.5 Barriers to cancer screening

Niksic *et al.* (2016) analysed national data set (N=38,492) of cross-sectional surveys that used the Cancer Research UK Cancer Awareness Measure to examine how cancer symptom awareness and barriers varied by ethnicity. The study identified ethnic differences in cancer symptom awareness and barriers to seeking medical help. Ethnic minorities were more likely than White British people to report barriers to seeking help. Irish populations have reported practical barriers, such as being too busy to visit a doctor than the White British participants who were more likely than any other ethnic group to report that they would feel worried about wasting the doctor's time (Niksic *et al.*, 2016).

Current evidence is limited but suggests low awareness and understanding of familial cancer risk among minority ethnic communities studied. Socio-cultural variations in beliefs, notably stigma about cancer or inherited risk of cancer, were identified and can affect people from seeking advice from providers (Allford *et al.*, 2014).

According to the Irish in Britain organisation (2023c), some Irish populations refer to cancer as “the big C.” The organisation also refers to research that suggests that people from Irish and other migrant communities are less aware about cancer, avoid treatment or don't get treatment early enough. It is however not clear the evidence-base of these conclusions and therefore further research is required to assert how valid and generalisable this is amongst Irish populations living in Birmingham.

#### 2.6.2 Vaccination Programmes

##### 2.6.2.1 COVID-19 Vaccine

In June 2021, over 90% of those aged 50 and over and 65% of those aged over 18 in England had received two vaccinations from the COVID-19 vaccine rollout. Vaccination coverage varied by ethnicity and religious groups. By January 2022, Irish people living in Britain had lower vaccine uptake for all age ranges in comparison to the British population, especially among younger age cohorts aged 18 to 50 years. The data highlights that Irish people aged 30 to 39 reported 18% difference in vaccine uptake when compared with the British population. According to the ‘Irish in Britain’ organisation, it does not consider young Irish people who may have already received the vaccination back in Ireland (Irish in Britain, 2023k).

The Irish in Britain organisation conducted a survey to all their members (over 100 organisations) and found that 47% of the respondents

experienced vaccine hesitancy<sup>3</sup>. They identified many reasons for this hesitancy such as: social media influence, lack of convenience, lack of trust on the health system, as well as mental health issues, and hesitancy related to the speed of the vaccine and booster rollout. The findings of the survey informed the COVID-19 vaccine promotional campaign - 'Vaccine Le Chéile' in January 2022 promoting positive and truthful social media messages encouraging Irish users to get vaccinated (Irish in Britain, 2023k; Irish in Britain, 2023i). This campaign aimed to enable the Irish community to make informed choices and boost awareness about covid vaccination programme (Irish in Britain, 2023k).

Since the campaign was launched there was an increase of vaccine coverage among the Irish population in Britain. By June 2022, 86% of the Irish population in Britain received one or more doses of the vaccine, an increase of 4% since January 2022. The gap between Irish vaccine uptake and the British population vaccine uptake of 92% closed with a 6% difference by June 2022 (Irish in Britain, 2022). Nearly 90% of Irish people living in Britain received their third vaccine booster dose which was only slightly below rates of the British population (92%).

### 2.6.2.2 Other Routine Vaccinations

There is currently no data available on other routine vaccinations for the White Irish population as the UK Household Longitudinal Study 'White' group does not distinguish different White population groups unless stated otherwise, including Eastern European, White British, or Irish.

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<sup>3</sup> It is unclear from the study how many people responded to this survey and when this survey was completed.

### 2.6.3 Sexual Health

The World Health Organization (WHO) states that 'sexual health-related issues are wide-ranging, and encompass sexual expression, relationships and pleasure. They also include negative conditions such as sexually transmitted infections (STIs), (WHO, 2019).

In England, between 2021 and 2022, the number of STI diagnoses in England rose from 317,022 to 392,453 (UKHSA, 2023a). A possible explanation for the rise in diagnoses may be attributed to an increase in testing (2,195,909 tests in 2022 compared with 1,936,455 in 2021) (UKHSA, 2023b).

The UKHSA provided information on the rates of STI diagnoses by ethnicity in 2022. The White Irish population had higher rates (888.4 per 100,000) of new STI diagnoses compared with White British populations (492.2 per 100,000). The average new STI diagnosis rate in England was 694.2 per 100,000 population in 2022. Rates were higher for White Irish compared with White British populations for diagnoses of gonorrhoea, syphilis and genital warts



Table 36(Table 36).

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**Table 36: Rate of STI diagnosis (per 100,000 population), by ethnic group: England, 2022**

STI	White Irish	White British
Chlamydia	443.5	242.4
Gonorrhoea	267.5	106.1
Herpes	35.0	38.7
Syphilis	22.9	10.0
Genital Warts	41.1	37.8
Overall New STI Diagnoses	888.4	492.2

Source: UKHSA, 2023a

Furegato *et al.* (2016) investigated incidence of different STIs between ethnic groups and White British populations, adjusting for the index of multiple deprivation. The study, which featured data from 215 sexual health clinics in England in 2013, found that White Irish people had a higher incidence rate for gonorrhoea (IRR 2.01, 95% CI 1.82 to 2.23,  $p < 0.001$ ), syphilis (IRR 5.63, 95% CI 4.19 to 7.55,  $p < 0.001$ ), genital herpes (IRR 2.02, 95% CI 1.76 to 2.31,  $p < 0.001$ ) and genital warts (IRR 2.08, 95% CI 1.91 to 2.27,  $p < 0.001$ ).

### 2.6.4 COVID-19 and Other Respiratory Infections

Respiratory infections or diseases are an umbrella term which affect the airways and other structures of the lungs. Respiratory disease affects 1 in 5 people and is the third biggest cause of death in England; they include pneumonia, influenza, Coronavirus disease (COVID-19) and COPD (NHS England, nd). For more information on COPD see section 2.5.6.5.

A study by Davidson *et al.* (2021) explored the incidence of clinically diagnosed influenza in different ethnic groups of people from England from the years 2008 to 2018. The study included a total of 3,735,308 adults aged 40 to 64 years ( $n = 27,339$  White Irish). In their crude model, the study found no statistical difference ( $p > 0.05$ ) of the incidence of influenza between White Irish and White British people (IRR 1.04, 95% CI 0.96 to 1.13). The study found the rate IRR to be similar when controlling for factors 5-year age band, sex, year, Townsend deprivation quintile and region of residence (IRR 1.04, 95% CI 0.96 to 1.12).

A study by Aldridge *et al.* (2020) found the impact of COVID-19 on mortality showed a lower risk of death for White Irish groups (Standardised Mortality Ratio (SMR) 0.52 and 95% CI 0.45 to 0.60) and White British ethnic groups (0.88 and 95% CI 0.86 to 0.89) compared with the total study population. However, there are limitations to the ethnicity data and the data is based on the 2011 census. In addition, ethnicity is not recorded on the death certificates in England.

