

Introduction

The major cities of Ireland have always had a rich demographic diversity and, over the last decade in particular, smaller towns and villages in every county have experienced the rapidly changing dynamics of inward migration. This has, and will continue to have, an impact on the provision and outcome of services for current and new users.

In order to assess and respond to the challenges in these changes a number of partners in County Donegal came together to pool their knowledge and to commission a piece of research which would gather information about the County's ethnic minority population: its size, characteristics, location, and its needs and aspirations in respect of a range of services. The work was co-funded by the Health Service Executive, Donegal Vocational Education Committee, the Citizens Information Board and Donegal Local Development Company. The other partners were Inishowen Development Partnership and Donegal County Council.

The initial research leading to this report was carried out in 2007/8 by a not-for-profit organisation, Trademark, and managed by a Steering Group made up of representatives from the partner organisations. The survey was supported by an independent research consultant from the Imperial College, University of London. Further research was carried out by Charlie Garratt, an independent consultant, who then produced this report.

As other work had recently been completed, or was underway, on the Traveller community, it was agreed to concentrate resources in this research on the other sections of the ethnic minority population.

All of the research entailed drawing together information from a range of sources which included an extensive literature review of previous research and an analysis of secondary sources of data such as the 2006 Census. Information was also collected from a number of public and voluntary agencies. In addition to these, the following primary research was undertaken:

- Six focus groups comprising 43 people from six non-Irish/English nationalities
- A total of 87 interviews with County Donegal residents from 14 non-Irish/English nationalities
- Key informant interviews carried out with 53 representatives from a variety of organisations and communities including statutory agencies, community and voluntary groups, and private businesses. Some of the interviews took place face-to-face whilst others were conducted by telephone
- A postal survey of all 200 schools in County Donegal, with 75% returned
- A postal survey of GPs

There are a number of limitations in relation to the data sources used throughout this report. These are detailed in the following sections where relevant. Specific issues of note include:

- Limited or inconsistent ethnic monitoring of service users across all services
- Limited breakdown of ethnic minority data at county and sub-county level in the 2006 Census
- Census data only provides a snapshot in time and, as many of the ethnic minority residents of the county are migrant workers, the figures may vary considerably from year to year
- The very small numbers involved for many of the nationalities makes meaningful analysis and reporting difficult

The research provided a substantial amount of information and raised a large number of issues. It has been attempted in this short report to summarise all of this material but, inevitably, it is only presenting the key findings, with no room to present all of the data collected.

When approaching this piece of research the agencies involved considered that a wide definition of 'ethnic minority' was needed in order to try to capture the diversity that is evident in Donegal today. It was felt that an ethnic minority might be one of a wide range of groups who live in Ireland, and who define themselves by virtue of their race, ethnicity or national origin. They may be asylum seekers, refugees, migrant workers, Irish Travellers, Roma, foreign students and will be members of either new or established ethnic minority communities. It was felt that it was particularly important to take account of the fact that ethnicity is only one of the defining factors of an ethnic minority.

Each cultural and ethnic group shares a collective identity, based on a sense of common history and ancestry. As each ethnic group possesses its own culture, language, customs and practices, so each individual within the group possesses their own unique life experience and health, social, emotional, vocational and psychological needs. It is crucial that public service agencies can both understand and respond to those needs and aspirations through appropriate service provision.

However, this broad definition poses some difficulties in actually gathering accurate information on the numbers and nature of the different ethnic groups present in the county. In trying to assess the size of the ethnic minority population(s) it is necessary to take at least three elements into account: nationality, birthplace and ethnicity. Unfortunately none of these, either alone or in combination, provides an accurate picture due to the way that records are kept, the way that people perceive themselves and the colonial history of different parts of the world. For example, the 2006 Census reports that more than 11,000 ethnic Africans, 3,000 ethnic Chinese and 6,000 other ethnic Asians live in Ireland and declare themselves to have Irish nationality. Consequently, if nationality alone is used as the measure, over 20,000 people in Ireland, clearly from ethnic minorities, would be discounted. Furthermore, whilst 95% of the Nigerian nationals in the country declared their ethnic origin in the 2006 Census to be African, 60% of South Africans declared themselves to be 'other White background' – the ethnicity chosen by 82% of EU nationals and 75% of the rest of Europe.

There are also serious problems with using birthplace as a proxy for membership of an ethnic minority group. For example, the 2006 census records almost 23,000 people living in County Donegal as born in the UK but less than 7,000 with UK nationality (the figures suggest that the difference is largely made up of people born in the UK who claim Irish nationality).

A further area to be considered is religion, which is likely to bring with it some cultural differences to those found in the predominantly Christian, Irish population. Whilst the data available on specific non-Christian religions within the population is limited at county level, it is clear that there are around 1,500 people living in Donegal who declared themselves in the 2006 Census to be Muslim or other religions.

It is important, therefore, to read the material in this report with a clear understanding that it is based on the information that is available and that, wherever possible, figures have been cross-checked using different sources. It is occasionally, however, a 'best guess' and it is important that the population figures presented are seen to be an indication of the scale and nature of the diversity, rather than 100% accurate in the number at any one time.



The pattern of migration to the Republic of Ireland has been a relatively complex phenomenon with visitors and migrants entering and leaving the country for a variety of reasons and duration lengths, and arriving over many years. The majority enter legally, some illegally, some come to find employment, some to study, others are joining existing family members and some come to seek protection from persecution and war. Some migrants will enter as visitors and decide to stay whilst others who may have intended to stay will leave. Others will move around the country before finding more permanent residency. This pattern has resulted in a mix of ethnic minority communities, some of which have been in the country for many years and have adopted Irish citizenship (or who have been born in Ireland and are hence Irish nationals), and some of which are relatively newly arrived.

In April 2006 there were over 11,000 people living in Donegal who declared themselves in the census as having an ethnic background which was something other than 'Irish'. Of these there were 365 Irish Travellers and just below 7,000 declaring themselves as 'Any Other White'. Table 1.1 provides the full breakdown from the census and compares the national figures with those for County Donegal.

Table 1.1 Ethnic or Cultural Background

	Donegal		Ireland	
	No. in County	Percentage of County Population	No. in State	Percentage of State Population
Irish	133,753	92.35%	3,645,199	87.37%
Irish Traveller	365	0.25%	22,369	0.54%
Any other White background	6,976	4.82%	289,041	6.93%
African	593	0.41%	40,525	0.97%
Any other Black background	63	0.04%	3,793	0.09%
Chinese	146	0.10%	16,533	0.40%
Any other Asian background	618	0.43%	35,812	0.86%
Other including-mixed background	982	0.68%	46,438	1.11%
Not stated	1,338	0.92%	72,303	1.73%
Total	144,834	100.00%	4,172,013	100.00%

Census 2006 - Principal Demographic Results

This 'Any Other White' group is likely to be largely UK nationals but is also likely to include US, New Zealand and Australian nationals as well as those from other parts of Europe (including the EU). Figures are not available to help to identify any further detail where 'Other' or 'Not stated' is reported in the census.

