

Recognising diversity in Public Health

**Additional tables to accompany the 2013
Director of Public Health Annual Report**

June 2014



**Public Health
Agency**

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INTRODUCTION

Under the broad heading of diversity this document contains a profile of twelve aspects of the population. Even at 150 pages it can only be an overview and where possible we have sought to point readers to other sources.

For each aspect of diversity we have sought to provide information in the following categories where it exists or in some cases to highlight gaps in knowledge.

1. Prevalence
2. Trends
3. Geographical spread
4. Population characteristics
5. Health needs
6. Key points including other sources of information or some relevant studies.

People do not fit into one category but many and have multiple facets. The interplay between for example poverty and disability or poverty and age is well documented. In the sections on characteristics and key points we have tried to link some aspects of diversity however an all-encompassing approach to this complex task is beyond the scope here.

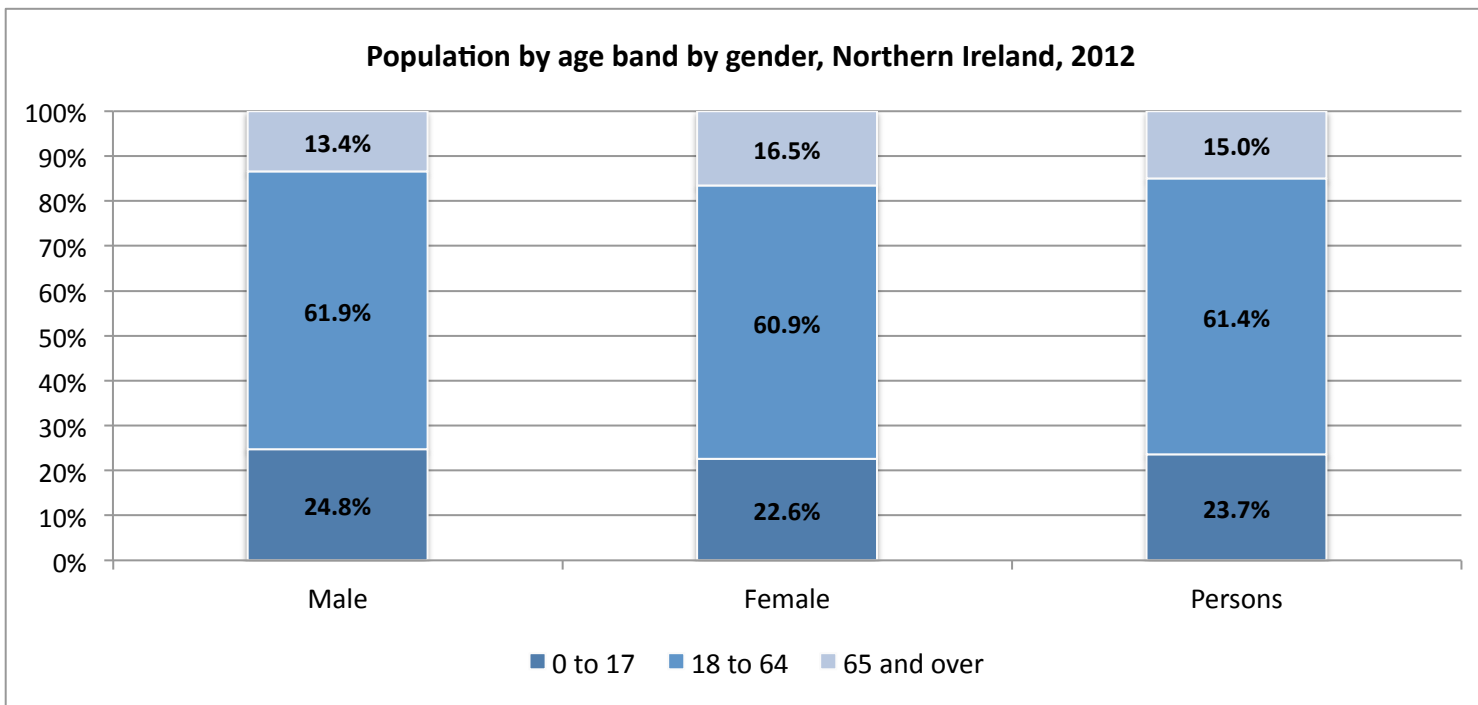
Much of this data is available from a range of other sources and these have been identified in each section so the reader can access more or potentially updated information if available. It is hoped it will be useful to a range of the PHA's partner organisations.

SECTION 1:
- AGE -

AGE - PREVALENCE

1.1 Population by age band by gender, Northern Ireland, 2012

Age group	Northern Ireland					
	Population, 2012			As % of total population		
	Male	Female	Persons	Male	Female	Persons
0 to 17	221,414	210,160	431,574	24.8%	22.6%	23.7%
18 to 64	553,668	565,573	1,119,241	61.9%	60.9%	61.4%
65 and over	119,466	153,353	272,819	13.4%	16.5%	15.0%
All ages	894,548	929,086	1,823,634	-	-	-



Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm>

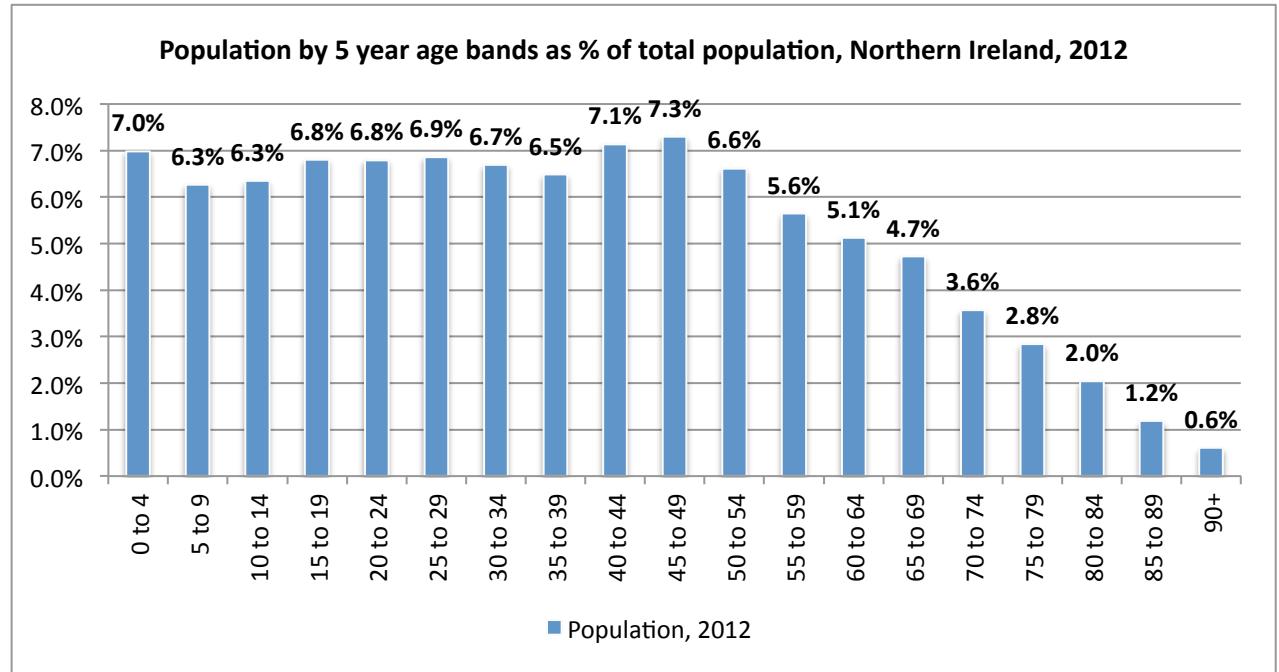
COMMENTARY

- According to population estimates for mid 2012 there were 1,823,634 people in Northern Ireland.
- Of these, 23.7% were children aged 0-17 years, 61.4% adults aged 18-64 years and 15.0% older people aged 65 and over.
- The difference by gender in each age group varies. For example, a larger proportion of males are aged 0-17 years and 18-64 years, compared to females. However the difference between genders in those aged 65 and over is reversed – 13.4% males and 16.5% females fall in this age group.
- Historically NI has had a younger population than the rest of the UK. 2012 population estimates comparisons shows that the UK population aged 0-17 represented 21.4%, 18-64 (62.3%) and 65+ (16.3%).

AGE - PREVALENCE

1.2 Population by 5 year age bands, Northern Ireland, 2012

Age group	Northern Ireland - Persons	
	Population, 2012	As % of total population
0 to 4	127,324	7.0%
5 to 9	114,311	6.3%
10 to 14	115,669	6.3%
15 to 19	124,123	6.8%
20 to 24	123,870	6.8%
25 to 29	125,132	6.9%
30 to 34	122,047	6.7%
35 to 39	118,222	6.5%
40 to 44	130,108	7.1%
45 to 49	133,074	7.3%
50 to 54	120,659	6.6%
55 to 59	102,848	5.6%
60 to 64	93,428	5.1%
65 to 69	86,052	4.7%
70 to 74	65,054	3.6%
75 to 79	51,780	2.8%
80 to 84	37,220	2.0%
85 to 89	21,673	1.2%
90+	11,040	0.6%
All ages	1,823,634	-



COMMENTARY

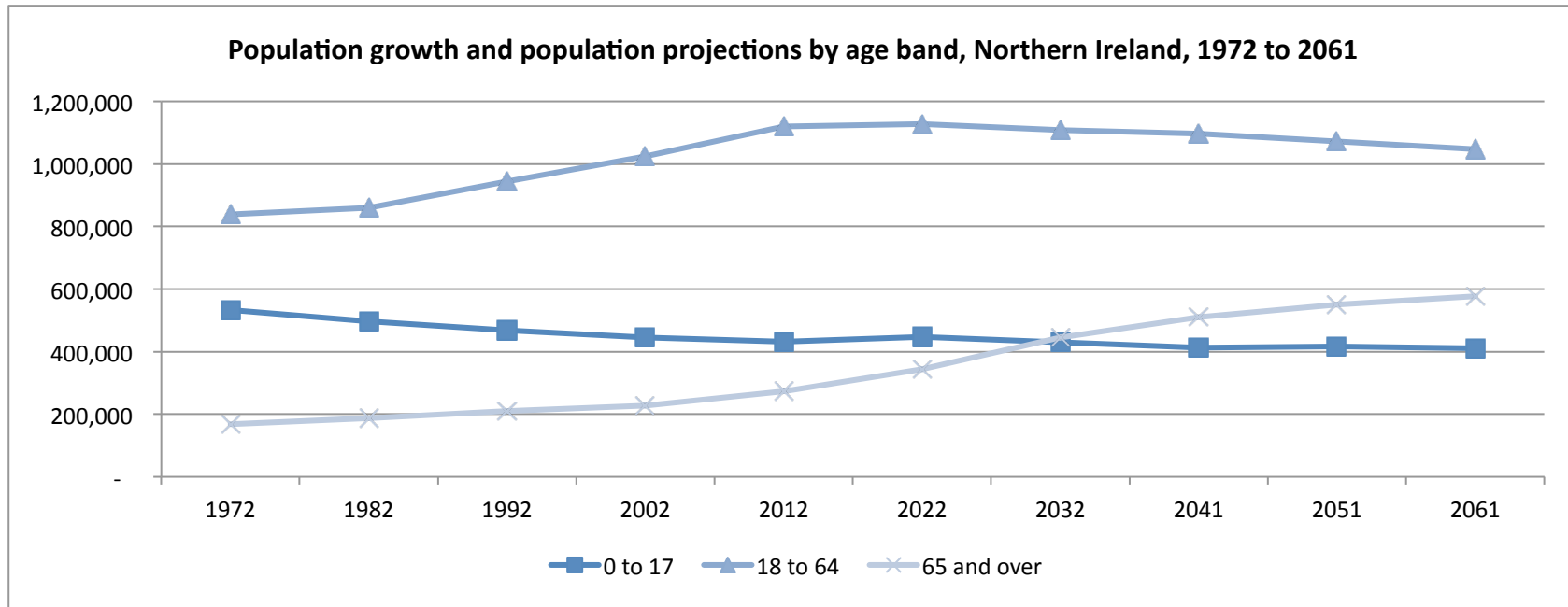
- The numbers of people in any age group will be a reflection of historic birth levels, death and migration trends.
- In 2012, the dependency ratio was 0.23 and by 2022 it is expected to increase to 0.29 (this ratio quantifies the number of persons in a population who are not economically active for every economically active person in that population).

Source: 2012 mid year estimates of population, NISRA (DMB)
<http://www.nisra.gov.uk/demography/default.asp17.htm>

AGE - TRENDS

1.3 Population growth and population projections by age band, Northern Ireland, 1972 to 2061

Age group	Northern Ireland									
	Population estimates					Population projections				
	1972	1982	1992	2002	2012	2022	2032	2041	2051	2061
0 to 17	532,927	497,637	467,663	446,141	431,574	447,000	430,000	412,000	416,000	410,000
18 to 64	838,659	858,944	944,886	1,024,564	1,119,241	1,128,000	1,109,000	1,096,000	1,072,000	1,047,000
65 and over	167,391	187,964	210,714	226,829	272,819	344,000	446,000	510,000	551,000	578,000
All ages	1,538,977	1,544,545	1,623,263	1,697,534	1,823,634	1,918,000	1,985,000	2,018,000	2,039,000	2,035,000



COMMENTARY

- The total population in Northern Ireland has increased from over 1.5 million to more than 1.8 million in the last forty years (+18%) and is expected to increase to over 2 million by 2061 (in the next fifty years)
- The chart shows the increase/projected increase in population size in those aged 65 and over. By 2061, 28% of the population will be aged 65 and over, compared with 11% in 1972.
- The childhood population had been decreasing slightly since 1972 and in general is expected to decrease further in the next fifty years to 2061.
- The numbers of adults aged 18-64 had been increasing up to 2012, but projections indicate that this section of the population could decrease.