### 2.6.5 Other Infectious Diseases

#### 2.6.5.1 Hepatitis B

Hepatitis B (HBV) is a vaccine-preventable liver infection which is spread through blood, semen and vaginal fluids. If left untreated, chronic infection can cause liver cancer and cirrhosis. Prevalence of HBV in the UK is typically low, with a carriage rate of 0.1% to 0.5% (Tash *et al.*, 2014).

Hepatitis has been included in the Fast Track Cities Plus Initiative, committed to by BCC. The initiative seeks, by 2030, to reduce chronic

hepatitis B and C infections by 90% and reduce deaths by hepatitis B and C by 65% when compared with levels from 2015 (BCC, 2023).

There is currently no data available for the White Irish population and Hepatitis B.

### 2.6.5.2 Tuberculosis

Tuberculosis (TB) is a serious infectious disease and is currently one of the key priorities for the UKHSA. The disease is characterized by the growth of nodules (tubercles) in the tissues, especially the lungs. While there are signs of a decreasing trend in new TB cases, the UK still has high rates compared with most other European countries. The highest rates of disease in the UK are found predominantly in those born outside the UK (PHE, 2018).

Research has found that reactivation of latent infections acquired outside the UK accounts for much of the disease burden, though there is also evidence that transmission within communities in the UK may be an increasing challenge (PHE, 2018).

In 2020, there were 4,125 people who were notified with TB in England (rate of 7.3 per 100,000 population). This rate has decreased by 13% compared with 2019 and those born outside of the UK accounted for 73% of 2020 notifications. The rate in non-UK born individuals is 36 per 100,000 (UKHSA, 2022).

The TB rate for the White ethnic group by place of birth in England, in 2020, is lower among the UK born rate of 1.5 per 100,000 than the non-UK born rate 8.2 per 100,000 (PHE, 2022). There was no information on Irish community and TB rates in England. Overall the 'White' group had lower incidence of TB compared with other ethnic groups (PHE, 2017).

Tuberculosis has been included in the Fast Track Cities Plus Initiative, committed to by BCC. The initiative seeks, to reduce TB incidence by 90% and TB deaths by 95% when compared with levels from 2015 (BCC, 2023).

### 2.6.6 Oral Health

Alobaidi *et al.* (2022) studied the Health Survey for England data across 8 ethnicities: White British, Irish, Black Caribbean, Black African, Indian, Pakistani, Bangladeshi, Chinese from 2010 to 2011 (n=15,667). Researchers found ethnic inequalities in adult oral health varied according to oral health measure and ethnicity. Area deprivation and socio-economic position contributed to but did not explain the inequalities. They found a non-functional dentition was more common in Irish (33% and 95% CI: 26% to 41%) compared with White British adults (20% and 95% CI: 19% to 21%) (Alobaidi *et al.*, 2022). *Non-functional dentition is usually defined as the presence of less than or equal to 20 natural teeth.*

In 2020 to 2021, 87% of White British and 87% White Irish patients reported a positive experience of NHS dental services in the same time period and is higher than the national average (85%). Approximately 95% of the White Irish population had successfully booked an NHS dental appointment from 2017 to 2018 (NHS Digital, 2022a).

## 2.7 Ageing Well and Dying Well

### Key Findings

- In Birmingham, in 2021, 43% of the White Irish population were aged 65 years and over, much higher than the White British (22%) and Birmingham (13%) averages (ONS, 2023q).
- According to the GPPS, 1% of Irish people self-reported having Alzheimer’s disease or another cause of dementia. This was mirrored among the total sample population (Ipsos and NHS England, 2022).
- Cuimhne (pronounced ‘queevna’) is the Irish word for memory, and often ‘memory loss’ is used rather than ‘dementia’ among the Irish community (Irish in Britain, 2023d).
- According to the GPPS, 3% of Irish people experienced two or more falls requiring medical attention in the previous 12 months; 2% England average (Ipsos and NHS England, 2022).
- White Irish adults aged 65 years and over with a secondary care diagnosis of depression (n=311) were more likely (OR 1.7, 95% CI 1.1 to 2.6) to report substance use compared with the White British population (Mansour *et al.*, 2020). The study suggested links between alcohol consumption and feelings of loneliness.

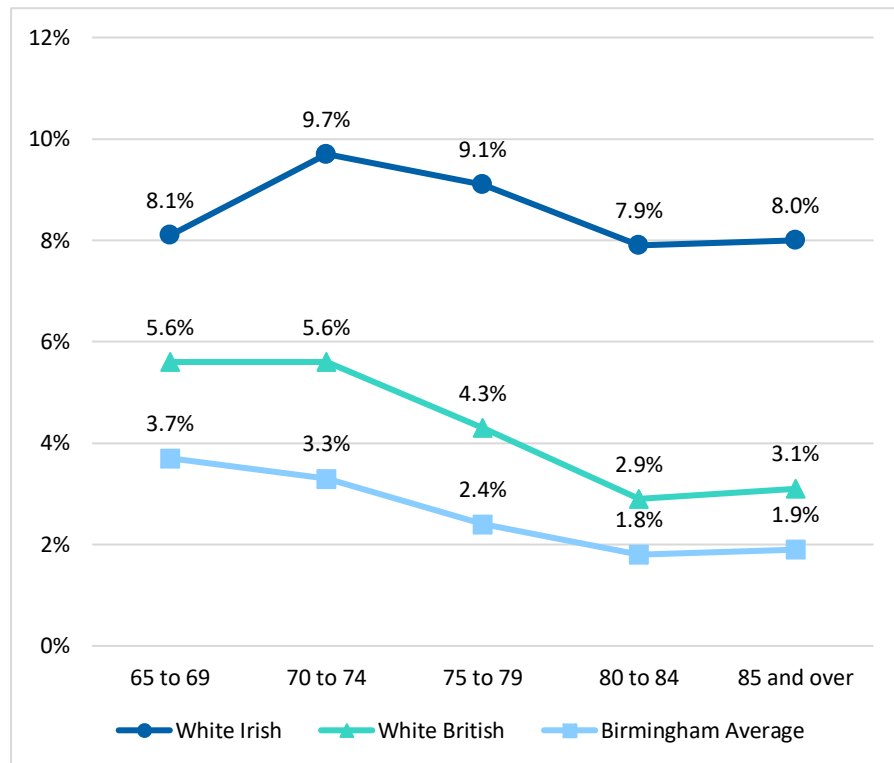
- In 2021, 6,525 White Irish adults were in receipt of long-term support. This figure has seen a 32% decrease since 2016 (n=9,600), the largest decrease of all ethnic groups (NHS Digital, 2023a).
- According to the 2021 census, the White Irish population in Birmingham reported slightly higher levels of unpaid care (11%) compared with the White British (10%) and Birmingham (9.4%) averages (ONS, 2023q).