The 2006 census does not provide information comparing age group against ethnic group, nationality or birthplace at county level but there is nothing to suggest that the pattern will be any different to that recorded for these nationally. Table 1.2 demonstrates that the population born outside Ireland has much lower numbers of under-14s and over-45s than the population born in Ireland. The reverse is true for those in the 15-44 age group (66% of those born outside Ireland compared with 43% of those born in Ireland) which would be consistent with a high proportion of migrant workers in those born outside of Ireland. It is likely that the figure of 66% is distorted downwards due to the large number of Irish nationals included in the figures who were born in the UK. A comparison with those born in Africa, Asia and non-EU Europe (as well as New Zealand) shows between 72-77% aged 15-44.

Table 1.2 Persons present on Census Night by Age and Place of Birth

(Percentages are of total population for each birthplace)

Birthplace	Total	Age				
		0-14	15-24	25-44	45-64	65 +
Ireland	3,559,384	21.8%	14.6%	28.6%	22.9%	12.1%
Outside Ireland	612,629	13.6%	16.2%	49.5%	16.1%	4.6%
- EU	438,489	12.1%	16.2%	47.9%	18.4%	5.5%
- Other European	27,517	15.6%	14.5%	59.6%	9.2%	1.0%
- Africa	42,764	18.4%	13.5%	58.1%	8.8%	1.2%
- Asia	55,628	12.5%	20.0%	56.6%	9.5%	1.4%
- America	38,301	24.8%	15.4%	39.7%	14.2%	5.8%
- Australia	6,624	22.7%	18.4%	48.4%	8.1%	2.4%
- New Zealand	2,393	12.1%	10.2%	61.6%	13.6%	5%
- Other Countries	913	16.3%	12.3%	55.2%	13.3%	3.0%
Total	4,172,013	20.6%	14.8%	31.7%	21.9%	11.0%

Census 2006 - Principal Demographic Results

Data collected from schools as part of the research showed that there were at least 430 children attending primary (277) or secondary (153) schools in the county. Approximately 42% of these were Polish, the remainder being spread across more than 30 other nationalities (other than Irish and UK).

The total number of migrants into Ireland in the 12 months ending April 2007 was 109,500, up almost 2,000 on the previous year and substantially higher than for any other year since the Central Statistics Office present recording began in 1987. However, this increase was offset by an increase in emigration, resulting in a net inward migration of 67,300, around 4,500 fewer than the previous 12 months.

It is clear that the overall percentage of ethnic minorities in Donegal is substantially lower than in Ireland as a whole. Tables 1.1, 1.3 and 1.4 confirm this. Once again, this would be consistent with a high proportion of migrant workers and Donegal's lower employment rates than many other parts of the country.

It is difficult to assess the extent of population changes beyond the 2006 census but the number of Personal Public Service (PPS) numbers registered in 2006 (the census was taken only a quarter of the way into the year) and 2007 would suggest that there has been some increase. It isn't possible to quantify that increase as the PPS figures will include people who have entered and left the County during the year.

Table 1.3 Nationality

Nationality	Irish	UK	Polish	Lithuanian	Other EU 25	Rest of World	Not stated	Total
Donegal County	133,181	6,469	709	215	903	2,293	915	144,685
	92.0%	4.5%	0.5%	0.1%	0.6%	1.6%	0.6%	100%
Ireland	3,706,683	112,548	63,276	24,628	75,323	143,958	45,597	4,172,013
	88.8%	2.7%	1.5%	0.6%	1.8%	3.5%	1.1%	100%

Census 2006 – Small Area Statistics

Table 1.4 Place of Birth

Place of Birth	Ireland	UK	Poland	Lithuania	Other EU 25	Rest of World	Total
Donegal County	117,046	22,675	714	236	981	3,033	144,685
	80.90%	15.70%	0.50%	0.20%	0.70%	2.10%	100%
Ireland	3,559,384	271,781	63,090	24,808	78,810	174,140	4,172,013
	85.30%	6.50%	1.50%	0.60%	1.90%	4.20%	100%

Census 2006 – Small Area Statistics

A more detailed picture of the breakdown of nationalities in the County emerges from the applications for PPS numbers. Between January 2005 and October 2007 there were a total of 7306 PPS numbers issued in County Donegal to 88 nationalities other than Irish/UK. Over half (47) of these countries had less than five people with PPS numbers issued in that period. The top 14 countries are shown below, though it should be noted, as above, that these will also include people who have left the County during the period.

Poland	3462	Hungary	140
Lithuania	576	France	126
Slovakia	536	Philippines	116
Latvia	295	Romania	114
India	279	Czech Republic	107
USA	250	Brazil	82
Germany	146	Sudan	81