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm>

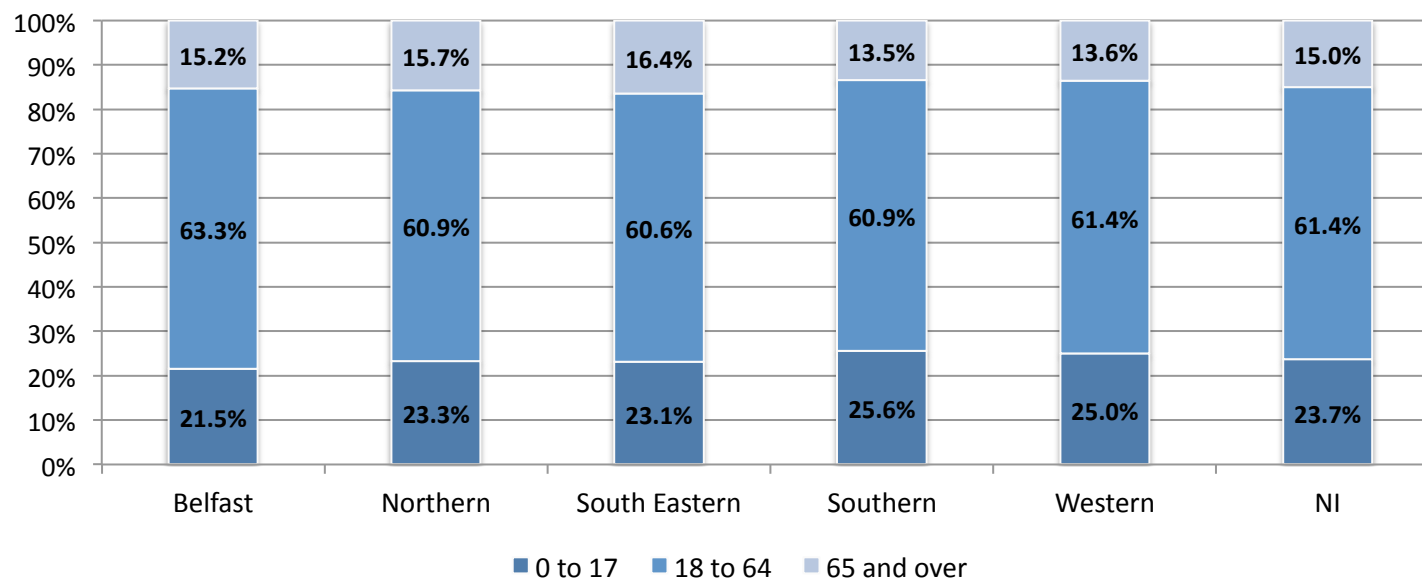
Source: 2012-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp20.htm> Projections are shown in units of thousands and therefore totals may not agree due to rounding

AGE – GEOGRAPHICAL BASIS

1.4 Population by age bands by Local Commissioning Group, 2012

Age group	Local Commissioning Group											
	Population, 2012						As % of total population					
	Belfast	Northern	South Eastern	Southern	Western	NI	Belfast	Northern	South Eastern	Southern	Western	NI
0 to 17	74,910	108,657	80,781	93,000	74,226	431,574	21.5%	23.3%	23.1%	25.6%	25.0%	23.7%
18 to 64	220,356	283,621	212,016	221,223	182,025	1,119,241	63.3%	60.9%	60.6%	60.9%	61.4%	61.4%
65 and over	52,987	73,251	57,300	48,922	40,359	272,819	15.2%	15.7%	16.4%	13.5%	13.6%	15.0%
All ages	348,253	465,529	350,097	363,145	296,610	1,823,634	-	-	-	-	-	-

Population by age bands, Local Commissioning Groups, 2012



COMMENTARY

- The data shows that at mid 2012, Belfast LCG had the lowest proportion of children aged 0-17 years – 21.5%, Southern LCG having the highest at 25.6%.
- South Eastern LCG had the lowest proportion of adults (aged 18-64) – 60.6%, with Belfast having the largest proportion – 63.3%.
- Southern LCG had the smallest proportion of older people (aged 65 and over) – 13.5%, whilst the South Eastern area had the highest – 16.4%.

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp136.htm>

AGE – GEOGRAPHICAL BASIS

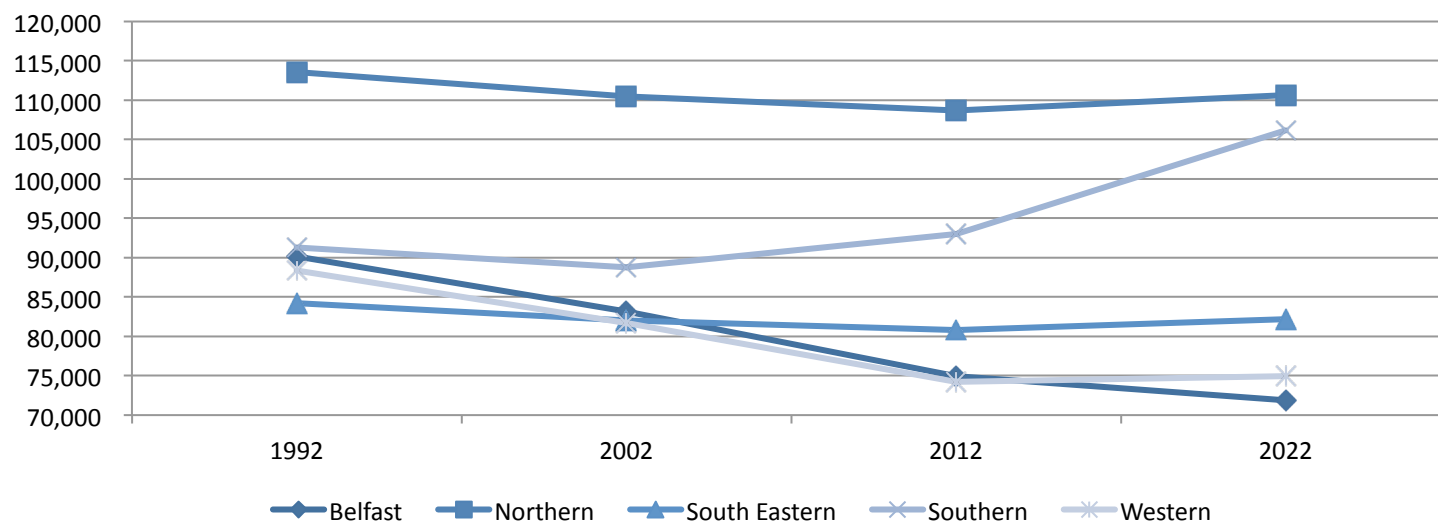
1.5 Population growth and projected growth aged 0 to 17 years, by Local Commissioning Group, 1992 to 2022

LCG	0 to 17 years			
	Population estimates			Population projections
	1992	2002	2012	2022
Belfast	90,181	83,151	74,910	71,879
Northern	113,574	110,524	108,657	110,679
South Eastern	84,206	82,054	80,781	82,181
Southern	91,309	88,747	93,000	106,187
Western	88,393	81,665	74,226	74,966
Northern Ireland	467,663	446,141	431,574	445,892

COMMENTARY

- The overall decrease in 0-17 population at NI level is reflected at LCG level with the exception of Southern LCG.
- This increase in Southern LCG is projected to be maintained.
- By 2022, Southern LCG is projected to be 16% higher than in 1992, while NI overall is projected to be 5% lower.
- The growth in Southern LCG reflects the increase in migrant population where in 2012, 16.8% of births were to non-NI born mothers. See Sections 7.6 and 7.10.

Population growth and projected growth in those aged 0 to 17 years, by Local Commissioning Group, 1992 to 2022 (non zero y axis)



Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp136.htm>
 Source: 2008-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp47.htm>

AGE – GEOGRAPHICAL BASIS

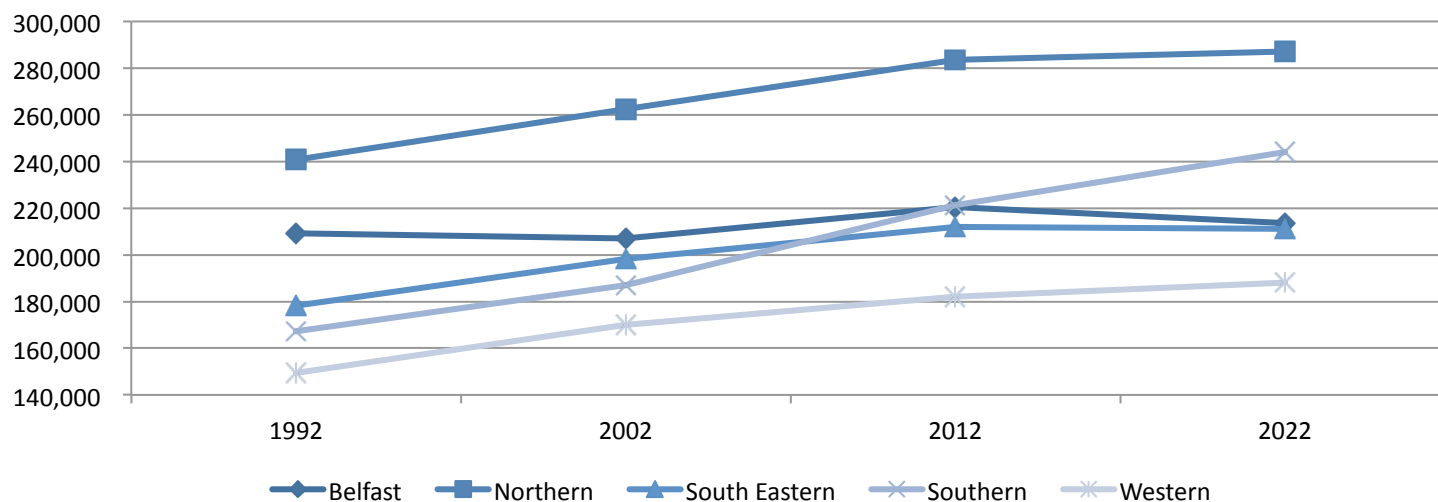
1.6 Population growth and projected growth aged 18 to 64 years, by Local Commissioning Group, 1992 to 2022

LCG	18 to 64 years			
	Population estimates			Population projections
	1992	2002	2012	2022
Belfast	209,316	206,941	220,356	213,634
Northern	240,721	262,348	283,621	286,978
South Eastern	178,227	198,126	212,016	211,008
Southern	167,201	187,120	221,223	243,983
Western	149,421	170,029	182,025	188,135
Northern Ireland	944,886	1,024,564	1,119,241	1,143,738

COMMENTARY

- At a NI level, the population aged 18-64 increased by 94,677 between 2002 and 2012.
- Thirty six percent (34,103) of this growth was in the Southern LCG.
- The growth in Southern LCG reflects in part the increase in migrant population – see Section 7.6.
- At NI level, this increase is projected to slow to 2% between 2012 and 2022.
- The Southern LCG is projected to increase by a further 22,760 people or approximately 10%.

Population growth and projected growth in those aged 18 to 64 years, by Local Commissioning Group, 1992 to 2022 (non zero y axis)



Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp136.htm>

Source: 2008-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp47.htm>

AGE – GEOGRAPHICAL BASIS

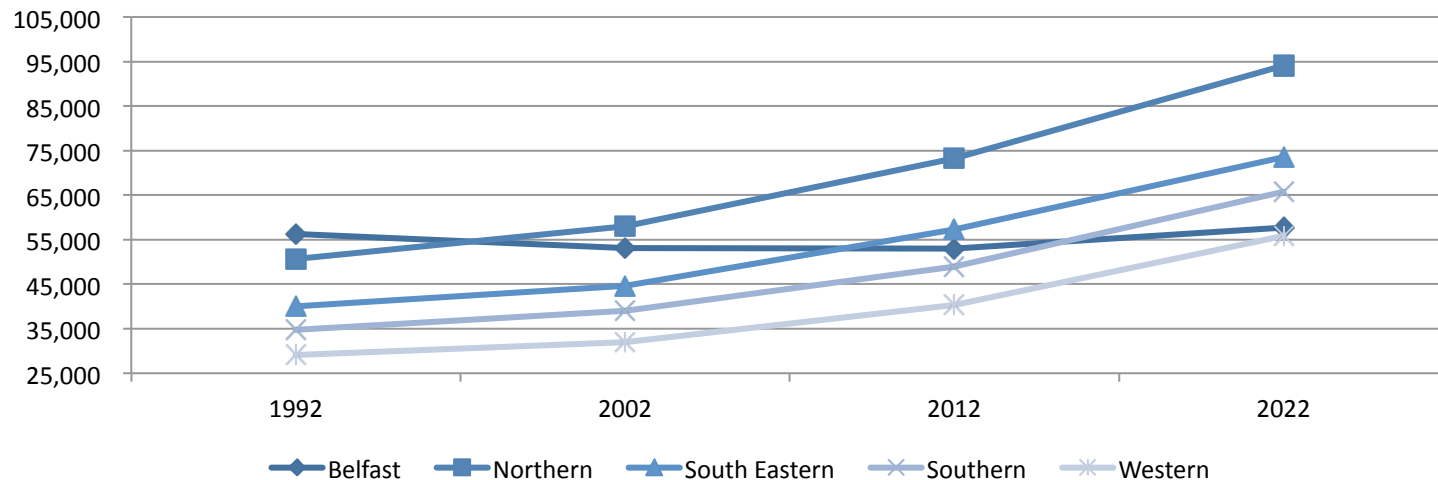
1.7 Population growth and projected growth, aged 65 and over, by Local Commissioning Group, 1992 to 2022

LCG	65 years and over			
	Population estimates			Population projections
	1992	2002	2012	2022
Belfast	56,295	53,160	52,987	57,683
Northern	50,643	58,015	73,251	94,024
South Eastern	39,965	44,585	57,300	73,506
Southern	34,748	39,024	48,922	65,818
Western	29,063	32,045	40,359	55,898
Northern Ireland	210,714	226,829	272,819	346,929

COMMENTARY

- The marked increase in the numbers of people aged 65+ (+20%) between 2002 and 2012 is seen in all LCGs except Belfast, which actually decreased slightly.
- The other LCGs increased by some 25-30% between 2002 and 2012.
- Between 2012 and 2022, this age group is projected to increase by a further 74,110 or 27%, with all LCGs increasing.
- The projected increase varies across the province. Belfast is projected to increase by 9% while Western LCG by 38.5%.