### 2.7.1 Life Expectancy and Healthy Life Expectancy

#### 2.7.1.1 Age Demographics

The 2021 census identified that the White Irish ethnic group had an older than average age profile, with those aged 65 and over accounting for 43% of the total White Irish population in Birmingham, in contrast to 22% of the White British population and 13% of the Birmingham average (**Figure 33**, see **Appendix 4.31**: Figure 33: People aged 65 years and over by ethnic group: Birmingham, 2021 for data table) (ONS, 2023q). Birmingham as a city in 2021 had a younger age profile on average than the England and Wales average. In England and Wales, 23% of the White British population and 18% of the England and Wales average population were aged 65 years and over. The White Irish population is anomalous in this sense as across England and Wales, 32% were aged 65 years and over; a younger average than within Birmingham.

**Figure 33: People aged 65 years and over by ethnic group: Birmingham, 2021**



Source: ONS, 2023q

### 2.7.1.2 Life Expectancy and Disability Free Life Expectancy

Over the last 40 years life expectancy in the UK has been increasing thanks to advances in health care, and improvements in living and working conditions. Between 2018 to 2020, life expectancy at birth in the UK was

79 years for males and 83 years for females (ONS, 2021g). Data on life expectancy for the White Irish ethnic group in the UK is not available as ethnicity is not recorded at death registration. Life expectancy at birth in Ireland showed similar trends to the UK; in 2019 life expectancy at birth in Ireland was 82 years (WHO, 2023c).

To provide additional context, older data on the disability-free life expectancy (DFLE) by ethnic group can be explored. DFLE can be defined as “the average number of years a person would live disability-free (no limiting long-term illness) if they experienced the average age-specific mortality and health rates throughout their life”. In 2001, the DLFE for White Irish men and women was 60.2 and 64.6 respectively. This compared with 61.7 and 64.1 among White British men and women (Wohland *et al.*, 2015). The above data would suggest that the White Irish population may experience similar DFLE and life expectancy at birth as the White British population.

### 2.7.1.3 Mortality

There is currently no data on mortality available for the Irish community as the ‘White Irish’ ethnic group is often aggregated into the ‘White’ ethnic group which includes: White British, White Irish, Gypsy and Irish Travellers, and Other White (ONS, 2021f).

In the latest period, 2017 to 2019, people of ‘White’ ethnicity had a statistically significantly higher Age Standardised Mortality Rate (ASMR) from all-causes (1,059 per 100,000 population) than any other ethnic group (ONS, 2021f). The ASMR can be defined as “the number of deaths per 100,000 population that would have occurred in a given area if the age structure of the population was the same as the age structure of a specified

standard population". It is unclear if the White Irish ethnic group would follow the same trends as the aggregated 'White' population.

### 2.7.2 Dementia

Dementia is a term that describes a range of progressive conditions that affect the brain (Dementia UK, 2023). Dementia is a growing concern with an estimated 35.6 million people living with dementia worldwide and the prevalence is expected to triple by 2050 (Koffman, 2018). In the UK dementia is a challenge due to the ageing population and the rise in people living with this progressive life limiting condition.

The latest figures from the Alzheimer's Society identify that in England there are approximately 714,000 people living with dementia; and those aged 65 and over accounted for 95% of all people living with dementia (Koffman, 2018). Additionally, dementia and Alzheimer's disease represented 13% of all death registrations in England and Wales among the general population (n=200,111) between the period of 2017 to 2019 (ONS, 2021j).

Although there is limited information on the prevalence of dementia among the Irish population, it is predicted that there are relatively high numbers of dementia expected to exist among the White Irish communities who have an established history of living in the UK, due to their older age profile (see section 2.7.1.1) (Koffman, 2018). By analysing prevalence estimates by Truswell (2013), it may be assumed that there were approximately 10,000 White Irish people in England living with dementia in 2011 (Race Equality Foundation, 2015).

The Race Equality Foundation Report (2015) also highlighted that the older Irish population tended to be hesitant to utilising mainstream services,

highlighting the importance of providing targeted interventions and services that meet Irish people's needs. This is especially important when considering in combination with the concept that ethnic health inequalities typically become more apparent with age and experiences of discrimination and migration impact the access to appropriate healthcare services (Centre for Better Aging, 2022; Race Equality Foundation, 2018; Tilki, 2015a).

The GPPS reported on self-reported long-term conditions by ethnic group. Among the 'Irish' group, 1% (n=60) reported having Alzheimer's disease or other cause of dementia. This is similar to the 'English, Welsh, Scottish, Northern Irish or British' (1%, n=2.959) and total population (1%, n=3.818) included in the survey (Ipsos and NHS England, 2022).

#### Community Support : Cuimhne Carers Project

Cuimhne (pronounced 'queevna') is the Irish word for memory. The Irish community often use the term 'memory loss' rather than 'dementia'. The term 'memory loss' recognises how people are affected by the illness and how people cope differently with memory loss, whereas the term 'dementia' is often stigmatised (Irish in Britain, 2023d). The Cuimhne Carers Project was created in 2012 to promote awareness of memory loss and dementia among the Irish community (Irish in Britain, 2023e). The project also provides carers with resources and support such as webinars on communication skills, avoiding behavioural problems, or dealing with anger and minimising distress to support the needs of the Irish people with dementia, and working with carers to promote self-care and looking after your mental and physical health.

The Cuimhne Carers Project identified that most of the older Irish community in Britain are living in their own homes, cared for by family

members who see themselves as spouses, children or siblings fulfilling their “dutiful obligations” rather than “carers” (Irish in Britain, 2023e). Therefore, this should be considered when delivering dementia care specific to the Irish community in Birmingham.

Some White Irish people reported reluctance in seeking help due to the lack of knowledge about dementia and fears about being diagnosed. This leads to late access to treatment or accessing health services in a crisis situation. Stigma and cultural beliefs further prevents some people from seeking help early due to past experiences of anti-Irish racism and discrimination in health especially for the older people and their carers to access mainstream services (Tilki, 2015b).

To support Birmingham residents living with dementia, the Birmingham and Solihull Integrated Care System (BSOL ICS) have launched a Dementia Strategy for 2023 to 2028. The Strategy aims to enable all people with dementia and those who care for them to have the best possible health and social care support through their dementia journey. This will be achieved through 4 key priorities:

- Information which focuses on prevention of dementia, early intervention and support.
- Access to a timely diagnosis with support before and after.
- Supporting people with dementia, their loved ones, carers and communities to prevent crisis.

- Improving the quality of personalised care and support planning for people with dementia, including planning for the end of life Birmingham and Solihull Integrated Care System (BSOL ICS, 2023).

### 2.7.3 Frailty

The NHS defines frailty as “the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long term care” (Young, 2013).

In 2016, approximately 3% of people aged 65 and over in England were classified as frail and almost half of these are over 80. Frailty is associated with poor quality of life, adverse health outcomes, such as falls, and increased use of health and social care services (Sinclair *et al.*, 2021).

The GPPS reviewed fall outcomes among patients, which can be utilised as a predictor of frailty. When asked if they experienced any of the following over the last 12 months 3% (n=159) of ‘Irish’ surveyed experienced two or more falls that have needed medical attention. This was slightly above the England average of 2% (Ipsos and NHS England, 2022).