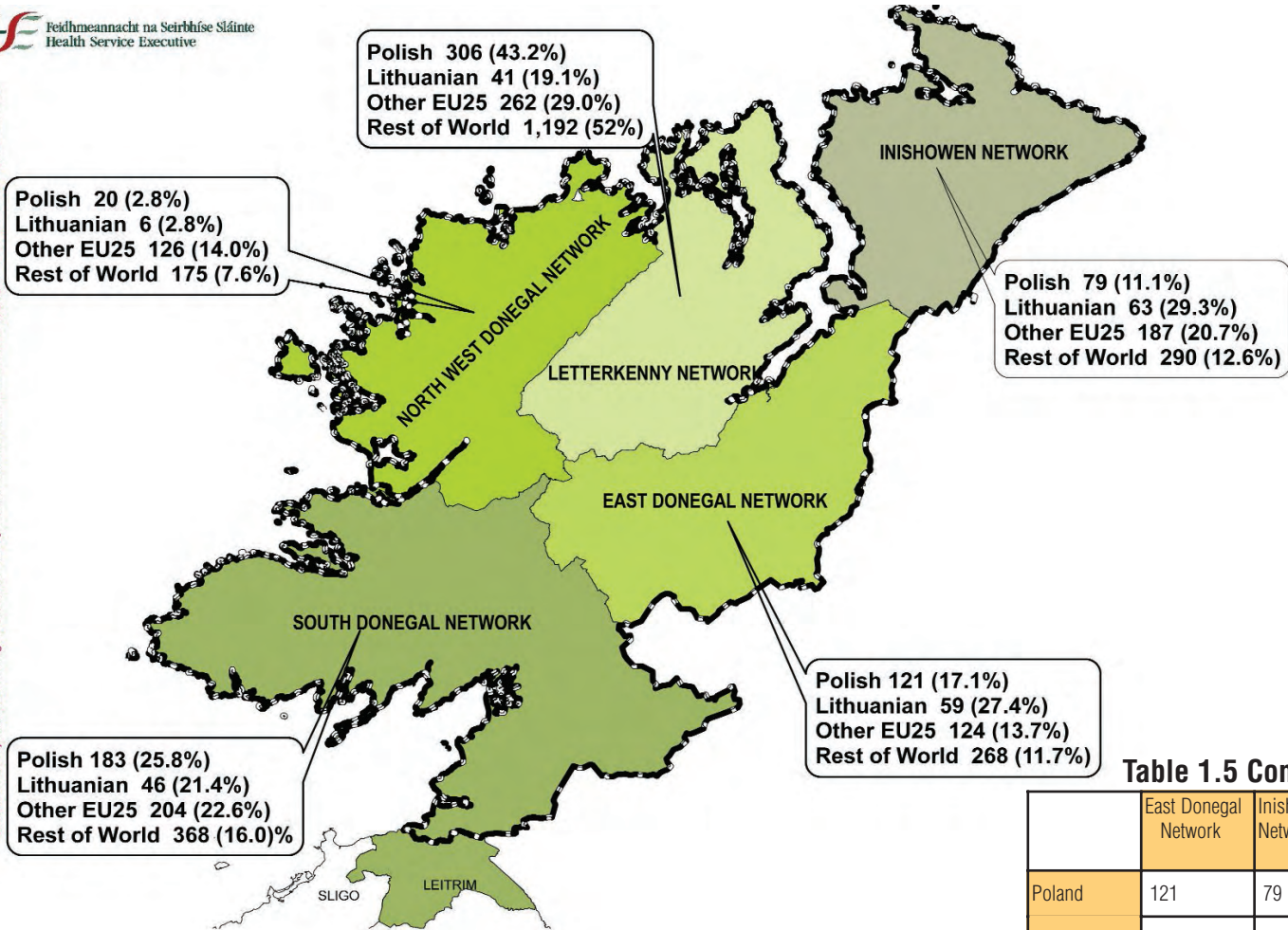
A further area to be considered is religion. Whilst the vast majority (96%) of Donegal's residents declared themselves in the 2006 census as one of the Christian denominations, 375 declared themselves to be Muslim and 1,137 as other religions.

As might be expected, the ethnic minority communities are not evenly spread across the county. Table 1.5 and Map 1.1 show the distribution of some of the ethnic minorities and it can be seen that most are concentrated in Letterkenny area, though Lithuanians appear to be much more evenly spread. There are also higher concentrations of ethnic minorities in South Donegal (possibly associated with jobs in tourism). The 'Networks' referred to in the table and map are geographical areas, used by the HSE, which cover 30,000-50,000 population.

Map 1. 1 Distribution of Nationalities (Percentages relate to spread across count



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Source: Dept of Public Health, HSE West

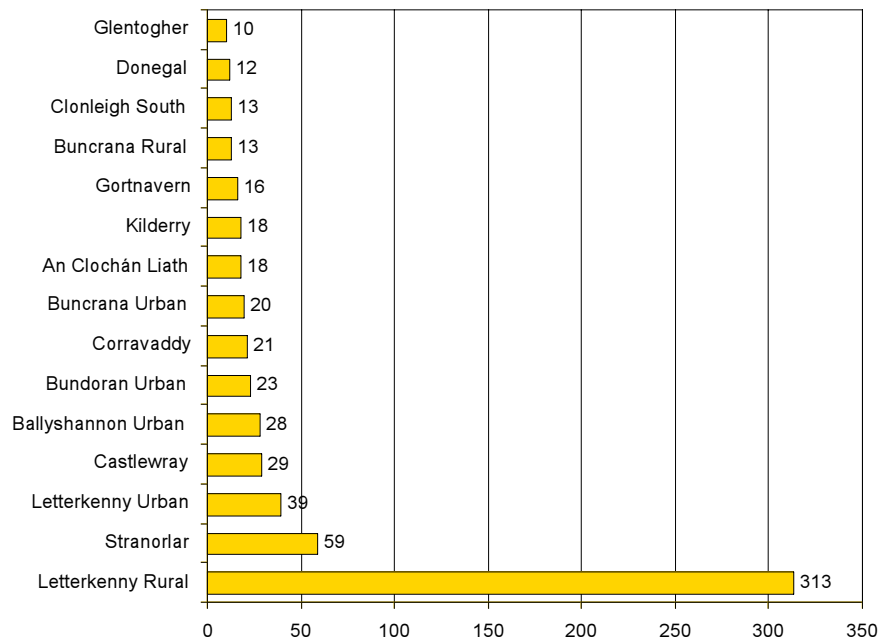
Table 1.5 Concentrations of Nationalities

	East Donegal Network	Inishowen Network	Letterkenny Network	North West Donegal Network	South Donegal Network	Totals
Poland	121	79	306	20	183	709
	17.1%	11.1%	43.2%	2.8%	25.8%	100%
Lithuania	59	63	41	6	46	215
	27.4%	29.3%	19.1%	2.8%	21.4%	100%
Other EU 25	124	187	262	126	204	903
	13.7%	20.7%	29.0%	14.0%	22.6%	100%
Rest of World	268	290	1192	175	368	2293
	11.7%	12.6%	52.0%	7.6%	16.0%	100%

Although the 2006 Census provides only a very limited breakdown of ethnicity at local level it is possible to use it to identify the concentrations of Asian/Asian Irish and Black/Black Irish residents in the County. Graphs 1.1 and 1.2 show the census enumeration districts in County Donegal with ten or more residents from these ethnic minority communities.

Graph 1.1 Concentrations of Asian/Asian Irish Residents.

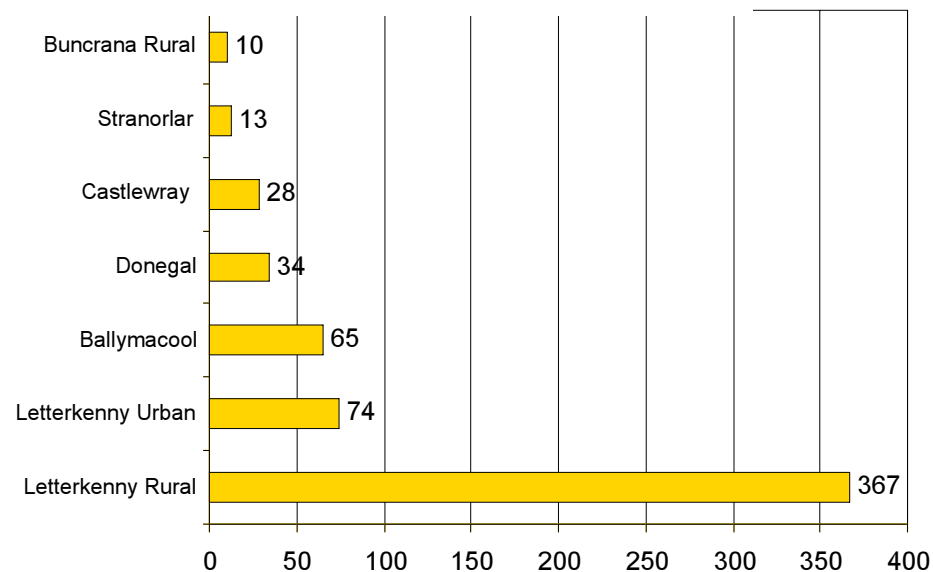
Electoral Divisions with 10 more Asian or Asian Irish Residents



