

Who Knows, Who Cares?

Irish Health Inequalities in Coventry

THE UNIVERSITY OF
WARWICK

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Executive Summary

1 Introduction: Researching Risk and Resilience among First and Second Generation Irish People in Coventry

- 1.1. This report presents the findings of a collaborative study between the Coventry Irish Society and the Department of Sociology, University of Warwick, conducted between 2005 and 2007, based on the doctoral thesis of Marie Clucas. The research sought first to update evidence in the light of the 2001 Census which, along with evidence from other parts of the country, shows a continuing Irish 'health penalty' and one that persists across different generations. The main aim, however, of the Coventry research was to explore the underlying reasons for this statistical relationship, through 32 narrative health interviews with 16 first and 16 second generation Irish men and women, in order to enable improved interventions.
- 1.2 The 'critical realist' approach sought to probe under the statistics to show the real impact of Irish health inequalities, told through the voices of the people experiencing them. The narratives sought to reveal the wider environmental influences or generative mechanisms of health and illness, incorporating the interviewees' own reflections on these issues. It looked not just at the risk factors for health, but also how community resilience helped to protect Irish people from harm. Policy makers and practitioners need to recognize both, helping to combat the one and strengthen the other, and above all avoiding a negative stereotyping that just portrays Irish people or people from other disadvantaged and discriminated against groups as simply 'victims'. The stories presented do not just draw attention to removable injustices, but celebrate people as heroes triumphing over difficult circumstances.
- 1.3 A distinctive feature of this project which may serve as a model for researching other communities was its collaborative nature. It was overseen by a Steering Group involving the Coventry Irish Society, who refined the research questions, facilitated access to interviews, undertook many of the interviews, and discussed the emerging findings. This approach overcomes some of the concerns that communities have about being researched by outsiders, facilitates access to so-called 'hard to reach' communities, and also utilizes insider knowledge to enhance the quality of the research.

2 An Unequal Bargain: Its Effects on the Health of Irish People in England and Coventry

- 2.1 There is ample evidence presented in the report of persistent and extensive health inequalities which, since they persist across generations, cannot be attributed to the temporary effects of migration. Despite this widespread evidence, the inequalities themselves have been neglected by policy makers and practitioners, even in a city like Coventry where Irish people form a substantial part of the population. Where it is noticed, lifestyle influences such as drinking habits are targeted, while poverty and discrimination are not, in ways that encourage victim blaming. They have thus been largely invisible externally, partly because of their white skin colour, and this has perhaps been compounded by the fact that the Irish community have not pressed their case as other groups, perhaps because the 'troubles' of the 1970s and '80s encouraged people to keep a low profile. However this is now changing, and through local organizations like the Coventry Irish Society (CIS) and national organizations like the Federation of Irish Societies (FIS), Irish people have been pressing strongly to have their health problems addressed.
- 2.2 In Coventry Irish people form one of the largest ethnic minorities, many migrating in the 1950s at the time of the boom in the postwar reconstruction of the city. Many came to work in the expanding car and engineering industries, transport and public services. Irish people thus played a central role in the city's prosperity and also in trade unions, business and political life. The interviewees in the study were proud of the contribution they had made. Migration stalled in the 1970s recession, though it continued in other places such as London. Irish people experienced discrimination, and in the context of the IRA's mainland bombing campaign, tended to keep a low profile. They were often hit hard by the recessions and deindustrialization of the city that occurred in the 1970s and '80s. Though there was a recovery from the 1990s, inequalities in the city remained wide, with health disadvantage an expression of these divisions. For example, areas like Wood End and Stoke Aldermoor, places where Irish people had made their homes, were badly affected by the migration of capital.
- 2.3 Thus the statistics uncovered by our research on Irish poor health in Coventry can be largely attributed to an 'unequal bargain' whereby Irish people contributed considerably to the prosperity of cities like Coventry but did not receive fair shares in return. Even in the years of boom they often did not share the general affluence, though it did enable them often to escape worse conditions in Ireland (the historical roots of which lay in its colonial legacy), and this disadvantage was exacerbated further during the years of economic decline. However their poor health cannot be entirely explained as the result of socioeconomic disadvantage. After taking this into account, other factors seem to be at work. Was this due primarily to the effects of discrimination, either directly or as a factor having more general and diffuse effects on wellbeing? What part did Irish 'culture' play in either exposing Irish people to health risks, or fostering their resilience? These were the complex issues that we sought to explore through the semi-structured health narrative interviews, drawing on the conceptual framework put forward by Nazroo (1997, 1998).