Population growth and projected growth in those aged 65 years and over, by Local Commissioning Group, 1992 to 2022 (non zero y axis)

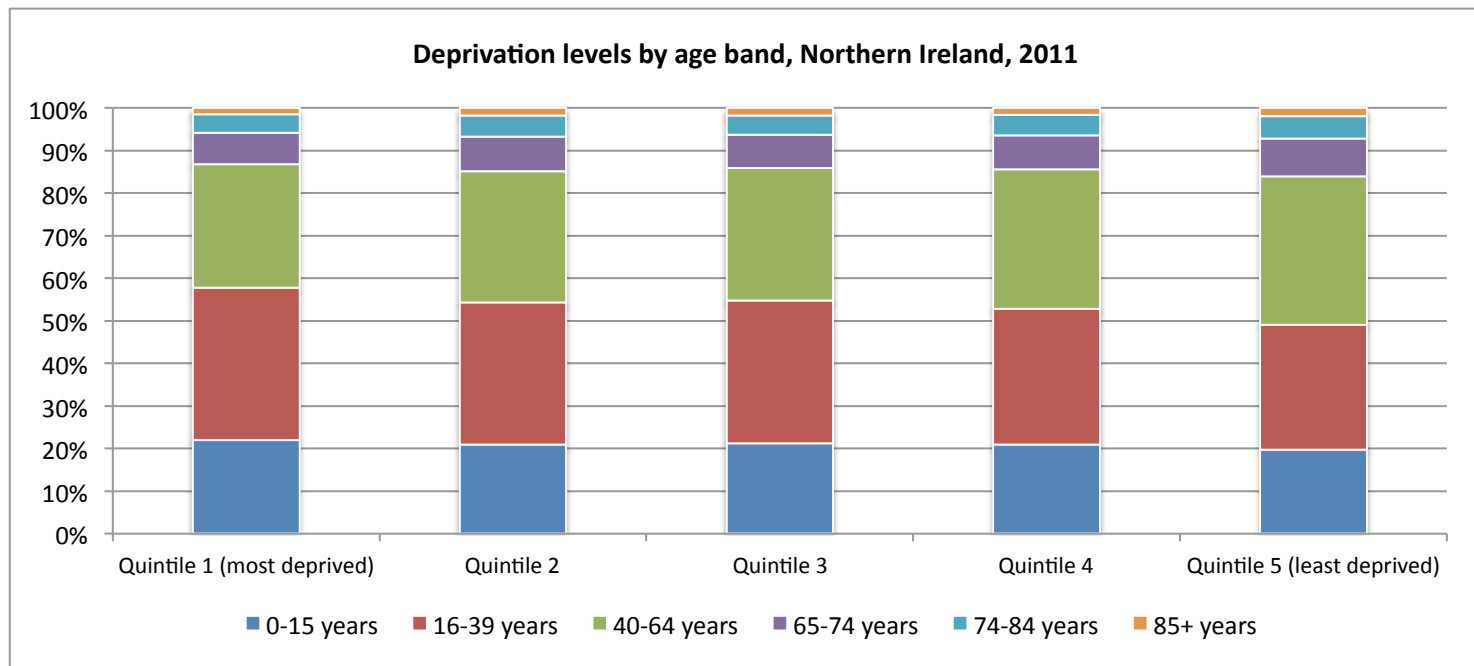


Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp136.htm>
 Source: 2008-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp47.htm>

AGE - CHARACTERISTICS

1.8 Deprivation levels by age band, Northern Ireland, Census 2011

Deprivation quintile (SOA)	Persons						Total
	0-15 years	16-39 years	40-64 years	65-74 years	74-84 years	85+ years	
Quintile 1 (most deprived)	75,104	122,383	99,205	25,229	15,279	4,975	342,175
Quintile 2	77,578	123,093	114,307	30,123	18,249	6,592	369,942
Quintile 3	81,392	128,421	118,926	29,911	17,622	6,686	382,958
Quintile 4	77,770	118,810	122,038	30,048	17,461	6,341	372,468
Quintile 5 (least deprived)	67,479	101,125	119,512	30,289	18,113	6,802	343,320
All SOAs	379,323	593,832	573,988	145,600	86,724	31,396	1,810,863



COMMENTARY

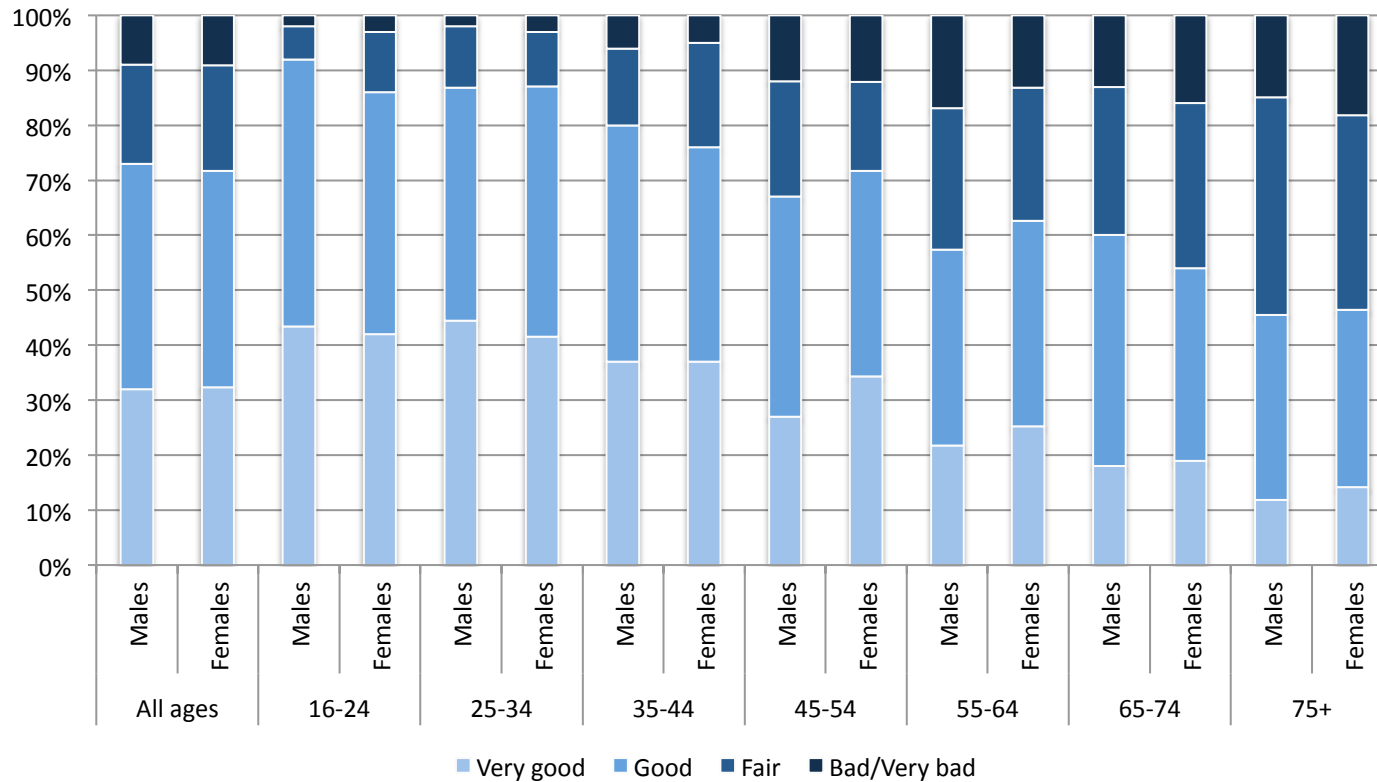
- Using the NI Multiple Deprivation Measure (NIMDM 2010), NI can be divided into five groups (quintiles) reflecting relative deprivation.
- Those areas identified as being in the most deprived 20% had higher proportions of younger people and much lower proportions of people in older age groups.
- In contrast the areas identified as least deprived had fewer young people and noticeably higher proportions of older people.

Source: NI Multiple Deprivation Measure 2010, NISRA, <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=137&themeName=Deprivation>
 Source: Census 2011, NINIS, NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

AGE - CHARACTERISTICS

1.9 Perception of own health by age and gender, Northern Ireland, 2012/13

Perception of own health by age group and gender, Northern Ireland, 2012/13



COMMENTARY

- Overall more than 70% of adults in NI consider their health to be good or very good.
- For people aged 75 and over this dropped to below 50% with only 12-14% reporting their health as very good.
- The profile by age was similar for men and women with a slightly higher proportion of men in their 40s and 50s describing their health as fair or bad/very bad than women.
- The Health Survey for England reported in 2012 that 78% of adults in England consider their health to be good or very good.
- It is worth noting that the proportion of people who consider their health to be fair, bad/very bad in the most deprived areas was 37% compared to 20% in the least deprived areas.

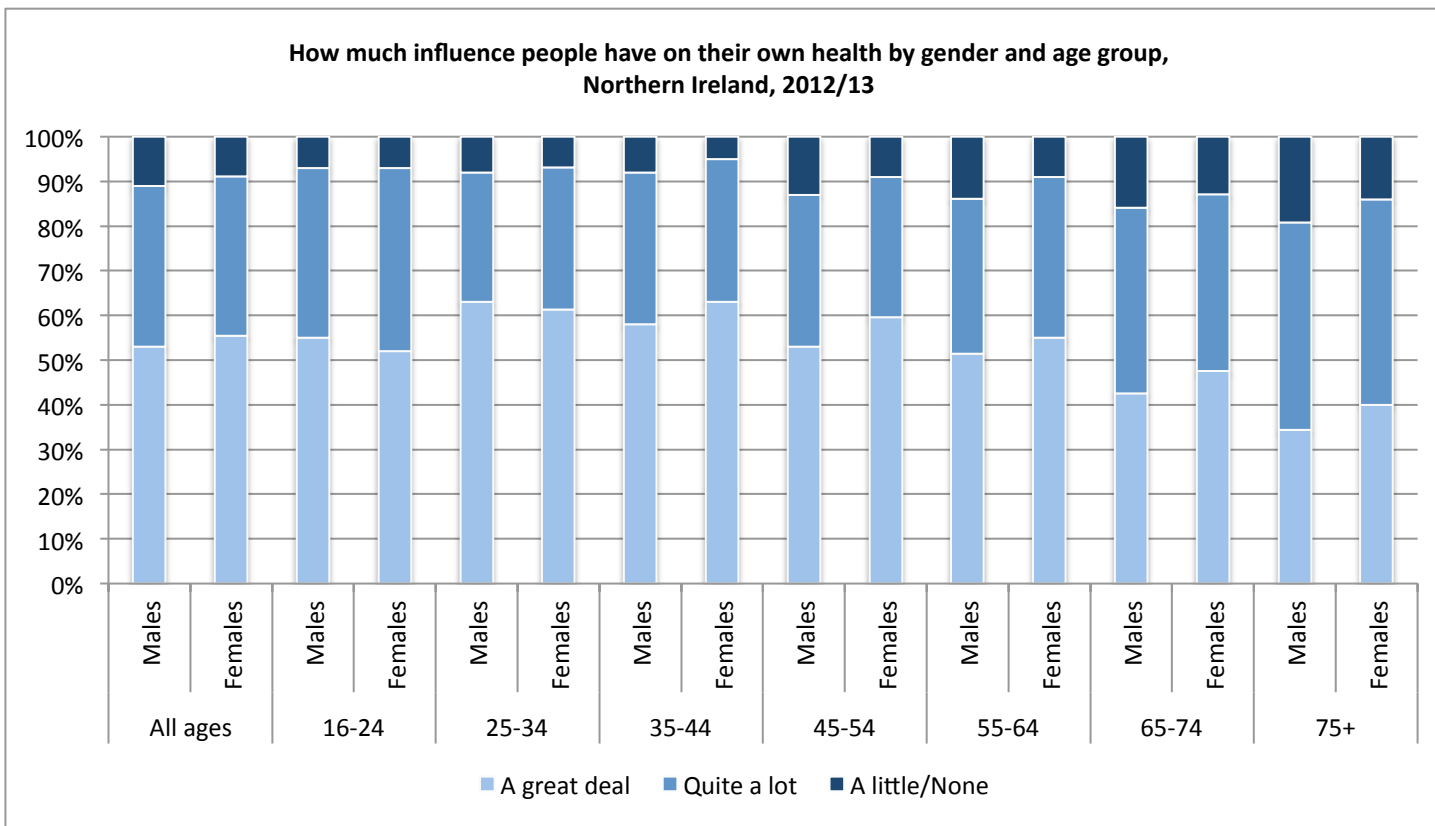
Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Data refers to those aged 16+ years

Source: Health Survey for England, 2012 <http://www.hscic.gov.uk/catalogue/PUB13218>

AGE - CHARACTERISTICS

1.10 How much influence people have on their own health by the way they choose to live their life, Northern Ireland, 2012/13



COMMENTARY

- When asked how much influence people had over their own health, 90% of adults felt they had either 'a great deal' or 'quite a lot'.
- For older people the proportion who felt they had little or no influence increased – slightly more so for males than females. Although for those aged 75+ in excess of 80% still felt they had 'quite a lot' or 'a great deal' of influence.