Source: Census 2006 Small Area Statistics

Graph 1.2 Concentrations of Black/Black Irish Residents

Electoral Divisions with 10 or more Black or Black Irish Residents



Source: Census 2006 Small Area Statistics

As part of the research, discussions were held with a small number of employers and service providers that indicated that there is a seasonal dimension to migration which included students coming to Donegal to work during the summer months in hotels, bars and restaurants and the closure of some hotels from October to March resulting in migrants either moving to other areas to study or seek alternative employment or, as employers suggested, returning to their home countries.

Although it is acknowledged that the 87 people interviewed from ethnic minorities living in Donegal were not a strict sample of the population, largely due to the lack of accurate figures to enable a sample to be identified, something of the makeup of families can be seen from their responses. There were 47 males and 40 females interviewed in the survey and they represented 14 different nationalities. Exactly a third were Polish.

Of these 87 interviewed, 33 were married although only 18 of those had their spouses living with them in Ireland. Fifteen were living with partners in Donegal and 39 were single. Those interviewed indicated they had a total of 23 children born in Donegal during the last 5 years – 17 in the last 1-3 years and 6 between 3-5 years ago.

56% of those interviewed were parents; however, not all had children living in Donegal with them. Between them they had 57 children living in the county and a further 43 being looked after by family in friends in the home country of the interviewee.

Although there are no baseline statistics from the Census to illustrate the educational status of ethnic minorities in the county some indication can be gleaned from those interviewed. All had completed primary/elementary school, 85% had completed secondary/high school certificates and 66% had third level qualifications. Those holding degrees and post graduate qualifications were more likely to be from Eastern Europe, although 6 of those from African countries (with Extended Leave to Remain) recorded teaching, accountancy, engineering and law degrees.

There are reported to be up to 20 families from the Roma community living in the county,

mainly concentrated in Letterkenny and Buncrana. All of these families are reported to move between County Donegal and Dublin and are reported to be Romanian nationals, consequently they have freedom of movement but can only work if they have a work permit.



There are three main guidance documents which underpin the delivery of education services to ethnic minorities:

- Guidelines on Intercultural Education in the Primary School (NCCA 2005)
- Department of Education Statement of Strategy 2005 – 2007 (DES)
- *Delivering Equality of Opportunity in Schools* 2005: An Action Plan for Educational Inclusion (DES)

The **Guidelines on Intercultural Education in the Primary School**, from the National Council for Curriculum and Assessment, state that intercultural education is not an addition to the primary school curriculum, which itself is an intercultural curriculum. The *Guidelines* define intercultural education as having two focal points:

- It is education which respects, celebrates and recognises the normality of diversity in all areas of human life. It sensitises the learner to the idea that humans have naturally developed a range of different ways of life, customs and worldviews, and that this breadth of human life enriches all of us.
- It is education which promotes equality and human rights, challenges unfair discrimination, and promotes the values upon which equality is built.

The **Department of Education Statement of Strategy** underlines the Department's priorities in the promotion of equity and inclusion, quality outcomes and lifelong learning. It refers specifically to meeting the needs of a substantial immigrant population and returning emigrants, providing opportunities for greater diversity and enrichment of education and a requirement to make provision for the specific needs of these groups.

The *Delivering Equality of Opportunity in Schools* action plan focuses on addressing the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education (3 to 18 years). It is grounded in the belief that every child and young person deserves an equal chance to access, participate in and benefit from education, that each person should have the opportunity to reach her/his full educational potential for personal, social and economic reasons and that education is a critical factor in promoting social inclusion and economic development.

Additionally, an Integration Unit has recently been established in the Department of Education and Science. Its purpose is to ensure that the range of education policies across different areas of the Department and the bodies under its aegis take account of the need to integrate immigrants and their families. It will develop a national intercultural education strategy. The Unit will collaborate with the Regional Office Service of the Department of Education and Science, with the Reception and Integration Agency and with the Office of the Minister for Integration to address the educational needs of asylum seekers, refugees and immigrants.

In May 2007 the Department issued a circular to the managerial authorities of primary and post-primary schools which sets out the resources available to assist them in meeting the needs of pupils for whom English is a second language and in providing an inclusive school environment. It states:

“The school's commitment to creating an inclusive school environment should be evident in the school plan, the promotion of parental involvement, the provision of equality of curriculum access, the facilitation of professional development opportunities and in whole-school and classroom practice. Pupils should also be encouraged and facilitated in maintaining a connection with their own culture and language through curricular activities and displays”.

In order to attempt to comply with the spirit of these guidance documents a number of entitlements and provisions are in place:

- Every child in Ireland is entitled to free, state-run primary and secondary education regardless of their country-of-origin or immigration status. Attendance at full-time education is compulsory for all children between six and sixteen years.
- Free third level education is available to all EU nationals or people with official refugee status, although a number of conditions apply in respect of the type and level of course, and residency in the EU prior to undertaking the course.
- Language Support Teachers are provided, with funding from the DES, at primary and post-primary levels to those schools which have newcomer pupils who do not have English as their first language. The level of additional language teacher support is determined by the number of enrolled pupils for whom English is a second language and the associated assessed levels of the pupils' language

proficiency. As a result, some schools with a large number of newcomer children without English as their first language have up to 6 Language Support Teachers. Resources are normally provided for two years but this can be longer if it can be shown to be necessary. In the 2007/8 school year to date there were 24 Language Support Teachers in County Donegal Primary Schools and 8.2 full time equivalent Language Support Teachers in Post Primary Schools.

- The Department of Education and Science has commissioned assessment packs to assist schools in determining language proficiency of pupils. These packs are to be distributed to all schools.
- English language training in Donegal is provided for adults by County Donegal Vocational Education Committee (VEC) and information is published in a variety of languages in relation to location, times and venues for the free classes.
- Ethnic minority support groups can access funding through the Community Education Support Programme to provide 'mother culture' support such as dance and music classes, although the VEC reports a low uptake to date for the programme.

The research involved carrying out a survey of primary and secondary schools in the county, plus Letterkenny Institute of Technology, to gather information on the numbers, nationality, religion and educational attainment of the ethnic minorities they serve, as well as any particular issues arising for the schools themselves. There were 131 completed responses received from the 200 distributed and, of these, 31 primary schools and 8 secondary schools reported having ethnic minority students in attendance. The total number of ethnic minority schoolchildren reported was 430, of these 277 were at primary level and 153 at secondary level.