3 Research Findings from Interviews with Coventry Irish Health People

- 3.1 The analysis of the interviews shows that it is not easy to disentangle the effects of socioeconomic disadvantage, structural discrimination and cultural adaptations by Irish people themselves. Rather these influences interact in complex ways, and qualitative research interviews show these complexities in ways that statistical correlations cannot. In this section we seek simply to draw out some of the major points arising from them, rather than directly quoting from the powerful testimony of Irish interviewees, which readers can access by reading the full report.
- 3.2 For the first generation, one of the most enduring influences was the effects of childhood poverty in Ireland, which was often still fresh in people's memories. The enduring effects of this poverty on people's confidence was noted by many respondents, and also the impact it had in leading people to accept slightly better but still unsatisfactory life circumstances in England. These were often diverse, but a substantial number of men and women had worked in Coventry factories. Construction work figured among men, and nursing among women. These occupational experiences had caused a range of health problems, according to the interviewees. One of our key findings is then that occupational influences are particularly downplayed whilst attention is focused on 'cultural' and lifestyle factors. Construction work was also chronically characterised by insecurity, while factory work became so from the 1970s. The links between the health risks of poor work and unemployment thus reinforce each other. Women interviewees who had undertaken nursing in Coventry hospitals, also often complained of back trouble. On top of this, interviewees often noted the corrosive effects of discrimination on people's mental health and well being. They also recognized that 'stress' can also work through 'mind-body' pathways to cause physical illness too. Some found that when they challenged discrimination e.g. as expressed in Irish jokes, this had positive benefits.
- 3.3 Second generation Irish people interviewed on the whole enjoyed a better standard of life than their parents, though were still often either economically disadvantaged, or had found the struggle to rise in society had exacted a toll on them. They still felt they lacked confidence and experienced high levels of stress. Some however said that growing up in an Irish community where poverty was 'normal' had to some extent protected them from a sense of social exclusion. The experience of discrimination was more covert than that undergone by the first generation. Some of the respondents reported feelings of stress associated with the application of the label 'plastic paddies'. The label is a derogatory term, sometimes used by Irish born people to describe the second and subsequent generations. The use of which may evoke feelings of stress and anxiety in those seeking to express an Irish identity. They thus experienced a sense of dislocation and lack of belonging, caught between two 'hegemonic' domains of England and Ireland, which generated negative psychosocial effects. The Census question was also a matter of controversy and even confusion as it forced people to choose between a white British and an Irish identity. Some took ethnicity to mean country of birth and others were reluctant to embrace an Irish identity which was seen as socially stigmatizing. These findings indicate that it is not just overt discrimination but perceptions of stigma that can have diffuse but negative effects on health and wellbeing.