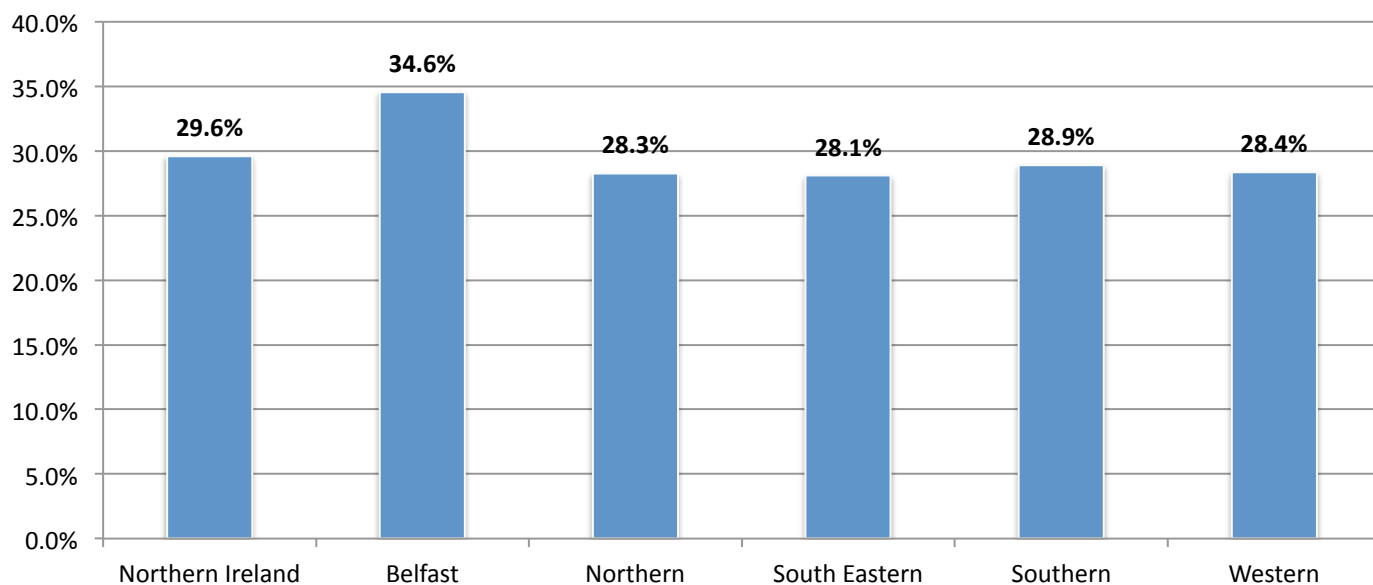
Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm
 Data refers to those aged 16+ years

AGE - CHARACTERISTICS

1.11 Older people living alone, Local Commissioning Groups, 2011

	Northern Ireland	Local Commissioning Groups				
		Belfast	Northern	South Eastern	Southern	Western
No. of 65+ living alone	78,101	18,213	19,904	15,394	13,634	10,956
Population aged 65+	263,720	52,705	70,426	54,813	47,163	38,613
% 65+ population living alone	29.6%	34.6%	28.3%	28.1%	28.9%	28.4%

Older people living alone, Local Commissioning Groups, 2011



COMMENTARY

- Nearly 30% of people over 65 years (263,720) live alone.
- In Belfast LCG this rises to almost 35%.
- Over 31% of older people across the UK live alone.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
65+ population based on Census 2011 population figures

AGE – HEALTH NEEDS

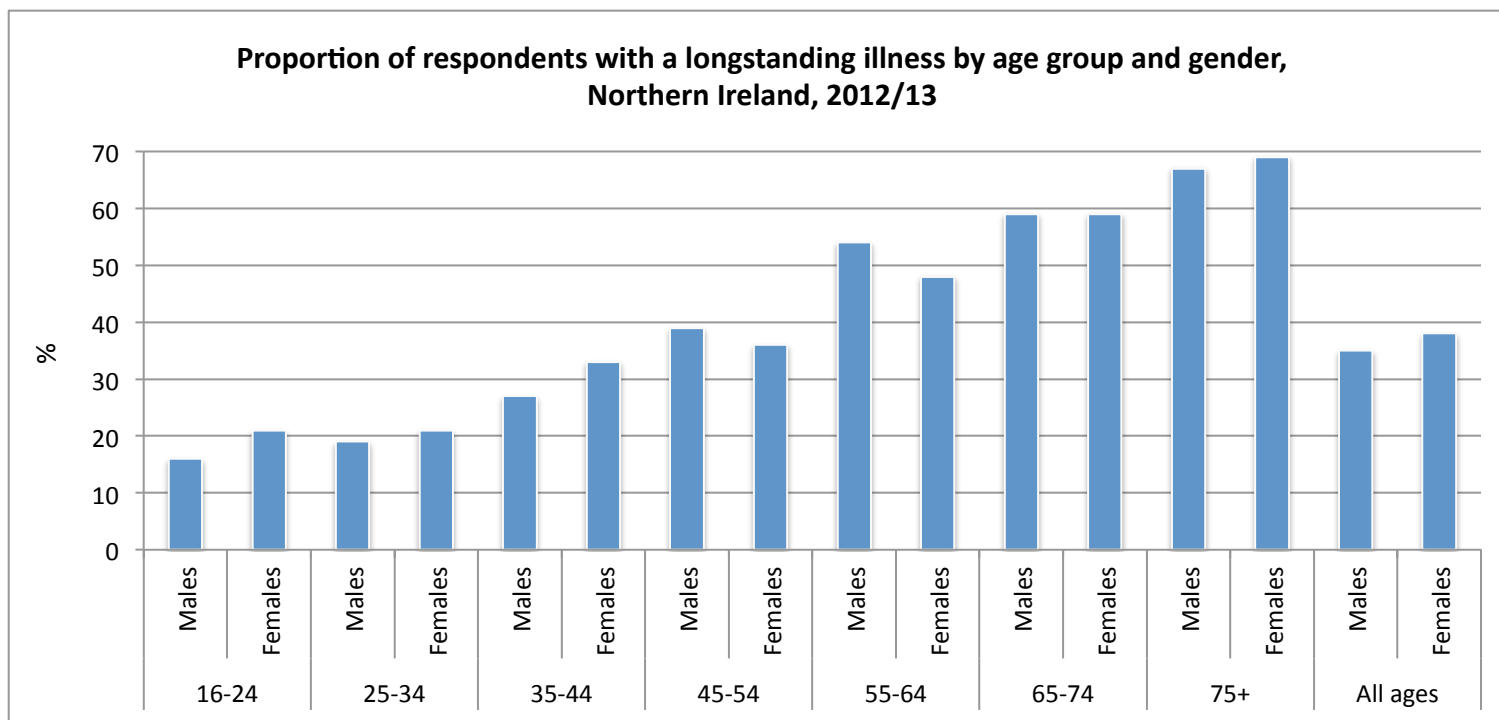
1.12 Health Needs

General health

- Five percent of those aged 16-24 years described their general health (over the last twelve months) as 'not good' (4% in 2011/12 and 3% in 2010/11). This compares to 30% of those aged 75 and over (22% in 2011/12 and 25% in 2010/11). (All respondents = 15% in 2012/13, 14% in 2011/12 and 15% in 2010/11).

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Longstanding illness



COMMENTARY

- Thirty seven percent of adults described themselves as having a long standing illness with 40% of those identifying that this reduced their ability to carry out day to day activities 'a lot'.
- This increased markedly with age with almost 70% of those aged 75+ reporting a long standing illness and 50% of those identifying that this reduced their ability to carry out day to day activities 'a lot'.
- Once again reported levels of long term illness and the proportions that were markedly affected by it were substantially higher in more deprived areas.

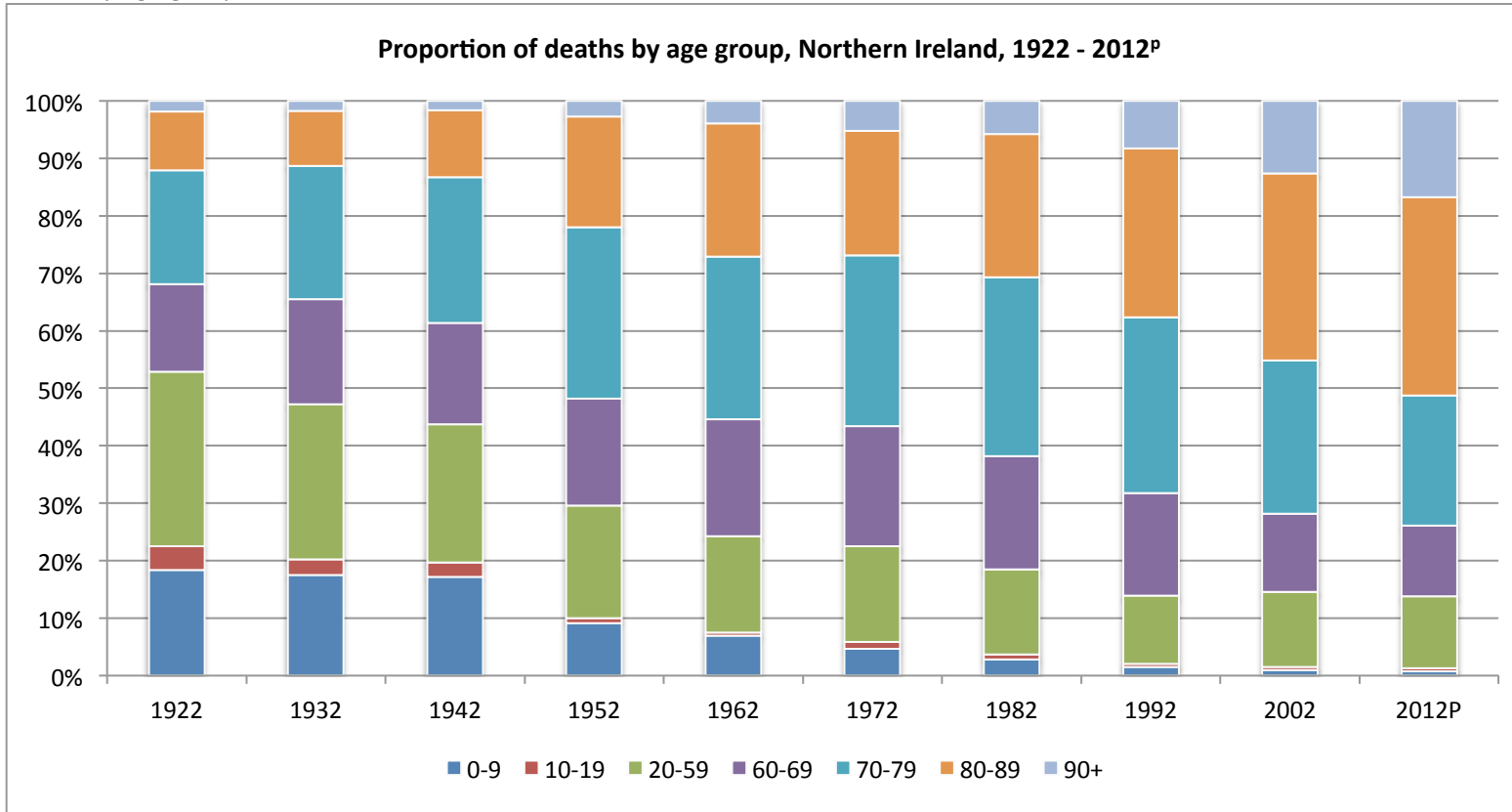
Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm
Data refers to those aged 16+ years

AGE – HEALTH NEEDS

1.12 Health Needs

Mortality

Deaths by age group



COMMENTARY

- Since the early part of the 20th century, the profile of deaths by age has changed dramatically.
- Of the 19,795 deaths in 1922, more than 20% of these were in people under 20. The corresponding figure in 2012 was 1% of 14,756 deaths.
- In 1922, life expectancy was 53.8 years for males and 54.4 years for females and deaths amongst those over 80 years old represented 12%. By 2010-12, life expectancy is 77.7 (male), 82.1 (female) and deaths over 80 account for 51% of all deaths.