There are 175 primary and 26 post-primary schools in the county and, whilst the number of schools with ethnic minority pupils appears low, there are no 2006 census figures at county level that would help to cross-check the number of school age children from ethnic minorities. However, the proportion of the total non-Irish/non-UK population in the 5-19 years age group nationally (the closest category to actual school ages) is 8.3%. If that figure is applied to the same nationalities in County Donegal it suggests that there would be 418 children in that age group, reasonably close to the number identified in the survey.

A similar extrapolation of the 2006 census national figures would indicate 171 non-Irish/non-UK children in the 0-4 age group, i.e. potentially at preschool age. This figure needs to be treated with some caution as it takes no account of births within the ethnic minority population since April 2006. Preschool providers appear to keep no records relating to the nationality or ethnicity of children but a recent training analysis of 28 childcare services, carried out by Donegal County Childcare Committee, revealed that almost half had requested anti-discriminatory and/or cultural awareness training, possibly suggesting an increased level of demand for pre-school provision for ethnic minority children.

At primary level, the survey found that there were 277 children from 37 different nationalities in Donegal schools. The main concentrations were in schools in Letterkenny, Buncrana, Ballyshannon and Bundoran. By far the largest group of primary school children were from the Polish community and only five other nationalities had more than 10 children. The top six nationalities were:

Polish	-	111 children	Lithuanian	-	15 children
Filipino	-	20 children	Latvian	-	15 children
Indian	-	19 children	Romanian	-	13 children

Two-thirds of the ethnic minority primary school children identified in the survey were reported to be at the younger end, aged between four and seven years old.

The survey only revealed a very limited amount of information about the religious background of these children as two-thirds were listed as religion 'unknown' or religion was not stated. For those with an attributed religion, virtually all were Christian. One Muslim child was recorded. Guidelines say that the religion, if any, of all children should be recorded by schools. It is unclear from the research if this information is actually universally recorded or if the absence of information in the survey returns relates to difficulty by the individual schools in accessing the data.

Only 17 pupils at primary level were reported to have taken any exams. These had been literacy and numeracy screening tests and all of those tested were reported to have achieved between 40% and 50%.

At secondary level there were eight schools reporting that they had a total of 153 children from ethnic minorities and, as with the primary schools, the main concentrations were in secondary schools in Letterkenny, Buncrana, Ballyshannon and Bundoran. There were 32 nationalities recorded and, once again as with the primary schools, the largest group was of Polish nationality. Twelve nationalities were reported as having only one child at secondary level and the remainder had between 2-8 children. The top eight nationalities, having 5 or more children, were:

Polish	-	68 children	Nigerian	-	6 children
South African	-	8 children	German	-	5 children
Brazilian	-	6 children	Pakistani	-	5 children
Ghanaian	-	6 children	Filipino	-	5 children

The majority (93%) of the ethnic minority secondary school children identified were 12-16 years of age, with a slight bias towards the younger end.

As with the primary schools, the information provided on religion was very limited, with religion reported for only 40% of the children. Of these, 57 were reported as Christian, four as Muslim and one as Hindu. Guidelines say that the religion, if any, of all children should be recorded by secondary schools.

Letterkenny Institute of Technology (LYIT) is the only third level institution located in County Donegal. The Institute reported that there were 48 non-EU nationals and 27 EU nationals (other than Ireland and UK) studying with them. From the 28 nationalities reported the four highest were:

Polish	-	10 students	Nigerian	-	7 students
South African	-	8 students	Ghanaian	-	6 students

None of the ethnic minority individuals interviewed had children currently studying at third level institutions in Ireland but virtually all had long-term aspirations for their children to be educated to at least degree level. Concern was expressed, however, by some Africans interviewed, that their children might be excluded from this as they were not EU nationals and hence would be expected to pay substantial college fees.

County Donegal Vocational Education Committee's (VEC) Adult Education Service is the County's principal provider of adult education services for ethnic minorities. Approximately 1000 people attended a variety of part-time classes (accredited and non-accredited) in 2008. English for Speakers of Other Languages (ESOL) classes are the main service provided, but participants also availed of literacy classes, cultural studies, basic computers and family learning programmes. A specially-devised FETAC accredited programme, *Communications for the Workplace* was delivered in three areas. Twenty four people from ethnic minorities participated in full-time programmes in 2008 which included Leaving Certificate, Childcare and Computer Applications. Programme supports provided for students include handbooks printed in seven languages, all materials, access to Internet and email in some centres, childcare costs for attendance at ESOL classes and some full-time course and outreach tuition. The Community Education Support Programme provides funding for some educational activities organised for and behalf of ethnic minorities e.g. music, dance, art and crafts.

The top six nationalities using VEC courses in 2007 were:

Polish	-	436 people	Latvian	-	54 people
Lithuanian	-	58 people	Brazilian	-	50 people
Slovakian	-	56 people	Hungarian	-	46 people



Issues Raised Through the Research

A number of issues in respect of education provision for ethnic minorities arose from the research and these are summarised below under the various education sectors.

Pre-school Provision

- 1) Most ethnic minority parents interviewed believed that pre-school provision would greatly benefit their children, particularly if they had English language difficulties, and that it would prepare them for the academic and social demands of formal education. Several added that they believed that it would reduce the need for additional English language teaching resources in schools.
- 2) There appears to be no widespread ethnic monitoring at pre-school level and this potentially limits the appropriateness of the services and of the training/support being made available.

Primary Level

- 1) Ethnic minority parents interviewed reported that primary school had been a 'very positive' experience for children from all ethnic backgrounds and that this was as a result of both the individual teachers and the overall ethos of schools.
- 2) Whilst lack of English language was of concern to parents, many felt that younger children had gained proficiency in the language as a direct result of the additional support provided by schools and also the constant interaction with English speaking children.
- 3) Parents and service providers seemed to share the view that the limited English language proficiency of some parents made the parents nervous and restricted their interaction with the school.
- 4) The limited English language proficiency of some parents also restricted the parents' ability to support their children with homework etc.
- 5) It is unclear from the research if information on religion is actually universally recorded or if the absence of information in the surveys returned is caused by the schools having difficulty accessing the information. If the information is not recorded, then this will clearly impact on the provision of a culturally appropriate service.