### 2.7.4 Loneliness and Isolation

Loneliness and isolation are a public health concern faced by older adults due to physical, cognitive, and psychosocial changes that develop with aging. Loneliness and social isolation are associated with increased morbidity and mortality (Campaign to End Loneliness, 2023).

According to statistics from the ONS, in 2016 to 2017 an estimated 5% of adults in England reported feeling lonely “often” or “always” (ONS, 2018a). The GPPS also captured isolation by asking “In the last 12 months have you



experienced feeling isolated from others?"; 14% (n=846) of the 'Irish' population reported feelings of isolation, slightly higher than the averages for the 'English, Welsh, Scottish, Northern Irish or British' population (12%, n=61,531) and the England average (12%). (Ipsos and NHS England, 2022).

A study (N=6,809) by Mansour *et al.*, (2020) investigated behaviours among adults aged 65 years or older with a secondary care diagnosis of depression. The White Irish sample (n=311) showed significantly higher rates of substance use (OR 1.7, 95% CI 1.1 to 2.6) compared with the White British sample (OR 1). Although the study did not quantify any links between depression and alcohol use, there were some suggestions that alcohol may be utilised by older Irish migrants to counteract feelings of loneliness associated with 'diminished contact to the Irish community'.

Taylor *et al.*, (2023) also investigated feelings of loneliness by ethnic group in response to the COVID-19 pandemic. The White Irish group were significantly more likely to report increased feelings of isolation as a result of the pandemic (OR 1.5) compared with the White British population (OR 1).

*It is to be noted that 95% CIs for the above study were included in graph format but could not be extracted for this report. The lower end of the CI was above 1, therefore it can be assumed to be statistically significant.*

### 2.7.5 Care Homes and Domiciliary Care

From March 2021 to February 2022, there were an estimated 360,792 care home residents in England. Data on care home residents by ethnic groups is not available (ONS, 2022d). However, there is data available from adult social care and long term support. In 2021, 6,525 White Irish adults were

in receipt of long-term support. This includes those in the following support settings: nursing, residential, community or prison. This is a 32% decrease from 2016 (n=9,600), the largest observed decrease of all ethnic groups included (NHS Digital, 2023a).

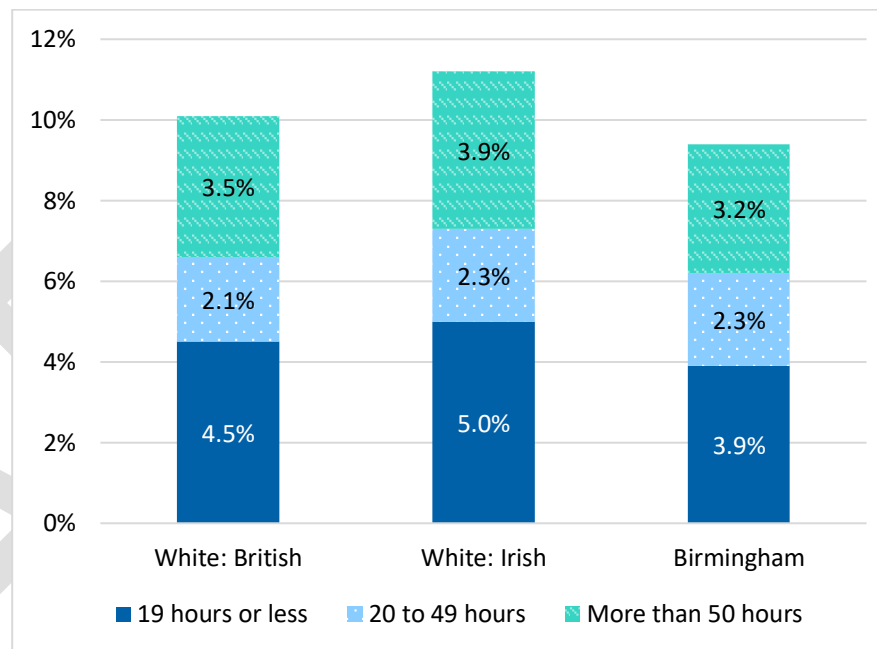
In 2021, the White Irish population represented 1.1% of all adults in long-term support in England; the White Irish population accounted for 0.9% of the total population in England during the same year. This may suggest a slightly higher use of long-term services among the White Irish population, however this may be partially accounted for by the older age demographics of the White Irish population (see section 2.7.1.1). There were slightly more White Irish women (n=3,880) utilising long-term care than White Irish men (n=2,645) in 2021; this trend is observed in all other people of various 'White' ethnic groups (NHS Digital, 2023a).

### 2.7.5.1 Unpaid care provision

The 2021 census provided some insights into unpaid care provision by ethnic group. Excluding care are part of employment people were asked “Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?” This is not exclusive to care provided to older adults, so results should be interpreted with caution.

Among the White Irish population in Birmingham, 11% reported that they provided some unpaid care, slightly higher than both the White British (10%) and Birmingham (9.4%) averages (Figure 34, see Appendix 4.32: Figure 34: Unpaid care provision by ethnic group: Birmingham, 2021 for data table) (ONS, 2023q). The true figure of unpaid care may be under-represented because it is based on perception and not everyone who provides care may consider themselves an unpaid carer (see section 2.7.2).

Figure 34: Unpaid care provision by ethnic group: Birmingham, 2021



Source: ONS, 2023q

### 2.7.6 End-of-life and Palliative Care

Palliative care, encompassing end-of-life care, is an approach that aims to provide optimal quality of life to people with life-limiting incurable diseases and their families. This typically refers to the last year of life (NHS England, 2019). It is estimated that 284,338 people in England (0.5% total population) are in need of palliative care. There is no information on the number of Irish people in end-of-life or palliative care in the UK or Birmingham.

## 2.8 Contributing to a Green and Sustainable Future

### Key Findings

The White Irish population in Birmingham live in areas with variable environmental justice; from areas such as Sutton Vesey (n=522) with a mean value of 0.15 to Erdington (n=716) with a mean value of 0.34 (BCC, 2022a).

Approximately 6.7% of the White Irish live in the 15 most polluted MSOAs in Birmingham, compared with 5.4% of the White British population (MHCLG, 2019 and ONS, 2023q).

The White Irish population in Birmingham is less likely to be vulnerable to the Urban Heat Island (UHI) effect due to high concentrations of the population living in ‘low risk’ areas of the city e.g., Sutton Vesey (Tomlinson *et al.*, 2013 and ONS, 2023q)

The environmental justice map combines 5 indicators: the index of Years of Life Lost (YLL), Urban Heat Island (UHI) effect, IMD, public green spaces access and flood risk. The indicators are combined and scaled in a range of 0 to 1, with 0 being the most preferred and 1 being the least. The wards in Birmingham vary from scores of 0.12 in Sutton Roughley to 0.43 in Balsall Heath West (BCC, 2022a).