Source: NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp10.htm>

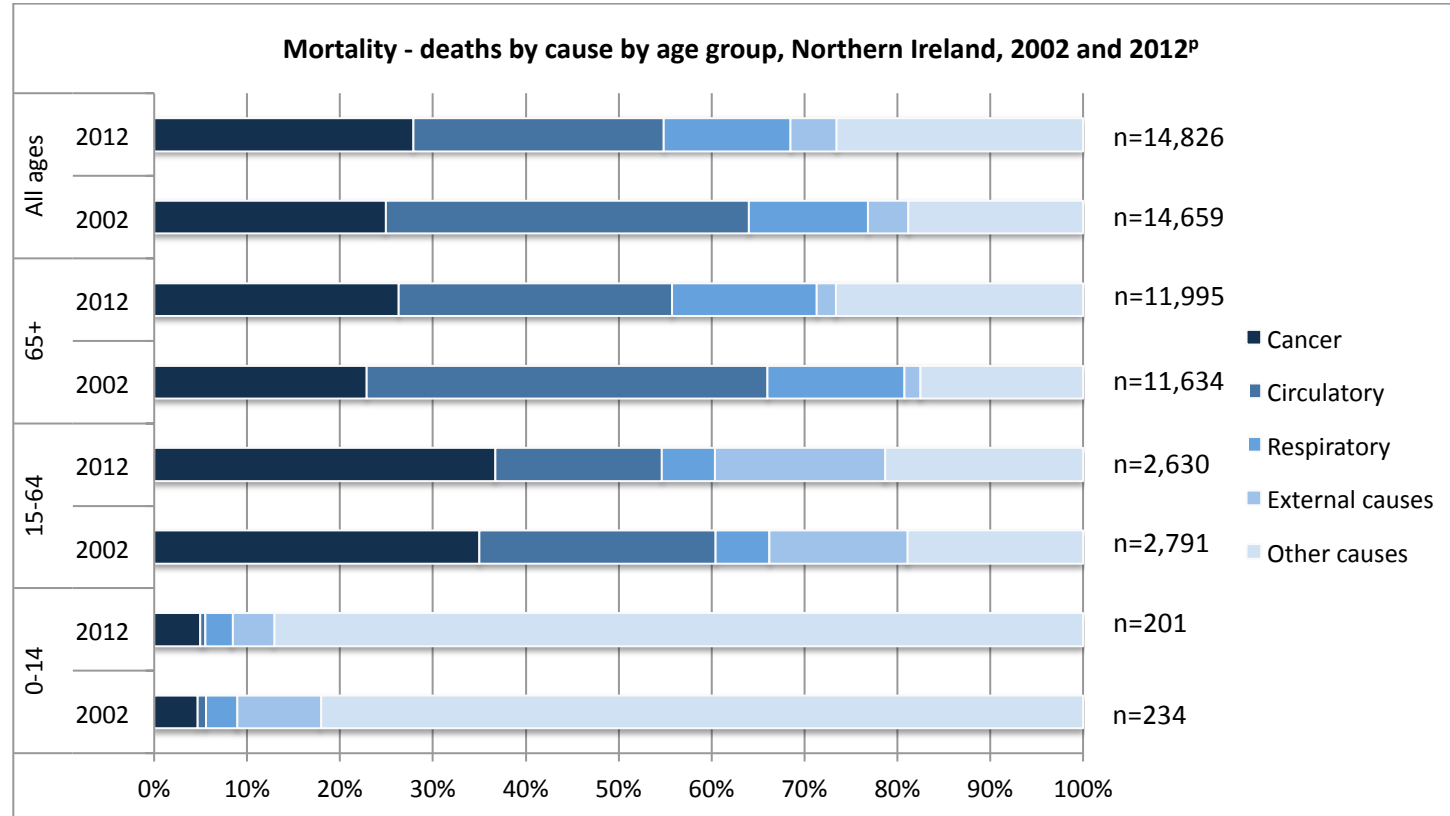
^P provisional

This data is the proportion of total deaths, not death rates and so does not reflect population changes in this period.

AGE – HEALTH NEEDS

1.12 Health Needs

Deaths by cause by age group



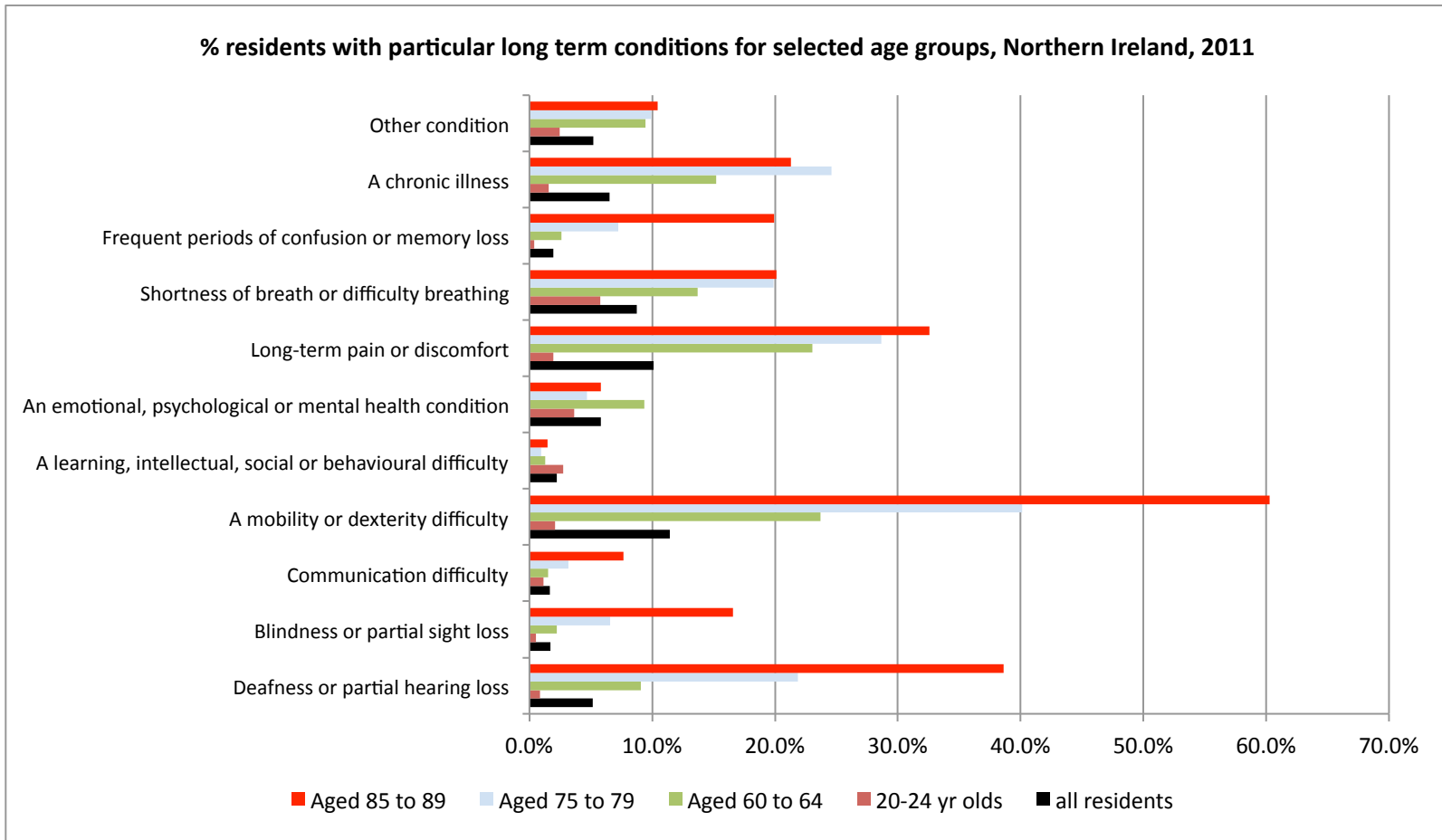
COMMENTARY

- The causes of death vary substantially by age group.
- Of the 201 children under 14 who died in 2012, almost half died in their first year of life from congenital malformations and conditions originating in the perinatal period. Deaths from external causes have more than halved since 2002.
- In those aged 15-64 there is spread of causes of death, with deaths from cancers and external causes increasing between 2002 and 2012. Deaths from circulatory disease decreased in this time period.
- Death from cancers and circulatory diseases accounted for over half of deaths in those aged 65+, however the proportions of both causes have decreased between 2002 and 2012.

Source: NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp10.htm>
^P provisional

AGE – HEALTH NEEDS

1.13 Percentage residents with particular long term conditions for selected age groups, Northern Ireland, 2011



COMMENTARY

- The most prevalent conditions across all ages are mobility/dexterity difficulties and long term pain or discomfort.
- For most long term conditions, the proportion of the population with the condition increases with age. The exceptions to this are learning, intellectual, social or behavioural difficulties; emotional, psychological or mental health conditions.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

AGE – KEY POINTS

1.14 Key Points

Ageing population

- As a result of continued increasing life expectancy and lower levels of fertility, the age structure across Northern Ireland's population is getting older - see Section 1.3.

Population aged 85 and over

- Population estimates for mid 2012 showed that there were 32,700 people (1.8% of total population) who were aged 85 years and over. This figure has increased by 9,000 people (38%) in the previous ten year period since mid 2002. This population is projected to rise to 48,000 by 2022 and 76,000 by 2032.
- Within the population aged 85 and over, women significantly outnumber men accounting for 69% of this population group.

Source: NISRA, "Estimates of the Population aged 85 and over, Northern Ireland 2012 (& revised 2001-2011) – Statistical Report"

http://www.nisra.gov.uk/archive/demography/population/OldestOld/85_Report0112.pdf

Source: NISRA, Population projections, 2012 based <http://www.nisra.gov.uk/demography/default.asp20.htm>

- In the UK, over 1.4 million people are aged 85 and over (2.2%) of the population. 66% of this age group are women.

Source: Oldest Old in the United Kingdom, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

Hearing/Sight

- In those aged 85+, a study reported by Age UK, found that 60% of this age group suffered hearing impairment and 37% visual impairment.

Source: Oldest Old in the United Kingdom, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

Nutrition

- In this older age group, it may not be possible for the older person to control completely what they eat e.g. they may depend on family/carers shopping or cooking for them.

Mental Health

- A study on the prevalence of depression in older people in England and Wales found that 5% of men and 11% of women aged 85+ have been diagnosed.

Source: Oldest Old in the United Kingdom, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

Centenarians

- It is estimated that in June 2012 there were 241 centenarians (those aged 100 and over) in Northern Ireland (200 females and 41 males), with the number of centenarians in Northern Ireland having increased by 91 per cent since June 2002.

Source: NISRA, "Estimates of the Population aged 85 and over, Northern Ireland 2012 (& revised 2001-2011) – Statistical Report "

http://www.nisra.gov.uk/archive/demography/population/OldestOld/85_Report0112.pdf

- The number of centenarians in the UK has increased fivefold since 1981, from 2,600 to 13,350 in 2012. Age UK state that nearly 1 in five people in the UK will live to see their 100th birthday.

Source: Oldest Old in the United Kingdom, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

SECTION 2:
- ASYLUM SEEKERS AND REFUGEES -

ASYLUM SEEKERS AND REFUGEES - PREVALENCE

2.1 Prevalence of Asylum Seekers and Refugees

Definitions

Asylum Seeker: A person who has left their country of origin and formally applied for asylum in another country, but whose application has not yet been concluded.

Refugee: The 1951 Refugee Convention defines a refugee as someone who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country”. In the UK, a person is officially a refugee when their claim for asylum is accepted by the government.

Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/>

Prevalence

- In 2013, it was estimated that there were 15.7 million refugees in the world. Between 1990 and 2010, this number declined from 18.6 million to about 15.4 million, but in 2013 the number increased slightly to 15.7 million.

Source: Data based on estimates by the United Nations High Commissioner for Refugees (UNHCR) (2013), UNHCR Statistical Online Population Database (<http://www.unhcr.org/statistics>) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) (2013), (<http://www.unwra.org>)

- The UK is home to less than 2% of the world’s refugees.

Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/> (UNHCR Global Trends 2011)

- Data is only available for the United Kingdom as a whole and therefore it is difficult to establish numbers living in Northern Ireland. The Refugee Action Group would estimate that there are around 2,000 refugees from about 30 different countries living in NI currently.

Source: Refugee Action Group, <http://www.refugeeactiongroup.com>

Applications for asylum

- In 2011, there were 115 first time asylum applicants in Northern Ireland and between January and October 2012 there were 140 applicants.

In a Freedom of Information request to the Home Office, the BBC obtained the following figures in May 2014:

- In the four years up to 2012, there were a total of 720 applications for asylum in Northern Ireland (130 in 2009, 150 in 2010, 200 in 2011 and 240 in 2012). Of the 240 applications in 2012, only one third were successful in their application. The figures show an increase year on year, however these numbers only reflect about 1% of the total applications across the UK.

Source: BBC <http://www.bbc.co.uk/news/uk-northern-ireland-27674001>

ASYLUM SEEKERS AND REFUGEES - TRENDS

2.2 Applications for asylum in the United Kingdom

Applications for asylum in the United Kingdom, 2009 to 2013

	Asylum applications, United Kingdom				
	2009	2010	2011	2012	2013
No. of applications (excl. dependants)	24,487	17,916	19,865	21,843	23,507
% change from previous year	-6%	-27%	11%	10%	8%

Applications for asylum in the United Kingdom, by gender, 2009 to 2012

	Asylum applications, United Kingdom							
	2009		2010		2011		2012	
	Male	Female	Male	Female	Male	Female	Male	Female
No. of applications (excl. dependants)	16,438	8,049	12,587	5,329	14,473	5,392	15,772	6,071
% of applications	67%	33%	70%	30%	73%	27%	72%	28%

COMMENTARY

- The number of applications for asylum in the UK has varied over the last five years, decreasing substantially between 2009 and 2010 and then steadily rising to 2013.
- In the four years to 2012, over two thirds of applications for asylum were from males (72% in 2012).

Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/>

ASYLUM SEEKERS AND REFUGEES – GEOGRAPHICAL BASIS

2.3 Asylum Seekers and Refugees by Local Commissioning Group

- Data is only available for the United Kingdom as a whole.

ASYLUM SEEKERS AND REFUGEES - CHARACTERISTICS

2.4 Characteristics of Asylum Seekers and Refugees

- In 2012 the two main nationalities of applicants were Somalian (48 applications) and Chinese (30 applications). Other countries where there were more than 5 applications in 2012 were: Nigeria, Iran and Syria.
Source: Northern Ireland Strategic Migration Partnership <http://www.migrationni.org/>
- Lone children: in 2013, there were 1,174 applications by unaccompanied children (no parent or guardian) for asylum across the United Kingdom.
Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/>

ASYLUM SEEKERS AND REFUGEES – HEALTH NEEDS

2.5 Health Needs

Mental health issues

- A briefing by the Migration Observatory on migrant health suggests that there are higher rates of depression and anxiety among asylum seekers and refugees compared to the general population or other migrant groups.

Source: The Migration Observatory, "Health of Migrants in the UK: What do we know?" 2011 <http://migrationobservatory.ox.ac.uk/briefings/health-migrants-uk-what-do-we-know>

An individual may experience different health issues during each stage of the asylum process:

- On first entering the country, a person's health depends on any pre-existing disease, their experience from the country of origin, such as rape or torture, the way in which they travelled from their country of origin and the way they were treated in transit.
- When claiming asylum, an individual may have poor housing conditions with multiple occupancy and little income. They may be very isolated and have little social support. Many asylum seekers experience psychological problems and alcohol and substance misuse. There is a lot of anxiety associated with attendance at immigration interviews.
- When refugee status has been granted, refugees may suffer from cultural bereavement and isolation. They have to adapt to a new country and obtain employment. Their physical and mental health may have been affected by the asylum process. They may still have family living in their country of origin, or they may have suffered from the death of family and friends.

Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

Further health needs which might apply to Asylum Seekers/Refugees are discussed in Section 7 - Migrants

ASYLUM SEEKERS AND REFUGEES – KEY POINTS

2.6 Key Points

Negative attitudes

The NI Life and Times Survey 2012 asked if Asylum Seekers who have suffered persecution in their own country should be able to stay in the UK:

	%
Strongly agree	12
Agree	45
Neither agree nor disagree	21
Disagree	9
Strongly disagree	8
Don't know	4

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>

- In UK, women may be vulnerable to violence especially sexual.

Source: Refugee Council (UK), The experiences of refugee women in the UK, 2012 <https://www.refugeecouncil.org.uk/>

Poverty

- Asylum Seekers are entitled to free housing and cash support whilst they are waiting to find out if they will be given asylum. However this financial support is limited and likely to be much less than those in the general population receiving even benefits. As a consequence, unless asylum seekers have arrived into the country with other means of supporting themselves, they can often be found to be living with very low incomes.

Source: <https://www.gov.uk/asylum-support>

Housing

- Asylum seekers/refugees tend to be housed in areas where other people do not want to live - 'hard to let' properties. Regrettably they have no choice where they live.

Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/>

Unsure future

- Since 2005 most people recognised as refugees are only given permission to stay in the UK for five years and can have their case reviewed at any time. This makes it difficult for them to make decisions about their future, to find work and make definite plans for their life in the UK.

Source: Refugee Council (UK), <https://www.refugeecouncil.org.uk/>

For further information on wider issues faced by Asylum Seekers and Refugees see Sections 6 – Language and 7 - Migrants

SECTION 3:

- CAREERS -

CARERS - PREVALENCE

3.1 Prevalence of those who provide unpaid care

Definition

- A 'carer' is someone who provides unpaid care by looking after an ill, frail or disabled family member, friend or partner.
- According to an NHS Information Centre survey (Survey of Carers in Households, 2009/10), most carers (40%) care for parents/parents-in-law, 26% spouse/partner, 8% disabled children, 5% adult children, 4% grandparents and 7% another relative. 9% cared for a friend/neighbour.
- Fifty-eight percent of carers look after someone with a physical disability, 13% for someone with a mental health problem, 20% for someone with a sensory impairment and 10% for someone with dementia.

Source: Carers UK, <http://www.carersuk.org/professionals/resources/briefings>

Prevalence

- Figures from the 2011 Census would suggest that there are over 6.5 million carers across the UK. Almost 214,000 people provide unpaid care in Northern Ireland (or over 1 in every 8 persons). Ten years ago, the 2001 Census revealed that there was over 185,000 carers in Northern Ireland, therefore an increase of more than 28,000 over these years. The percentage of the population having a caring role in 2001 was 11%, rising to 12% in 2011.

Source: Carers UK, <http://www.carersuk.org/professionals/resources/briefings> and Census 2001 and 2011, NI Neighbourhood Information Service (NINIS), NISRA

<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011> and

<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census%202001>

- The 2012/13 Health Survey (Northern Ireland) reported that 15% of those surveyed (aged 16+) were caring for sick, disabled or older people (13% of males, 17% of females). The overall level has been 14-15% in the last three years.

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

CARERS - PREVALENCE

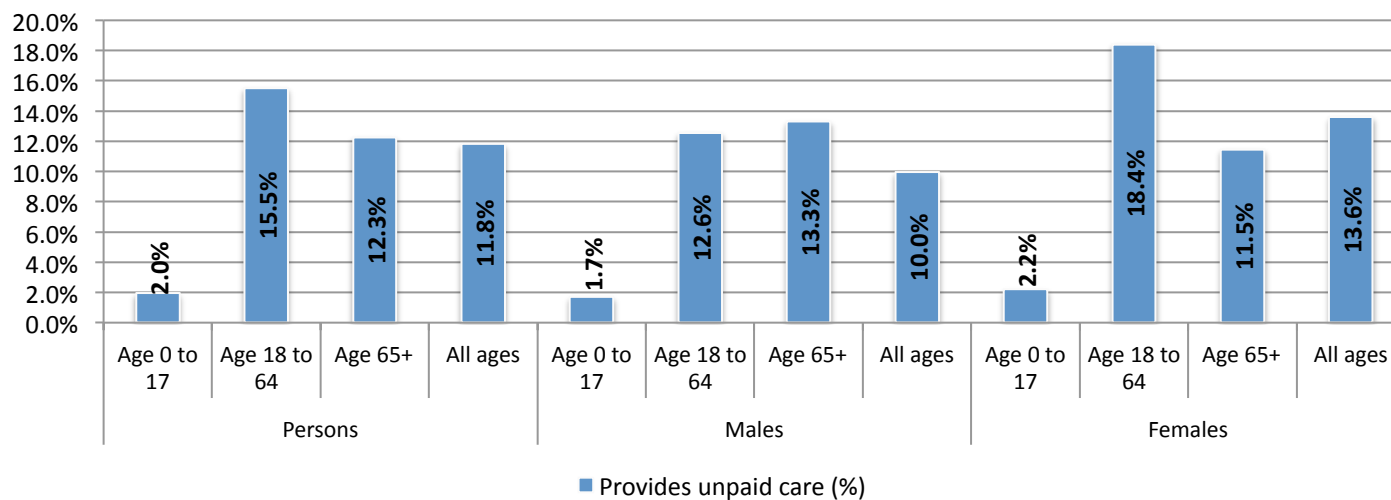
3.2 Provision of unpaid care, by gender and age, 2011

Gender	Age band	All usual residents, Northern Ireland		
		All usual residents	Provides unpaid care (number and %)	
Persons	Age 0 to 17	430,763	8,473	2.0%
	Age 18 to 64	1,116,380	173,179	15.5%
	Age 65+	263,720	32,328	12.3%
	All ages	1,810,863	213,980	11.8%
Males	Age 0 to 17	220,676	3,809	1.7%
	Age 18 to 64	552,009	69,314	12.6%
	Age 65+	114,638	15,244	13.3%
	All ages	887,323	88,367	10.0%
Females	Age 0 to 17	210,087	4,664	2.2%
	Age 18 to 64	564,371	103,865	18.4%
	Age 65+	149,082	17,084	11.5%
	All ages	923,540	125,613	13.6%

COMMENTARY

- In the older age groups, 15% of those aged 65-74, 12% of those aged 75-84 and 7% of those aged 85+ provide unpaid care.
- The group who have the highest proportion of people providing unpaid care are women in their early 50s (28%).
- In 2013, 62,340 people aged 16+ were claiming Carers' Allowance. This represents 3.2% of males and 5.4% of females.
- Between 2003 and 2013 there has been an increase of over 25,000 people claiming Carers' Allowance.
- In 2013, males aged 65+ and females aged 50-64 and aged 65+ represented the highest proportion of people in receipt of Carers' Allowance.

Provision of unpaid care, by gender and age, 2011



Source: Census 2011, NINIS

<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

"Provision of unpaid care" - the term 'care' covers any unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age.

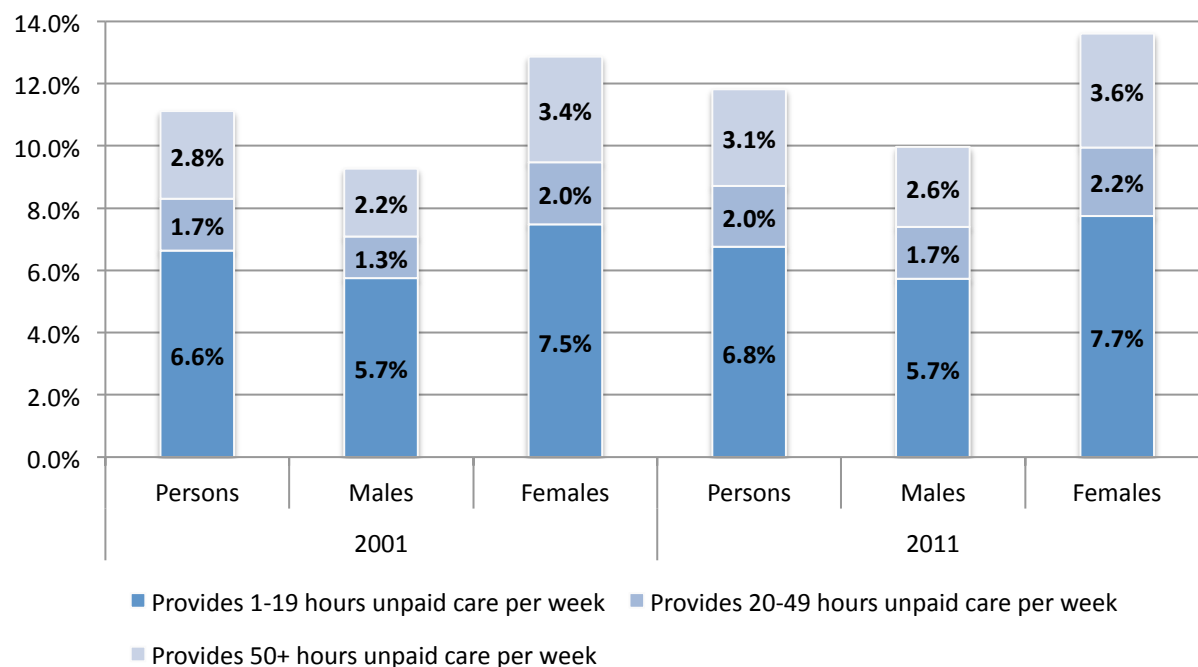
Source: Carers' Allowance - Analytical Services Unit - Department of Social Development via NINIS

<http://www.ninis2.nisra.gov.uk>

3.3 Provision of unpaid care, by gender and number of hours spent, Northern Ireland, 2001 and 2011

Year	Gender	All usual residents	Provides no unpaid care		Provides unpaid care							
					Provides unpaid care (all hours)		Provides 1-19 hours unpaid care per week		Provides 20-49 hours unpaid care per week		Provides 50+ hours unpaid care per week	
			No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total
2001	Persons	1,658,742	1,474,381	88.9%	184,361	11.1%	109,943	6.6%	27,920	1.7%	46,498	2.8%
	Males	809,219	734,167	90.7%	75,052	9.3%	46,480	5.7%	10,880	1.3%	17,692	2.2%
	Females	849,523	740,214	87.1%	109,309	12.9%	63,463	7.5%	17,040	2.0%	28,806	3.4%
2011	Persons	1,810,863	1,596,883	88.2%	213,980	11.8%	122,301	6.8%	35,369	2.0%	56,310	3.1%
	Males	887,323	798,956	90.0%	88,367	10.0%	50,773	5.7%	14,949	1.7%	22,645	2.6%
	Females	923,540	797,927	86.4%	125,613	13.6%	71,528	7.7%	20,420	2.2%	33,665	3.6%

Provision of unpaid care, by gender and number of hours spent, Northern Ireland, 2001 and 2011



COMMENTARY

- At the Census 2011, 213,980 people provided unpaid care. This was an increase of 29,619 people on the 2001 figure.
- Of these, 56,310 people said they provided 50+ hours of unpaid care per week (3.1% of the total NI population).
- Overall, more females than males provided unpaid care in both years.