- 3.4 Overall our research shows the complexity of 'cultural' influences. They are variable, may be partly a response to the disadvantage experienced in relation to the dominant culture, and can have positive as well as negative health effects. For example, Irish drinking is often seen as characteristic of male Irish culture, but there is evidence that this is complex issue, influenced by interaction with the wider environmental influences in the UK, for example that pubs were for first generation men major sources of support and job information for isolated migrant workers. There is conflicting evidence on the extent to which Irish people drink more in the UK than Ireland, and perhaps a need to avoid sweeping generalizations about either. Recent research in London and Dublin gives rise to concerns that Irish young people in the UK may be combining 'Irish' emphasis on quantity with an 'English' tendency to frequency. Evidence suggests a higher consumption of alcohol than among people from other ethnic minority groups, and men from both generations indicating the need for targeted and culturally sensitive services. Some Irish interviewees in our study did perceive Irish cultural traits such as heavy drinking and 'fried breakfasts', but stereotyping can occur from within as well as from without. They also associated the latter with positive features such as sociability and fun, or good 'craic', and Irish music and dancing. The first generation interviewees also expressed a 'stoical' approach to life that might have helped to promote resilience in the face of adversity. However this was also associated with a reluctance to seek medical help for illness among older people, which might be a matter of concern for policy makers. There was also a tendency for some interviewees to feel alienated from health services that were not regarded as sympathetic or user-friendly. Our research does not necessarily suggest that these experiences are exclusively 'Irish', but may be compounded by disadvantage and discrimination.
- 3.4 Our research certainly confirms the view that cultural support can have protective effects in circumstances where a group experiences considerable disadvantage and discrimination. Often this is at a very practical level, with examples given of how family and friends rallied round to help. However, it also corrected such stereotypes, as this support was not universally seen as available, particularly where second generation people have been geographically or upwardly mobile, or married outside the Irish community. For policy makers it means that they should not assume such support is available, as justification for limiting statutory provision. It also highlighted the role that Coventry Irish Society can and does play in helping to provide sources of identity and support when this may be fragmenting among Irish people themselves.
- 3.5 The research also showed the complex effects of religion on health and wellbeing. For those with religious faith, and particularly first generation women, it was a source of strength and also provided access to valued social networks. However some, more often men from the second generation, also referred to the negative effects on their esteem of what they called 'Catholic guilt', and expressed hostile feelings towards religious 'indoctrination' of the effects of the Church on their upbringing.

4 Conclusions and Policy Implications

- 4.1 Our research has found significant common patterns among Irish men and women of first and second generations, shaped by gender and generation, and by interaction with a wider environment characterised by disadvantage and discrimination. However it has also shown considerable diversity and difference among our 32 interviews. The first message for policy makers and practitioners then is to be aware of some of these patterns and their implications, but do not stereotype. Treat the person in front of you as a unique individual and not just a member of an 'ethnic minority group'. We have dug deep beneath the statistics to show the human picture, and revealed how Irish peoples' cultural adaptations to the circumstances they found in Coventry have helped to protect them against the adversity imposed on them by the wider society, but also to some extent put them at risk. Policy makers and practitioners therefore need to be aware of strengths as well as weaknesses, to seek to strengthen the first and combat the second. However they should not romanticize strengths, or blame the victims for problems whose source often lies in the wider society.
- 4.2 Our research indicates the need to tailor policy and practice interventions to the rather different experiences and needs of first and second generations. (This approach might also of course address findings within the third generation, though our research did not cover this ground.) As far as the first generation is concerned there is a demographic bulge of people growing older, who are experiencing high rates of sickness and chronic disability due to accumulated disadvantage. For some a stoical attitude means they are reluctant to seek help and may often feel alienated from services. For the second generation there is evidence of substantial cultural dislocation, stress, and the adoption of potentially risky health behaviors. This indicates the need for stronger official prioritization of the health needs of Irish people in Coventry, more education of health workers, and for outreach and culturally sensitive approaches. This in turn requires greater recognition of the positive role that an organization like the Coventry Irish Society can and does play, in providing day to day support, but also broader community development work that helps strengthen bonds in ways that build bridges with the wider society. Our new research findings thus confirm the importance of such an intermediary organization, which has considerable experience and enjoys the trust of a broad spread of community members, to tackling the problems that our report has identified.

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Thank you to Frank Malone for supplying the photograph for the front cover. Photograph subject: Actor Terry Doyle at Coventry Cathedral.

For copies of the full report contact Coventry Irish Society.



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