The largest ‘White Irish’ populations in Birmingham by ward are found in Erdington, Acocks Green, Billesley and Brandwood & King’s Heath (**Table 37**); these wards typically have low to moderate scores on the environmental justice map. Typically indicating high or moderate levels of

environmental justice for citizens living there, with scores ranging from 0.15 to 0.34. In five of these wards (mean index <0.29), levels of environmental justice is high or very high, indicating increased access to green space, less experience of UHI effects, lower risk of flooding and typically lower levels of deprivation (BCC, 2022a).

**Table 37:** Environmental justice index value of top 10 most populated ward by White Irish population: Birmingham, 2014

Birmingham Wards	Index Mean Value	White Irish Population (n)	Proportion of Total White Irish Population (%)
Erdington	0.34	716	4.2
Acocks Green	0.32	667	3.9
Billesley	0.31	594	3.5
Brandwood & King’s Heath	0.28	582	3.4
Hall Green North	0.30	567	3.3
Hall Green South	0.24	546	3.2
Harborne	0.26	524	3.1
Sutton Vesey	0.15	522	3.1
Moseley	0.26	488	2.9
Sheldon	0.31	420	2.5

Source: BCC, 2022a and ONS, 2023q

### 2.8.1 Access to Green and Blue Spaces

Green spaces are defined as “any area of vegetated land, urban or rural”. This includes both public and private spaces. Examples of green spaces include parks, gardens, playing fields, wood and other natural areas (PHE, 2020a). Access to green spaces can contribute to a multitude of health and

wellbeing benefits such as stress reduction, reduction in crime, increased physical health and reduction in UHI effect (University of Delaware, 2009).

Birmingham has been named one of the greenest cities in Europe, with over 600 publicly accessible green and blue spaces across the city. Among Birmingham residents, 60% visit green spaces on a weekly basis, with 72% choosing to visit the green space closest to their home. However, there is an observed inequality in access to good quality green spaces across the city (Mair, 2020 and BCC, 2022c).

The environmental justice map defines access to green space as “within 1,000m and at least 2 hectares” (BCC, 2022a). ONS data for 2020 provides insight into the average combined size of parks or public gardens and playing fields within 1,000m radius of residents by MSOA.

Encouragingly, all MSOAs in Birmingham have at least 2 hectares of combined green space within 1,000 metres; however, these two hectares may be split into smaller parks and playing fields. For example, in the Central MSOA, with a White Irish population of 85, the average size of the nearest green space is 0.57 hectares, below the definition for access to green space. However, this dataset does not indicate the size of the next nearest green space, which may meet the requirements listed above.

### 2.8.2 Air Pollution

Air pollution is a major public health risk. A review by the WHO concluded that ambient (outdoor) air pollution can reduce life expectancy and cause premature deaths. In 2019, 37% of premature deaths caused by air pollution were due to increased incidence of ischaemic heart disease and stroke, 18% from COPD, 23% from acute lower respiratory infections and 11% from respiratory tract cancers (WHO, 2022). The effects of air

pollution disproportionately affect vulnerable communities such as children, pregnant people, older adults and those with pre-existing conditions (BCC, 2020).

It is estimated that in Birmingham 900 deaths annually are linked to air pollution (BCC, 2020). Additionally, OHID Public Health data estimated that in 2021, 6.2% of mortalities in Birmingham were attributable to particulate air pollution. This is compared with 5.5% nationally (PHE, 2019b).

2019 data from the IMD estimated the concentration of four main air pollutants: nitrogen oxide, benzene, sulphur dioxide and particulate matter across Birmingham (MHCLG, 2019). The overall pollution levels were calculated and given an associated score. A higher score indicates a higher level of air pollution; across England scores range from 0.32 to 1.90. In Birmingham, these scores ranged from 0.91 to 1.59. **Table 38** maps the 15 most polluted MSOAs in Birmingham and the corresponding White Irish population.

**Table 38: Average air pollution of four main air pollutants by MSOA: Birmingham, 2019**

MSOA	Pollution Score	White Irish Population (n)
Central	1.55	85
North Central & Dartmouth Circus	1.52	110
Nechells	1.51	80
Digbeth	1.49	116
Aston Park	1.48	43
Brookvale	1.47	129
Five Ways North	1.46	77

MSOA	Pollution Score	White Irish Population (n)
Ladywood – Summer Hill	1.45	90
Middlemore	1.45	34
Washwood Heath	1.45	27
Lozells East	1.42	23
Hockley & Jewellery Quarter	1.41	81
Attwood Green & Park Central	1.41	95
Saltley West	1.41	26
Perry Beeches East	1.41	115

Source: MHCLG, 2019 and ONS, 2023q

From overlapping data from the ONS (2023) and MHCLG (2019), it can be estimated that 6.7% of the Irish community in Birmingham live in the 15 most polluted MSOAs. This is in comparison to approximately 5.4% of the White British population in Birmingham (MHCLG, 2019).

### 2.8.3 Flood Risk

*There is no data available on the flood risk associated with Irish residents in Birmingham.*

### 2.8.4 Urban Heat Island Effect

The UHI effect refers to areas of high building density, usually the cores of the cities, where temperatures are typically higher than the outer areas of the city. In Birmingham, for example, Sutton Park was recorded as having a surface temperature almost 8 degrees cooler than the city centre during a heatwave. During periods of extended high temperatures, such as heatwave conditions, the UHI can cause excess deaths of citizens in these areas. Some groups are more vulnerable to the UHI effect, including older

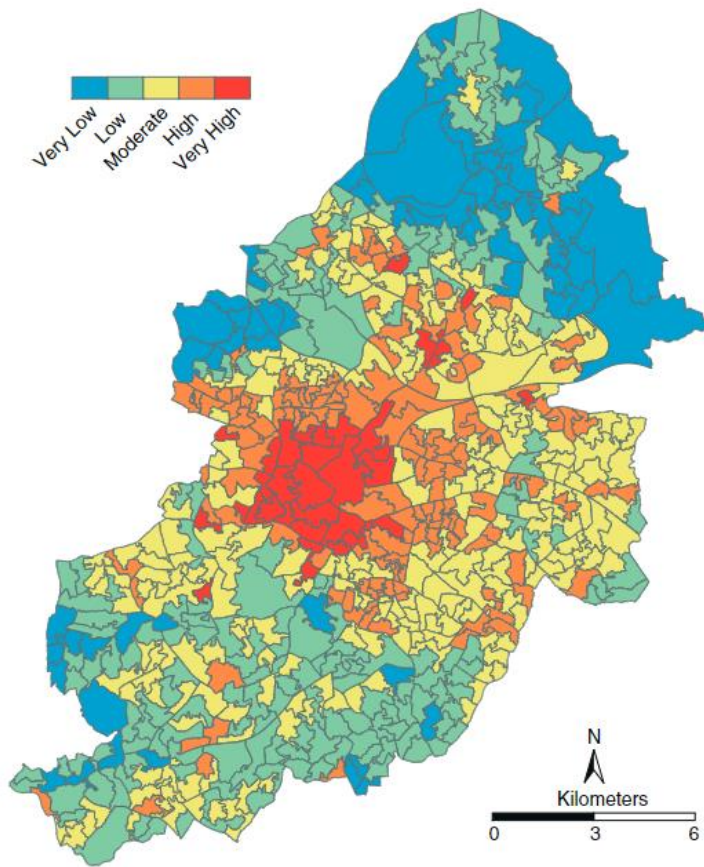
adults, those with long term health conditions (LTHCs), people living in high-rise buildings and in high density areas (Tomlinson *et al.*, 2013).