Secondary Level

- 1) As at primary level, it is unclear from the research if information on religion is actually universally recorded or if the absence of information in the surveys returned is caused by the schools having difficulty accessing the information. If the information is not recorded, then this will clearly impact on the provision of a culturally appropriate service.
- 2) Parents who were interviewed reported that racial bullying was a concern. Parents also believed that more needed to be done to combat it. One parent reported that his son had come home on several occasions in his first month at secondary school with bruises on his arms and chest where he had been punched by other boys and racially abused. When it was reported to the school, the parents were told it was 'the normal boisterous behaviour of boys'.
- 3) The schools survey revealed a number of issues associated with language difficulties. These included:
 - a) Some students enrolling mid-year with no English language. It was hence difficult to gauge their academic abilities but it seemed to teachers that the children were finding the experience 'very difficult'.
 - b) Some children not taking the Junior Certificate as a direct result of not having sufficient language skills to take exams and schools were concerned for the long-term future of individual pupils.
 - c) Some ethnic minority pupils reportedly doing less well in subjects such as history and English literature, where language proficiency is more important, but better at mathematics and IT, where figures are more widely used.
 - d) Some concern being expressed that limited English language was restricting the ability of ethnic minority children to settle in socially.
 - e) Schools strongly calling for more language support and resources.



Third Level

There were no reports of any significant problems as students were believed to *'be fully proficient in English or had already completed degrees in their home countries and were familiar with the demands of student life'*

Further Education and Training, including ESOL

- 1) The ethnic minority residents interviewed reported that their experience of ESOL classes was very positive and staff were seen to be 'very flexible', 'helpful', and 'fully understanding of needs'.
- 2) The main barriers to accessing ESOL courses, reported by ethnic minority interviewees, were work commitments, particularly for those working shifts, child care and transport, especially in the rural areas (although it was acknowledged that VEC had provided transport where possible).
- 3) The majority of ethnic minority residents interviewed referred to gaining recognised qualifications that would help them get jobs commensurate with their skills and experience, though many said they could not afford to give up the time necessary to undertake more training.
- 4) Others interviewed, particularly those with small children, were interested in less formal training, such as art, creative writing, health and relaxation classes, that would allow them to socialise with others in a similar situation to themselves.
- 5) Those providing further education services to ethnic minorities reported that classes need to be more flexible to meet the demands and pressures on ethnic minority students. These barriers were the similar as those reported directly by the ethnic minority interviewees i.e. childcare, transport and work patterns.
- 6) Demand was reported, by both ethnic minority interviewees and by providers, for courses to deal with such issues as applying for a driving licence, completing forms, maternity services and school enrolment.
- 7) Service providers reported that there are increasing demands for further and higher education and information on courses in areas such as engineering, teaching, accountancy, nursing and IT.
- 8) There are, reportedly, regular requests for information on conversion courses to allow those who have qualifications and experience in their own country to apply for jobs at that level in Ireland. Many of these requests were not and could not be met by local service providers due to the nature and unavailability of courses at a local level.

- 9) Concerns were expressed that there appeared to be no national strategies in place for:
 - a) Provision and funding of ESOL;
 - b) Provision of educational opportunities at FE and adult level to support integration;
 - c) Recognition or conversion of qualifications gained by ethnic minorities outside of Ireland;



There are a number of key guidance documents that underpin the delivery of health services to ethnic minorities:

- Quality and Fairness: National Health Strategy, 2001
- National Intercultural Health Strategy 2007-2012
- Primary Care Strategy, 2001
- Vision for Change: Report of the Expert Group on Mental Health Policy, 2006
- Building on Experience: National Drugs Strategy 2001-2008.

The **Quality and Fairness** strategy contains a number of recommendations and actions aimed at targeting health inequalities, especially as they apply to socially excluded groups with special health and support needs. Specific reference is made in the strategy of the need for improvement in Traveller health, while mention is made of specific initiatives around the health of asylum seekers and refugees.

The primary objective of the **National Intercultural Health Strategy** is to provide a framework through which services are integrated, accessible and responsive, with the service user always at the centre. The principles, themes and recommendations embodied in the model envisioned within the Strategy are intended to support staff and users in active and meaningful participation in the design, delivery and evaluation of the provision of healthcare to ethnic minority people in Ireland.

The **Primary Care Strategy** provides for the commitment of the health system towards ensuring a more equitable, accessible and responsive quality of basic health and personal social services for all. The involvement of the community in planning and developing services is emphasised throughout the Strategy.

The **Vision for Change** report provides a framework for building and adopting positive mental health across the whole community and for providing accessible, locally-based services for people suffering from mental ill-health. The report refers to social exclusion and the specific needs of ethnic minority groups, and the need for provision of culturally sensitive mental health services.

The **Building on Experience** drugs strategy makes no specific mention of ethnic minorities, though it does refer to Travellers as a potentially 'at risk' group. The strategy does, however, acknowledge the impact that a range of socio-economic factors have on vulnerability to drug abuse.

In order to attempt to comply with the spirit of these guidance documents a number of provisions are in place:

- Community Services provides an interpretation and translation service to GPs and other primary care providers. Letterkenny General Hospital also uses the service and has its own core of interpreters
- Multi-language leaflets are available to users of the maternity/ante-natal service
- Leaflets used in the emergency services, which offer advice on key emergency care issues, such as head injuries, burns, eye injuries, etc, are available in 10 languages
- Multi-language parenting booklet "Straight Talk, A guide for parents on teenage drinking" is available in 13 languages and published in four of these in Donegal
- Community Services has arranged for a wide variety of information leaflets and medical reports to be translated
- An ethnic identifier has been included in the National Drug Treatment Reporting System collated by the Health Research Board Ireland on behalf of the HSE Drug and Alcohol Services
- There is an Intercultural Committee for Letterkenny General Hospital
- Intercultural training events for hospital staff are held each year
- "Welcome" (in forty languages) posters are displayed in the hospital
- Letterkenny General Hospital has a specially designated area where Muslim staff and patients can practice their faith
- To address the problem of the lack of an interpreter in emergency situations staff have been provided with an emergency multi lingual hand-book and staff training has been provided

There appears to be no central point for collection and collation of health data relating to ethnic minorities in the County and it is clear from the research that recording of ethnicity and nationality is patchy in the various elements of health provision, even though systems do exist. For example, a correspondent from NowDoc, the out of hours GP service, reported that whilst their software allows recording of ethnic group it is not currently used. Similarly, the second largest category of nationality recorded in Letterkenny General hospital Accident and Emergency department attendance figures is 'Other', which was only slightly less than the highest category and almost five times the third highest category, which was 'Not

specified'. It was also reported in the research that ethnicity is not recorded in maternity statistics. Research carried out in 2004 indicated that 24 mothers, out of a total of 1693, who delivered babies at Letterkenny General Hospital, recorded their religion as something other than one of the Christian denominations. The largest group (15) were Muslim.

This lack of consistent recording has meant that very little quantifiable data was available to the researchers in respect of health services in the county. Unfortunately, this is compounded by the lack of availability at county level of nationality data in the 2006 census, meaning that comparisons of service usage by the different nationalities are virtually impossible.