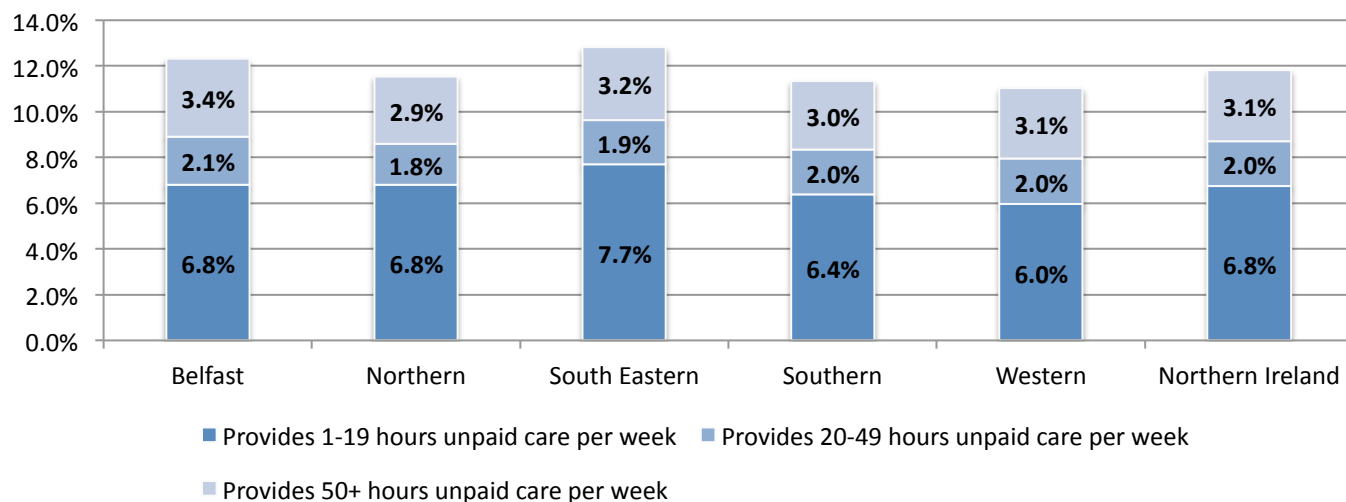
Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
 "Provision of unpaid care" - the term 'care' covers any unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age.
 Source: Census 2001, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census+2001>
 The term 'care' covers any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age.

CARERS – GEOGRAPHICAL BASIS

3.4 Provision of unpaid care, by Local Commissioning Group, 2011

Local Commissioning Group	All usual residents	Provides no unpaid care		Provides 1-19 hours unpaid care per week		Provides 20-49 hours unpaid care per week		Provides 50+ hours unpaid care per week	
		No.	% of total	No.	% of total	No.	% of total	No.	% of total
Belfast	348,204	305,291	87.7%	23,664	6.8%	7,384	2.1%	11,865	3.4%
Northern	463,297	409,790	88.5%	31,481	6.8%	8,370	1.8%	13,656	2.9%
South Eastern	346,911	302,451	87.2%	26,766	7.7%	6,680	1.9%	11,014	3.2%
Southern	358,034	317,427	88.7%	22,852	6.4%	7,076	2.0%	10,679	3.0%
Western	294,417	261,924	89.0%	17,538	6.0%	5,859	2.0%	9,096	3.1%
Northern Ireland	1,810,863	1,596,883	88.2%	122,301	6.8%	35,369	2.0%	56,310	3.1%

Provision of unpaid care, by area of residence and number of hours spent, 2011



COMMENTARY

- There is little variation across the LCGs in the proportion of people providing unpaid care.
- South Eastern LCG has a slightly higher level (12.8%). They also have a slightly higher proportion of their population aged 65 and over.
- See Section 1.4.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

"Provision of unpaid care" - the term 'care' covers any unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age.

CARERS - CHARACTERISTICS

3.5 Characteristics of those providing unpaid care

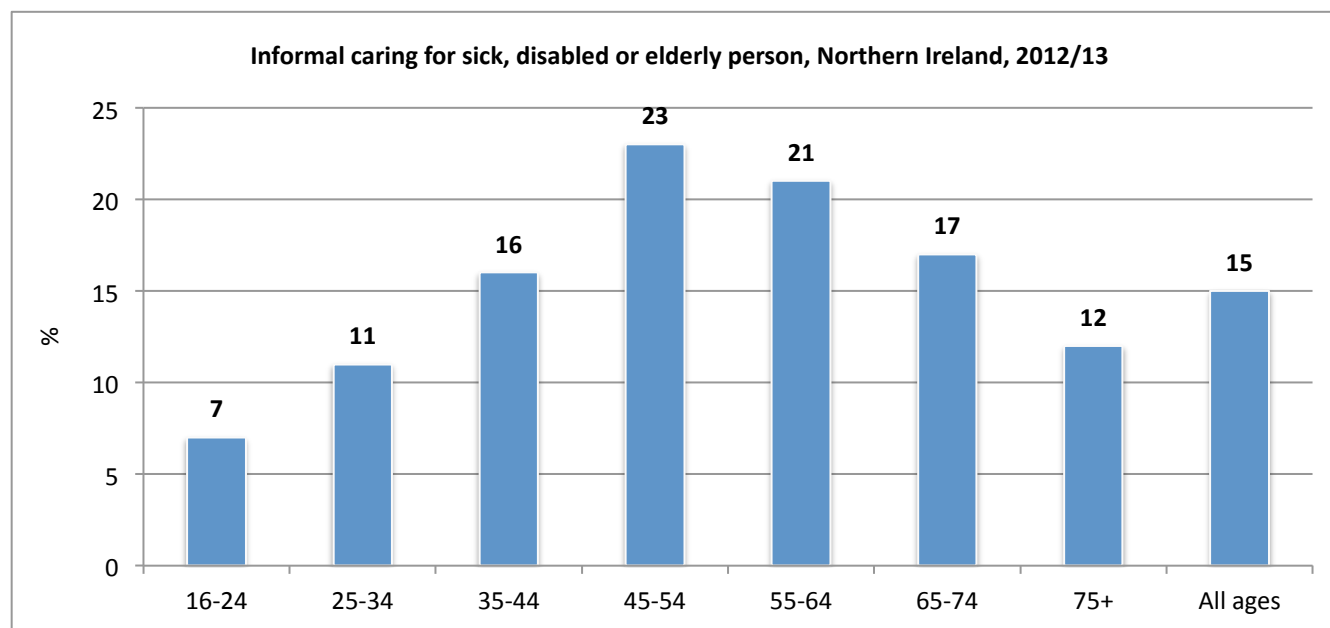
More female than male carers

- In 2012/13, 17% of females and 13% of males were caring for sick, disabled or elderly people across Northern Ireland.
Source: Health Survey Northern Ireland 2012/13 (adults aged 16+), DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Age of carers

- Across the UK, the number of carers aged 65 and over is increasing more quickly than carers of all ages. Whilst the total number of carers increased by 9% between 2001 and 2011, the number of carers aged 65 and over increased by 15% in the same period.
Source: "Valuing Carers 2011: Calculating the value of carers' support", Carers UK/University of Leeds <http://circle.leeds.ac.uk/files/2012/08/110512-circle-carers-uk-valuing-carers.pdf>

Informal caring for sick, disabled or elderly person by age band, Northern Ireland, 2012/13



Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

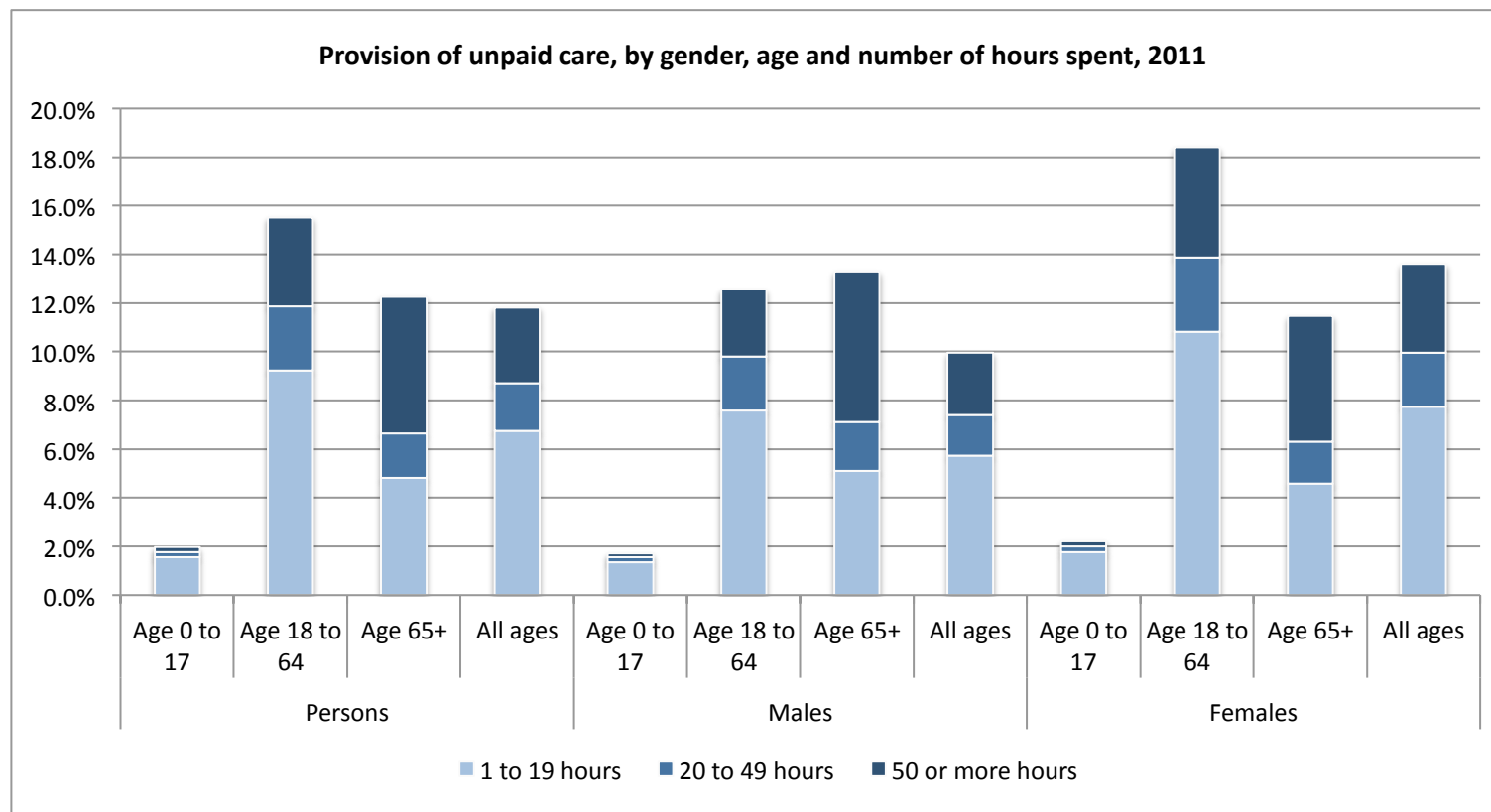
Data refers to those aged 16+ years

CARERS - CHARACTERISTICS

3.5 Characteristics of those providing unpaid care

Age of carers (cont'd)

Provision of unpaid care, by gender, age and number of hours spent, 2011



COMMENTARY

- The group most likely to be providing unpaid care are women aged 18-64 (18.4% v NI all ages figure of 11.8%).
- For males, those aged 65+ providing unpaid care is a slightly higher proportion than those aged 18-64 (13.3% v 12.6%).
- While the percentages of people aged 65+ providing unpaid care are slightly lower than younger adults, the proportion providing intensive care (50+ hours) is higher than for younger age groups, for both males and females.

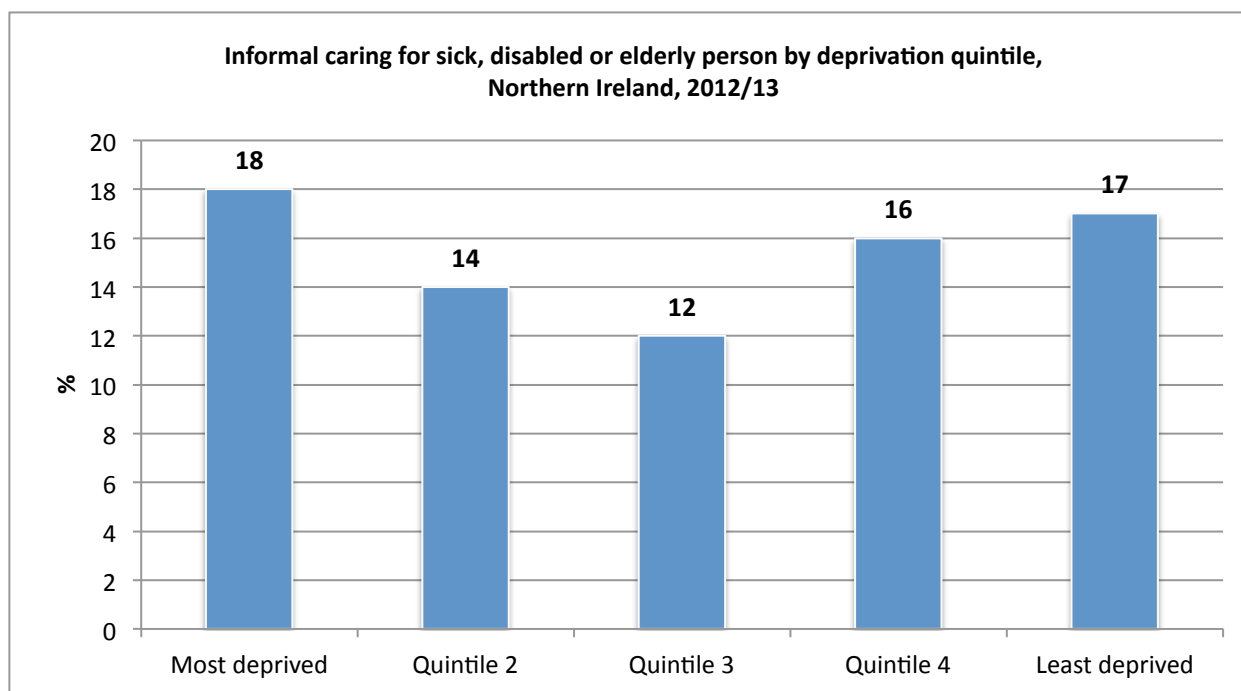
Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
 "Provision of unpaid care" - the term 'care' covers any unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age

CARERS - CHARACTERISTICS

3.5 Characteristics of those providing unpaid care

Carers by level of deprivation

Informal caring for sick, disabled or elderly person by deprivation quintile, Northern Ireland, 2012/13



COMMENTARY

- Using the NI Multiple Deprivation Measure (NIMDM 2010), NI can be divided into five groups (quintiles) reflecting relative deprivation.
- The proportions of people providing informal caring by deprivation quintile does not reflect the more straightforward deprivation gradients seen in many other aspects of public health.
- This is likely to be influenced by the higher proportions of elderly in the least deprived areas and the higher proportions of people in poor health in the most deprived areas. See Sections 1.8 and Section 8.