Published research from Tomlinson *et al.* (2013) produced spatially assessed heat-health risk map for Birmingham (

**Figure 35).** By correlating this data to census data, it can be understood that there are high populations of the Irish ethnic group located in the 'low' risk areas e.g., Brandwood & Kings Heath and Sutton Vesey. Therefore, the Irish population in Birmingham may be less vulnerable to the UHI effect.

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Figure 35: Spatially assessed heat-health risk: Birmingham, 2011



Source: (Tomlinson et al., 2013)



### 3. Closing the Gaps

There is some understanding of the intersectional experiences of Irish people where ethnicity data is available alongside multivariate analysis. This data is typically found in the census, NHS digital data, DfE data etc. However, there are some limitations to fully understanding the health inequalities experienced by the Irish community, with many reports grouping the 'White Irish' ethnic group into various categories such as 'White' or 'White Other'. The inconsistencies in data collection methods make it difficult to make clear conclusions about the health and wellbeing of the Irish population.

Research included within this Community Health Profile have suggested that intersectionality between 'White Irish' ethnic identity and other aspects of identity, including gender, age, disability and migration status are associated with poorer health outcomes and it is important that this is explicitly considered in responding to this profile.

This grouping may lead to assumptions that the Irish community has the same health needs as the White British population, as there is no distinction in many datasets between the two populations. The charity 'Irish in Britain' are concerned that little has been done to understand the Irish community and want to raise the profile of Irish health inequalities (Irish in Britain, 2023f). This report aims to understand some of these health needs in more detail.

### 4. Conclusion

This Community Health Profile clearly demonstrates a significant breadth of health inequalities affecting Irish people. Often, there has been limited data on the Irish community living in Birmingham, so data has been reported at a national level.

At the heart of some of these inequalities are the impacts of discrimination which impact on health behaviours, access to services and health outcomes. Sadly, much of the evidence demonstrates persistent and consistent inequalities, and often reflect the wider landscape of societal and environmental factors which influence health. The evidence also suggests that these inequalities are compounded by intersectionality e.g., Irish people with a disability or LTHC often experience worse health outcomes than those without a disability.

It is important to acknowledge that there are also positives highlighted in this report and that in some areas such as physical activity and academic attainment the evidence suggests that the 'White Irish' population have more positive behaviours than other ethnic groups. However, these assets are overshadowed by the negative inequalities, including alcohol consumption, screening attendance and STI rates.

The Community Health Profile provides an evidence summary for communities and partners to start to co-produce solutions and address these long-standing inequalities to create better environments and services to support the Irish community to live healthier and happier lives.

## 5. Appendices

### Appendix 1: Search Strategy

Medline database search Run: 28/11/2022 Ovid MEDLINE(R) ALL <1946 to November 23, 2022>

#	Searches	Results
1	United Kingdom/	243798
2	United Kingdom.ab,ti.	44615
3	UK.ab,ti.	132650
4	Britain.ab,ti.	16560
5	England/	92789
6	England.ab,ti.	57854
7	West Midlands.ab,ti.	1559
8	Birmingham.ab,ti.	5774
9	Coventry.ab,ti.	511
10	Dudley.ab,ti.	427
11	Sandwell.ab,ti.	75
12	Solihull.ab,ti.	86
13	Walsall.ab,ti.	68
14	Wolverhampton.ab,ti.	176
15	1 or 2 or 3 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14	455111
16	Ireland.ab,ti.	24897
17	15 not 16	448697
18	Irish.ab,ti.	10943
19	"traveller*".ab,ti.	5670
20	18 not 19	10832
21	17 and 20	595
22	limit 21 to (English language and yr="2012 -Current")	258

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Embase database search *Ran 28/11/2022*

#	Searches	Results
1	United Kingdom/	403628
2	United Kingdom.ab,ti.	58131
3	UK.ab,ti.	270711
4	Great Britain/	4692
5	Britain.ab,ti.	23757
6	England/	35721
7	England.ab,ti.	76582
8	West Midlands.ab,ti.	2440
9	Birmingham.ab,ti.	9431
10	Coventry.ab,ti.	824
11	Dudley.ab,ti.	623
12	Sandwell.ab,ti.	185
13	Solihull.ab,ti.	136
14	Walsall.ab,ti.	116
15	Wolverhampton.ab,ti.	352
16	1 or 2 or 3 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15	638701
17	Ireland.ab,ti.	167363
18	16 not 17	625140
19	Irish.ab,ti.	17101
20	"traveller*".ab,ti.	7079
21	19 not 20	16931
22	18 and 21	1053
23	limit 22 to (English language and yr="2012 -Current")	513

## PsycINFO database search 28/11/2022 APA PsychInfo 2002 to November Week 2 2022

#	Searches	Results
1	United Kingdom.ab,ti.	11483
2	UK.ab,ti.	35459
3	Britain.ab,ti.	4589
4	England.ab,ti.	17874
5	West Midlands.ab,ti.	279
6	Birmingham.ab,ti.	776
7	Coventry.ab,ti.	79
8	Sandwell.ab,ti.	14
9	Dudley.ab,ti.	91
10	Solihull.ab,ti.	23
11	Walsall.ab,ti.	7
12	Wolverhampton.ab,ti.	30
13	Ireland.ab,ti.	7140
14	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12	63686
15	14 not 13	62095
16	Irish.ab,ti.	3545
17	"traveller*".ab,ti.	631
18	16 not 17	3492
19	15 and 18	154
20	limit 19 to (English language and yr="2012 -Current")	79

Web of Science search Ran 28/11/2022

Search terms	Results
(TS=(UK) OR TS=(United Kingdom) OR TS=(Britain) OR TS=(England) OR TS=(West Midlands) OR TS=(Birmingham) OR TS=(Coventry) OR TS=(Dudley) OR TS=(Sandwell) OR TS=(Solihull) OR TS=(Walsall) OR TS=(Wolverhampton))	587,253
<b>TS=(Irish not traveller*)</b>	43,618
<b>#2 AND #1</b>	3,622
<b>#2 AND #1 and 2023 or 2022 or 2021 or 2020 or 2019 or 2018 or 2017 or 2016 or 2015 or 2014 or 2013 or 2012 (Publication Years) and English (Languages)</b>	1,976