Health services are delivered through a wide range of units at both acute (hospital) and primary (community) level. Some of these services are focused on treatment and some on prevention or health promotion. Additionally, the health 'career' of any specific individual can be complex. For example, a pregnant woman might interface with her GP, practice nurse, public health nurse, midwife, maternity unit staff, pharmacist and several administrative staff. Consequently, any breakdown in communication or cultural awareness at any level can impact on the support and



treatment received by, or available to, the individual at other points in the process. This complex network of service delivery also means that recording of ethnic minority usage is equally complex and, as reported above, is not consistent. Consequently, the information gathered, and presented in this section, will be incomplete, partly due to the inevitable limit on resources (i.e. it would be financially prohibitive to speak to everyone, at all levels, who delivers or receives services), and partly due to the actual availability of data that is robust enough to be useful. There are, of course, occasional operational difficulties, for example in emergency situations where an interpreter is not immediately available, when ethnicity/nationality recording is difficult and this is also acknowledged.

It is important to appreciate that health issues in respect of ethnic minorities are not primarily due to them being from a particular culture, country, religion or ethnicity but that their vulnerability in health terms often arises from the circumstances in which they find themselves. For example, the National Advisory Committee on Drugs makes the following argument:

The vulnerability status of persons from different cultural and ethnic groups in Ireland is acknowledged in a number of national policies and documents. It is widely recognised that groups at particular risk of social exclusion include asylum seekers, refugees and migrant workers. Members of these groups are also at heightened risk of involvement in illicit drug use, not because of their ethnicity or minority status, but because of a range of economic and social disadvantages occurring to varying degrees across different ethnic groups.

Little information appears to exist on the specific health and social well-being of people from the long established ethnic minority communities (except Travellers). The HSE National Intercultural Health Strategy suggests that language is the main barrier to accessing services, although this may not apply to large numbers of ethnic minorities that have been settled in Ireland for a number of years. This Strategy also echoes the point made by the National Advisory Committee on Drugs that individuals in ethnic minority communities might face multiple forms of deprivation and hence face greater health risks.

Migrant workers have a range of health needs reflecting the diversity of the group but they are affected by three key determinants: their individual characteristics (e.g. age, sex, and ethnicity), their country of origin and the circumstances of migration, and the socio-economic conditions in the host country, including less developed health systems. The associated risks include immunity from certain diseases, different susceptibilities to certain cancers and blood disorders and poor mental health. However, the Health Protection Agency in the UK suggests that migrant workers have general health needs similar to individuals of equivalent age and sex in the indigenous (UK) population.

Asylum seekers are possibly one group where there would be greater concern than other groups of migrants, due to some of the circumstances they have faced prior to their arrival in Ireland. It has been estimated that between 10% and 35% of those seeking refuge in Europe have been victims of torture in their pre-migratory country. Additionally, UK reports indicate that many asylum seekers may have lived in areas with poor health care provision and some may have lived in refugee camps with an increased risk of infection associated with poor sanitation, higher prevalence of communicable diseases and poor nutrition.

A Public Health Nurse working in the area of Letterkenny with a small concentration of Roma families reported that she saw no significant illnesses that would be different to the general population and that she had not observed any particular mental health problems. The specific health issues that she saw were associated with an apparent lack of willingness to access routine services, such as ante-natal care and children's immunisation. It was also reported that there is possibly also some overcrowding, which research suggests has negative health impacts.

Individuals and families on lower incomes are entitled to free medical care and can apply for a medical card to enable this. Asylum seekers, who are legally prevented from working and hence have below minimum income level required, are issued with medical cards and in 2007 there were a total of 90 asylum seekers, all male, in County Donegal. The average numbers of asylum seekers and refugees (including those with leave to remain) in the County with medical cards through 2007 were 173 males and 168 females. For migrant workers and for members of long-term settled ethnic minority communities their eligibility for a medical card will depend on a 'habitual residency' test and on their income. As, by definition, migrant workers are likely to have an income, they will probably be above the medical card eligibility ceiling if they

are working full-time and receiving at least the statutory minimum wage. The Medical Card application form seeks no information regarding ethnic origin, nationality nor religion. Migrant workers may also have some difficulty with the 'habitual residency' conditions.

GP Services

The largest category of visits to GP surgeries were maternity-related, particularly in the early stages of pregnancy, and virtually all interviewees recorded a positive experience in relation to the service provided, although language was recorded as a difficulty for some which resulted in family members or friends attending appointments to interpret. The survey also found that fractures and muscular injuries were among the common causes of males visiting their GP and the majority of these had been caused at work. No figures are available for usage of NowDoc, the out-of-hours GP service, by ethnic minorities. Other categories of visits to GPs included vaccinations, depression and blood pressure.

The majority of respondents believed their health status was generally good and reported few ongoing medical conditions. However, there were reports of individuals who regularly received medication posted to their homes in Donegal from family members in other countries, or travelled back to their home country for treatment. The men interviewed appeared to be more reluctant to register with or visit a GP and when asked what they would do if they had a medical emergency or ongoing complaint, many indicated that they would attend the Accident and Emergency Department of Letterkenny General Hospital or try to pay for a doctor who would treat them immediately. This appears to be borne out by the figures from the hospital later in this section. Around 40% of the females interviewed said that they would prefer to be treated by female GPs but had difficulty locating them.

Of those interviewees who had experience of GP services in County Donegal, the majority reported that they had a favourable experience of services. Ethnic minority focus group participants, however, gave a number of examples of poor communication, particularly in relation to medical terminology and feeling 'completely dissatisfied', lack of explanation of diagnosis, difficulties in making appointments and in some cases 'very unhelpful and rude' reception staff.

The largest nationality attending Letterkenny General Hospital Accident and Emergency department is Polish, with a total of 362 attendances (compared with a total Polish population in the county of 714). Two thirds of these were men, seemingly confirming the reports by interviewees of male preference to use emergency department as first choice, rather than a GP.

The HSE West Drug and Alcohol Service (Donegal) offers a treatment focused clinical service to residents in County Donegal who want help with alcohol and/or drug related difficulties. The team is staffed by nursing and non nursing personnel working in active partnership with the client, in order to provide a free and confidential service. The service accepts referrals via the telephone or letter from the individual, concerned parents/carers, GPs and others. All packages of intervention are mutually negotiated and agreed with the individual concerned. The service also endeavours to raise public awareness on alcohol and drug use, misuse and dependency.

The Drug and Alcohol Service takes the form of delivering advice and information, education, training, individual and group counselling, community-based and in-patient detoxification, a relapse prevention programme, an aftercare programme and assessment for residential rehabilitation. An out-patient day therapeutic programme for alcohol and drug dependency is delivered in the service headquarters in Letterkenny. Appointments for assessment, counselling and advice are offered and delivered within community locations across Primary Care networks including health and primary care centres, acute hospitals, community care centres, specialist units and the individual's home. The service has established referral pathways with acute hospitals (A&E), social work departments, voluntary sector, Gardai, Primary Care, schools, youth services, mutual help groups, and community groups and organisations.