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## Appendix 2: Exclusion and Inclusion Criteria

Age group	Language	Publication type	Availability	Time limit
Any	English Language	<p>Pieces of peer reviewed and high-quality grey literature, academic or scientific literature, whether a journal or article, report or documents relating to the specified health and wider determinants issues amongst the Irish community in the UK.</p> <p>Publications exclusive to people from the Irish community.</p> <p>Publications with at least 50% of Irish community population sample representation.</p>	<p>All articles including DOI/HTML links.</p> <p>Graphs and figures reproduction depends on copyright.</p>	<p>Searches should be run restricting to articles published in the last 10 years, not including 2011 census and 2001 census.</p> <p>If trend data is presented in papers published from 2012 onwards, this can be used.</p> <p>Justification should be provided for using data from more than 10 years ago.</p>



### Appendix 3: Birmingham and National Irish Organisation Contact Details

Organisation name	Contact information
Birmingham Public Health Communities Team	<a href="mailto:communitiesteam@birmingham.gov.uk">communitiesteam@birmingham.gov.uk</a> <i>Sign-up to our mailing list to get all the latest updates on community health profiles and engagement opportunities</i>
Birmingham Irish Association	<a href="mailto:info@birish.org.uk">info@birish.org.uk</a>
Irish in Britain	<a href="http://Birmingham Irish Association (irishinbritain.org)"><u>Birmingham Irish Association (irishinbritain.org)</u></a> <a href="http://birminghamirish.org.uk"><u>http://birminghamirish.org.uk</u></a> <a href="mailto:info@birminghamirish.org.uk"><u>info@birminghamirish.org.uk</u></a>

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## Appendix 4: Raw Data Tables

**Appendix 4.1:** Figure 2: Distribution of the White Irish population: England and Wales, 2021

Region	White Irish (n)	White Irish (%)
Wales	13,214	2.6
South West	31,698	6.2
South East	78,219	15
London	156,333	31
East of England	57,964	11
West Midlands	47,886	9.4
East Midlands	27,130	5.3
Yorkshire and The Humber	25,215	5.0
North West	61,422	12
North East	8,384	1.7

Source: ONS, 2023q

**Appendix 4.2:** Figure 3: Population by White Irish ethnic group, by top 10 local authorities: England and Wales, 2021

Local Authority	White Irish (n)	White Irish (%)
Liverpool	6,826	1.4
Lambeth	6,828	2.1
Leeds	6,892	0.8
Islington	7,062	3.3
Barnet	7,644	2.0
Wandsworth	8,061	2.5
Ealing	8,511	2.3
Brent	9,314	2.7
Manchester	9,442	1.7
Birmingham	16,964	1.5

Source: ONS, 2023q

**Appendix 4.3:** Figure 5: Age by White Irish and White British ethnicity, Birmingham, 2021

Age	White Irish (%)	White British (%)
4 years and under	1.1	4.5
5 to 9 years	1.2	5.0
10 to 15 years	2.1	5.9
16 to 19 years	1.8	4.8
20 to 24 years	3.6	7.4
25 to 29 years	3.8	6.6
30 to 34 years	4.0	6.6
35 to 39 years	3.8	5.8
40 to 44 years	4.1	5.2
45 to 49 years	5.5	5.7
50 to 54 years	7.8	7.1
55 to 59 years	9.3	7.4
60 to 64 years	9.3	6.6
65 to 69 years	8.1	5.6
70 to 74 years	9.7	5.6
75 to 79 years	9.1	4.3
80 to 84 years	7.9	2.9
85 years and over	8.0	3.1

Source: ONS, 2023q

**Appendix 4.4:** Figure 6: Age by gender by White Irish ethnicity: Birmingham, 2021

Age (11 categories)	Irish Female n (%)	Irish Male n (%)
4 years and under	100 (1.1)	91 (1.1)
5 to 9 years	88 (1.0)	108 (1.3)
10 to 15 years	176 (2.0)	174 (2.1)
16 to 19 years	133 (1.5)	171 (2.1)
20 to 24 years	309 (3.5)	303 (3.7)
25 to 34 years	626 (7.0)	702 (8.6)
35 to 49 years	1,170 (13)	1,106 (14)
50 to 64 years	2,176 (25)	2,286 (28)
65 to 74 years	1,590 (18)	1,431 (18)
75 to 84 years	1,588 (18)	1,282 (16)
85 years and over	892 (10)	465 (5.7)

Source: ONS, 2023q

**Appendix 4.5:** Figure 7: Religious affiliation by White Irish ethnicity: Birmingham, 2021

Religion	White Irish (n)	White Irish (%)
No religion	2,262	13
Christian	13,651	80
Buddhist	30	0.2
Hindu	8	0.0
Jewish	9	0.1
Muslim	61	0.4
Sikh	9	0.1
Other religion	61	0.4
Not answered	873	5.0

Source: ONS, 2023q

**Appendix 4.6:** Figure 8: Passports held by White Irish Ethnicity, Birmingham, 2021

Passports held	White Irish (%)
Europe: United Kingdom	43
Europe: Ireland	46
No passport	10

Source: ONS, 2023q

**Appendix 4.7:** Figure 9: Percentage of children in reception and Year 6 who were obese by ethnicity: England, 2021 to 2022

Ethnic Group	Reception (%)	Year 6 (%)
White Irish	23	35
White British	22	35
National Average	21	37

Source: OHID, 2023

**Appendix 4.8:** Figure 10: Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Reception: England, 2015 to 2017 combined

IDACI Index	White Irish girls (%)	White Irish boys (%)
1 (most deprived)	33	25
2	27	18
3	27	18
4	18	12
5 (least deprived)	19	13

Source: Strugnell *et al.*, 2020

**Appendix 4.9:** Figure 11: Overweight and obesity prevalence within the White Irish ethnic group by IDACI and sex in Year 6: England, 2015 to 2017 combined

IDACI Index	White Irish girls (%)	White Irish boys (%)
1 (most deprived)	33	35
2	31	32
3	25	22
4	21	17
5 (least deprived)	15	14

Source: Strugnell *et al.*, 2020

**Appendix 4.10:** Figure 12: Key stage 1 pupils meeting the expected standards in reading, writing, maths, and science by ethnic group: England, academic year 2021 to 2021

Ethnic Group	Reading (%)	Writing (%)	Maths (%)	Science (%)
White Irish	67	58	68	77
White British	68	57	68	79
Average (all ethnic groups)	70	61	70	80

Source: DfE, 2023

**Appendix 4.11:** Figure 13: Key stage 2 attainment of White Irish pupils by sex: England, academic year 2021 to 2022

KS2 Attainment	White Irish girls (%)	White Irish boys (%)	White Irish total (%)
Reading, writing, maths (combined)	64	59	61
Science	79	77	78
Grammar, punctuation, spelling	78	69	73