The Drug and Alcohol Service has reportedly had few referrals from ethnic minority individuals (excluding the Traveller community) although the team felt that 2008 saw an increase in referrals, particularly from the Polish community. Figures provided under the National Drug treatment reporting system for Donegal showed an increase in cases from non-Irish/non-UK nationalities from two cases in 2004 to eight cases in 2006 (where the nationality was known). The average age of these service users was believed to be in the 30s. In the main, the team believed that, based on those availing of the service to date, ethnic minority individuals have brought with them

their patterns of drinking and drug use from their home country, though some of the issues associated with living in Ireland, and for those unable to work, seemed to result in an increase in drinking. Depression was a common feature in those seeking help.



Mental health services in the county are primarily community-based with a 38 bedded treatment unit in Letterkenny. Community services are delivered through four mental health teams based in Donegal Town, Dungloe, Buncrana and Letterkenny (Ballyshannon and Bundoran area is served by mental health services in Sligo). These teams have a number of specialist staff and offer assessment, intervention and care planning. Referral to the mental health services is via the GP.

There are no numbers available for the use of mental health services by people from ethnic minority communities, although it was reported that a new database would be launched early in 2009 that would record this information. It was, however, reported that the impression is that the number of ethnic minority users of mental health services is small, with the majority believed to be asylum seekers. It was reported that it is believed that up to a third of asylum seekers in the County are referred for some kind of mental health support.

Issues Raised Through the Research

There was general satisfaction expressed by ethnic minorities who had used accident and emergency services and maternity services in County Donegal, although language and cultural awareness issues were raised.

A key problem reported by virtually all healthcare professionals and ethnic minority individuals centred on language and communication barriers, particularly when attending the hospital Accident and Emergency Department or accessing maternity services as these cases generally arrive at very short notice and provision often could not be made for an interpreter quickly. It was reported that many service users brought friends or family members with them to appointments to interpret and, in some cases, these interpreters were young children who would not understand the issues being discussed. One example of the difficulties caused by language difficulties was expressed by a Polish mother:

“I felt very lonely when it should have been a very happy time for me. I couldn't ask questions and the nurses had to show me how to do things over and over to make sure I could understand. I was in a ward with other new mothers who were chatting



and laughing together, showing off their babies and getting advice from each other. I felt so far away from home in those days and alone even though I had more people around me than ever before in Ireland. That was the day I really started to learn English”.

Referral to mental health services via the GP may be a barrier, given the low level of registration with GPs reported by ethnic minority interviewees.

The Mental Health Services in the County have reportedly built up good working relationships with the Traveller community but concern was expressed that this might be harder with other ethnic minorities as there were, as yet, very few community organisations within the ethnic minority communities and hence structural links would be more difficult to establish.

The Addiction Services staff in the focus group expressed concern that assessment and treatment in rehabilitation programmes is very difficult for those with little or no English. Counselling is offered on a one-to-one and group basis and there is great concern at the inequality of provision through a third person, the interpreter. There is also concern that others in group therapy would be uncomfortable with an interpreter present.

Several healthcare staff pointed out that even in situations where an interpreter was present, often they did not have the necessary medical knowledge to understand and communicate the discussion. This was particularly the case when explaining immunisations such as those given to babies.

Staff from the Addiction Team expressed concern that:

- Little knowledge exists within the service as to the norms surrounding drinking patterns and behaviours in other countries
- Individuals and families who are not registered with a GP might not hear of the services available
- Much of the drinking appears to be binge drinking which brings associated risks of injury

There was particular concern expressed by health staff about patients' ability to understand medication dosages as there was always a fear that a patient might overdose or under-medicate if they could not clearly understand labels on the medication.

It was clear that there is only limited awareness by ethnic minority residents interviewed of:

- the range of health services available to them
- how to access health services
- their entitlements to health services

Those who had been through the asylum seeking/leave to remain system appeared to have a greater awareness than migrant workers. There also appeared to be some confusion amongst migrant workers about their rights in accessing health services if they worked in Northern Ireland but lived in Donegal and this may be a particular problem given the reported number of work related injuries to men.

Whilst some cultural awareness training has been carried out within the health services in the County, it was felt by both some staff and some ethnic minority interviewees that more might be required. It was noted that there is ongoing staff turnover and that the nationalities represented in County Donegal continue to change so that training needs to take account of this. It was reported, for example, that prior to 2004 most ethnic minority users of maternity services would have been Romanian or Nigerian, but after 2004 they were Polish.

A particularly sensitive issue which arose through discussions with Public Health Nurses is dealing with cultural issues where Irish legislation and official guidelines conflict with what might be normal in the home countries of service users. This might include issues of age of marriage, child discipline, and leaving young children in the care of slightly older siblings. These issues had to be dealt with sensitively as mishandling had the potential to destroy trust and confidence in individual staff and the services generally.

Mental health issues have been referred to in much of the existing literature on the needs and experiences of ethnic groups, particularly asylum seekers and refugees (who may have experienced trauma and torture before their arrival). These reports all point to a number of common issues including:

- Stress created by immigration process, living conditions, poverty, isolation and having to adjust to a new country
- High levels of post-traumatic stress disorder, depression and psychosis among asylum seekers
- Racism, discrimination and workplace exploitation
- Low levels of uptake of mental health services
- Location of specialist services for torture victims– they are Dublin-based
- Lack of knowledge of services including location and entitlements
- Language difficulties and confidentiality issues – particularly where translation services are weak
- Experience of ‘direct provision’ hostels for asylum seekers – lack of privacy, overcrowding and disempowerment
- Social isolation and loss of family and community supports
- Skilled workers in unskilled jobs leading to reduced status and disempowerment
- Separation from families and children
- Childcare problems



All of these concerns regarding vulnerability to mental health problems, and to accessing services, were echoed by service providers and ethnic minority interviewees in the county. However, less than 10% of those interviewed had visited their GP for mental health reasons even though many reported feeling 'low', 'very homesick' 'lonely' and 'depressed' but had thus far not looked to find professional medical assistance for a variety of reasons, including lack of knowledge of availability, access or location of services and language barriers.

Although no figures were available, concerns were expressed, by both service providers and ethnic minority interviewees, that there was a widespread problem of binge drinking of alcohol, particularly among young single men who were living away from their homes and families and had little or no social interaction outside their working hours. It is not known if binge drinking increases after arrival in Ireland.

All medical professionals spoken to found that having no previous medical records of individual patients was a significant problem and found it took longer to diagnose problems, identify solutions and make referrals. It was also reported by the emergency department that there are concerns regarding integration with other services for follow up, this particularly being the case when patients are not registered with a GP.

It was clear from the interviews and focus groups that where there was contact with Community Welfare Officers and Public Health Nurses it provided good access to support and, importantly, signposting to other services. However, both service users and providers felt that staff needed more support to help them to interface more effectively with ethnic minorities.