Source: DfE, 2022c

**Appendix 4.12:** Figure 14: Progress 8 score by ethnic group: England, academic year 2018 to 2019

Ethnicity	Progress 8 score
Chinese	0.86
Indian	0.71
Asian other	0.66
Asian	0.47
Bangladeshi	0.47
White other	0.45
Black African	0.33
Pakistani	0.24
Mixed White/Asian	0.22
Mixed other	0.14
White Irish	0.13
Black other	0.08
Mixed White/Black African	0.04
White British	-0.14
Black Caribbean	-0.31
Mixed White/Black Caribbean	-0.38
Gypsy/Roma	-0.81
Irish Traveller	-1.05
England Average	-0.03

Source: ONS, 2020b

**Appendix 4.13:** Figure 15: Percentage of pupils meeting the expected standard in reading, writing and maths by ethnicity and FSM: England, academic year 2018 to 2019

Ethnic Group	No FSM (%)	FSM (%)
White Irish	78	47
White British	69	44
England	68	47

Source: Dfe, 2020

**Appendix 4.14:** Figure 16: Percentage of pupils achieving a grade 5 or above in GCSE English and maths by ethnic group and FSM eligibility: England, academic year 2020 to 2021

Ethnic Group	No FSM (%)	FSM (%)
White Irish	67	27
White British	56	25
Average (all ethnic groups)	57	30

Source: DfE, 2022a

**Appendix 4.15:** Figure 17: Age standardised WEMWBS scores by ethnic group and sex: England, 2019

Sex	White Irish	White British
Men	52.7	51.1
Women	50.9	50.9
Average	51.8	51.0

Source: NHS Digital, 2022c

**Appendix 4.16:** Figure 18: Usual frequency of drinking alcohol by ethnic group: England, 2011 to 2019

Alcohol Consumption	White Irish (%)	White British (%)
Non-drinker	11	12
Drank alcohol in the last year	89	88
At least once per week	67	56
Once or twice per week	36	29
Three or four days a week	18	15
Almost every day	9	8

Source: NHS Digital, 2022e

**Appendix 4.17:** Figure 19: People who drink alcohol at least once a week by ethnicity and gender: England, 2021

Sex	White Irish (%)	White British (%)
Female	57	49
Male	76	64

Source: NHS Digital, 2022e

**Appendix 4.18:** Figure 20: Cigarette smoking status among the White Irish population by sex: England, 2011 to 2019

Smoking Status	Female (%)	Male (%)
Current smoker	20	24
Ex-smoker	21	33
Never smoked	59	43

Source: NHS Digital, 2022e

**Appendix 4.19:** Figure 21: Mean portions of fruit and vegetable daily consumption, by ethnic group and gender: England, 2011 to 2018

Gender	White Irish (%)	White British (%)
Men	3.3	3.3
Women	3.7	3.6
All adults	3.5	3.5

Source: NHS Digital, 2019

**Appendix 4.20:** Figure 22: Weight category among men by ethnic group: England, 2011 to 2019

Weight Category	White Irish (%)	White British (%)
Underweight	1	2
Normal Weight	34	31
Overweight or Obese	66	67

Source: NHS Digital, 2022c

**Appendix 4.21:** Figure 23: Weight category among women by ethnic group: England, 2011 to 2019

Weight Category	White Irish (%)	White British (%)
Underweight	1	2
Normal Weight	40	39
Overweight or Obese	59	59

Source: NHS Digital, 2022c



**Appendix 4.22:** Figure 24: Physical activity by ethnic group: England, 2016 to 2018

Physical Activity	White Irish (%)	White British (%)
Inactive	18	25
Fairly Active	11	12
Active	71	63

Source: Sport England, 2020

**Appendix 4.23:** Figure 25: Physical activity among the ‘White Other’ ethnic group, by sex: England, 2021 to 2022

Physical Activity	Male (%)	Female (%)
Inactive	26	32
Active	71	68

Source: Sport England, 2022

**Appendix 4.24:** Figure 26: Perceptions regarding physical activity by ethnic group and ‘Agree or Strongly agree’ response categories: England, 2021 to 2022

Perception	White Other (%)	White British (%)
I feel that I have the ability to be physically active	86	77
It’s important to me to do sport/exercise regularly	74	70
I find sport/exercise enjoyable and satisfying	72	66

Source: Sport England, 2022

**Appendix 4.25:** Figure 27: Highest level of qualification by ethnic group: Birmingham, 2021

Qualification	White Irish (%)	White British (%)	Birmingham (%)
No qualifications	34	23	24
Level 1	7	10	10
Level 2	9	13	13
Level 3	14	19	17
Level 4+	28	27	30

Source: ONS, 2023q

**Appendix 4.26:** Figure 28: Economic activity status by ethnic group: Birmingham, 2021

Economic Activity Status	White Irish (%)	White British (%)	Birmingham (%)
Economically active: employed	41	50	50
Economically active: unemployed	3	4	6
Economically inactive	56	45	44

Source: ONS, 2023q

**Appendix 4.27:** Figure 29: Economic Inactivity by Ethnicity, Birmingham, 2021

Economic Inactivity	White Irish (%)	White British (%)	Birmingham (%)
Retired	41	24	16
Student	2.7	6.6	10
Looking after home or family	3.1	4.4	8.2
Long-term sick or disabled	6.7	6.5	5.4
Other	2.6	3.6	5.1

Source: ONS, 2023q

**Appendix 4.28:** Figure 30: Household tenure by ethnicity: Birmingham, 2021

Tenure	White Irish (%)	White British (%)	Birmingham (%)
Owned: owns outright	42	29	24
Owned: mortgage or loan or shared ownership	25	32	31
Rented: social rented	19	21	22
Rented: private or lives rent free	14	19	23

Source: ONS, 2023q

**Appendix 4.29:** Figure 31: Self-assessed general health by ethnicity: Birmingham, 2021

Health Status	White Irish (%)	White British (%)
Very good or good	65	76
Fair	22	16
Bad or very bad	13	8

Source: ONS, 2023q

**Appendix 4.30:** Figure 32: Self-reported limiting disability by ethnic group: Birmingham, 2021

Ethnic group	Limited a little (%)	Limited a lot (%)
White Irish	14	16
White British	13	11
Birmingham Average	10	10

Source: ONS, 2023f

**Appendix 4.31:** Figure 33: People aged 65 years and over by ethnic group: Birmingham, 2021

Age	White Irish (%)	White British (%)	Birmingham (%)
65 to 69	8.1	5.6	3.7
70 to 74	9.7	5.6	3.3
75 to 79	9.1	4.3	2.4
80 to 84	7.9	2.9	1.8
85 and over	8.0	3.1	1.9

Source: ONS, 2023q

**Appendix 4.32:** Figure 34: Unpaid care provision by ethnic group: Birmingham, 2021

Care Provision	White Irish (%)	White British (%)	Birmingham (%)
19 hours or less	5.0	4.5	3.9
20 to 49 hours	2.3	2.1	2.3
More than 50 hours	3.9	3.5	3.2

Source: ONS, 2023q

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### Contributors:

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