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm
Data refers to those aged 16+ years

CARERS – HEALTH NEEDS

3.6 Health needs of those who provide unpaid care

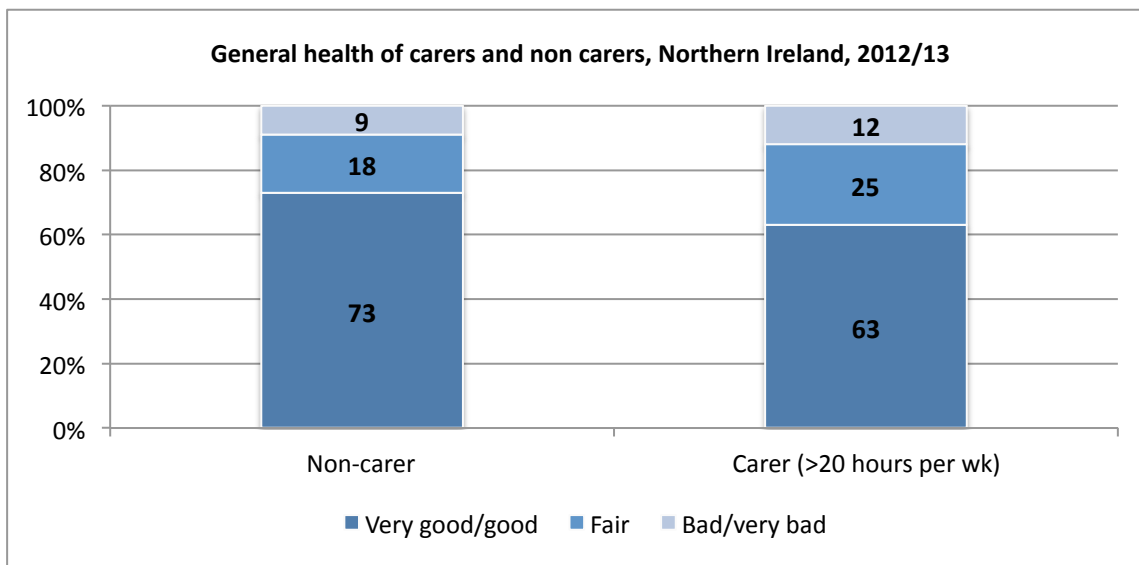
General health

Results of a UK wide survey of 3,400 carers across the UK:

- 83% of carers stated that caring had a negative impact on their physical health (NI=81%)
- 39% of carers have put off medical treatment because of their caring responsibilities e.g. medical and dental appointments, check-ups, screening (NI=31%)
- 36% suffered injuries such as back pain (e.g. due to lifting/moving those they care for) and 22% suffered from high blood pressure
- 26% stated that an existing condition had deteriorated as a result of caring responsibilities
- 52% of carers slept less as a result of caring and 34% of carers exercised less as a result of caring

Source: Carers Week UK, "In Sickness and in Health" <http://www.carersweek.org/about-carers/facts-about-caring>. Carers Week is an annual UK wide awareness campaign.

General health of carers compared to those who do not have caring responsibilities, Northern Ireland, 2012/13



COMMENTARY

- Overall, those who have caring responsibilities (>20 hours per week) report that their health is not as good as those who do not have caring responsibilities.
- Thirty-seven percent of those with caring responsibilities stated that their health was 'fair' or 'bad/very bad', compared to 27% of those who do not have caring responsibilities.

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI
http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm
Data refers to those aged 16+ years

Mental health

Results of a survey of 3,400 carers across the UK:

- 87% of carers stated that caring had a negative impact on their mental health (NI=88%)
- 91% of carers were affected by anxiety or stress
- 53% suffered from depression

Source: Carers Week UK 2012, "In Sickness and in Health" <http://www.carersweek.org>. Carers Week is an annual UK wide awareness campaign.

CARERS – KEY POINTS

3.7 Key points

Young carers

- In 2011, 1.97% of those aged 0-17 years provided unpaid care, this figure has increased from 1.85% in 2001. Of those aged 18-24 years, 7.71% provide unpaid care, rising from 6.66% in 2001. See Section 3.2.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

Source: Census 2001, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census+2001>

Social exclusion

Results of a survey of 2,100 carers across the UK:

- Sixty-one percent of carers have found it difficult to maintain friendships (NI=62%) (Question was answered "Agree" or "Strongly Agree")

Source: Carers Week UK 2013, "Prepared to Care" <http://www.carersweek.org/about-carers/facts-about-caring>. Carers Week is an annual UK wide awareness campaign.

Financial impact

- Caring can often mean that a person may have a lower income - caring and ill-health/disability can reduce a family's ability to work. Income can decrease further due to additional expenses associated with ill-health/disability such as extra heating, home adaptations, specialist foods, transport costs. In some cases, carers are not entitled to benefits/other support and so the care must be paid for by themselves. As a result, many carers struggle with money worries and debt. A further survey by Carers UK, "The Cost of Caring", found that 74% of carers, who responded to the survey, struggled to pay essential bills. 52% cut back on food to make ends meet. 40% said they were in debt as a result of caring. Others had taken out loans, or used overdrafts. Inevitably this causes stress, and 47% said they felt stress due to debt/money worries.

Source: Carers UK, Policy Briefings <http://www.carersuk.org/professionals/resources/briefings>

Working life

- Sometimes it may be necessary for a carer to give up work/reduce working hours in order to devote more time to the person they look after. A survey by Carers UK "The State of Caring", found that a fifth of those who needed to give up work/work reduced hours, were approximately £10-15,000 worse off per year, with a further fifth losing between £15-20,000 per year.

Source: Carers UK, Policy Briefings <http://www.carersuk.org/professionals/resources/briefings>

Results of a survey of 2,100 carers across the UK:

- 45% of carers have given up work because of their caring role (NI=41%) (Question was answered "Agree" or "Strongly Agree")
- 42% of carers have reduced their working hours because of their caring role (NI=48%) (Question was answered "Agree" or "Strongly Agree")
- 34% of carers have missed out on a promotion because of their caring role (NI=35%) (Question was answered "Agree" or "Strongly Agree")

Source: Carers Week UK 2013, "Prepared to Care" <http://www.carersweek.org/about-carers/facts-about-caring>.

SECTION 4: - DISABILITY -

DISABILITY - PREVALENCE

4.1 Prevalence of disabilities

Definition

The Disability Discrimination Act 1995 defines disability as: ‘... a person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities’.

Source: <http://www.legislation.gov.uk/ukpga/1995/50/contents>

Prevalence

- Depending on the source and definition, estimates of the prevalence of disabilities in NI range from 17% to 20.7%.
- It was estimated that in 2011/12 there were 11.9 million people across the UK with a disability (19% of total population). Equivalent figures for Northern Ireland were 0.3 million or 17%.
Source: Family Resources Survey, Northern Ireland, 2011/12 (November 2013), Department for Social Development Northern Ireland http://www.dsdni.gov.uk/frs_2011_12_v1.pdf
- A 2007 survey suggested that 18% of the population in Northern Ireland (all ages) are limited in their daily activities for reasons associated with a disability or long-term condition.
Source: "The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland", NISRA, 2007 <http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf>
- Number of usual residents with a long term health problem or disability, by how limited daily activities are, Northern Ireland, 2011

	All usual residents	Northern Ireland: Long-term health problem or disability		
		Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
Number	1,810,863	215,232	159,414	1,436,217
% of usual residents	-	11.89%	8.80%	79.31%

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

- Incidence of multiple disabilities in adults and children, 2007

	1	2	3	4	5	6+
Proportion of all adults	4%	4%	4%	4%	3%	3%
Proportion of all children	2%	2%	1%	1%	-	-

Source: "The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland", NISRA, 2007 <http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf>

DISABILITY - PREVALENCE

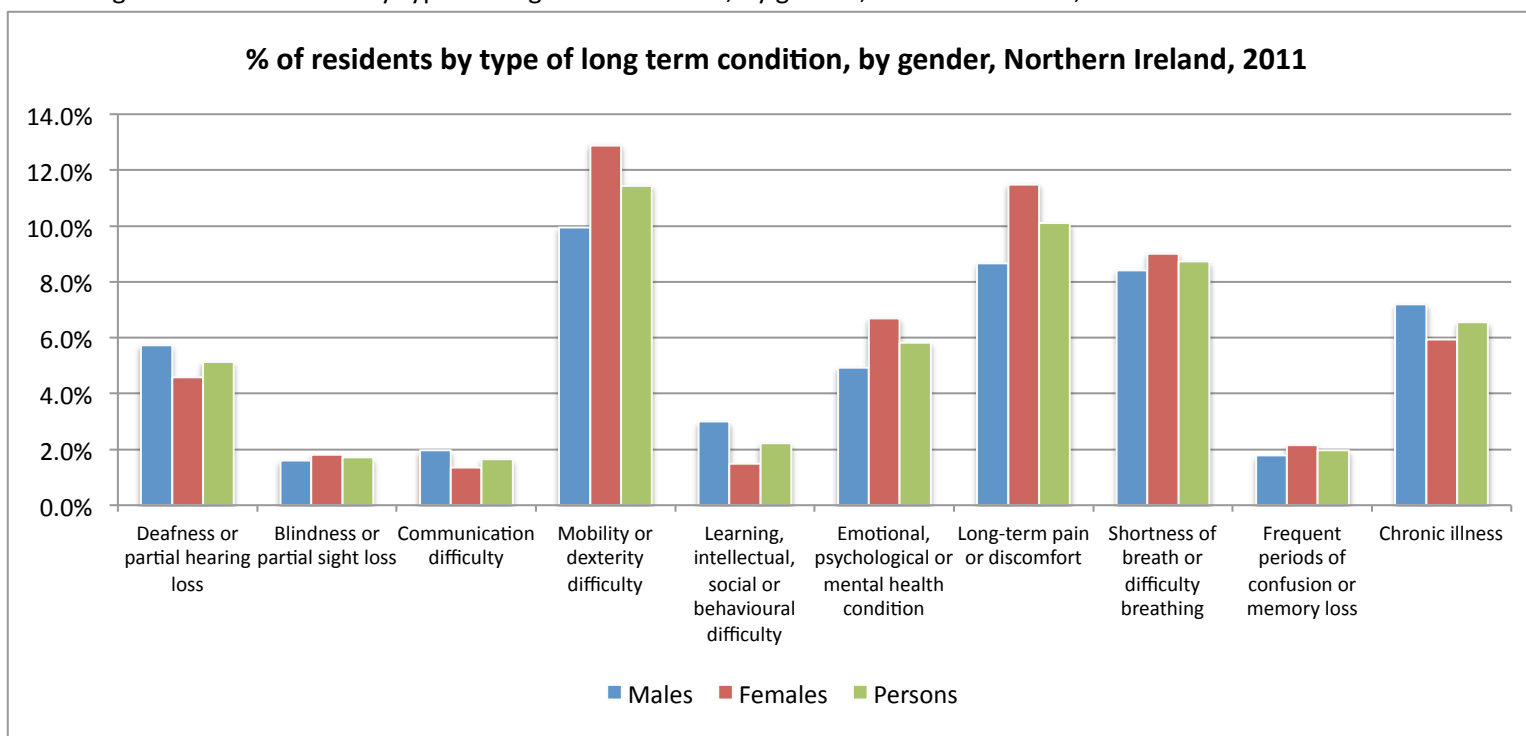
4.2 Prevalence of disabilities – by type and gender

- Nineteen percent of adult males and 23% of adult females have at least one disability. The NISALD survey suggested that the higher proportion of females is due to greater longevity of women and as a result the higher incidence of disabilities as age increases. Eight percent of boys and 4% of girls (aged less than 16 years) have at least one disability.

Source: "The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland (NISALD)", NISRA, 2007

<http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf>

Percentage of usual residents by type of long term condition, by gender, Northern Ireland, 2011



COMMENTARY

- From the 2011 Census, the most common type of disability is mobility/dexterity difficulties in both males and females.
- There is variation by gender in that women tend to have higher levels of mobility or dexterity, long term pain and emotional/psychological or mental health conditions, while men are slightly higher in chronic illness and learning/ intellectual/ social/ behavioural difficulties.
- This may be partially accounted by higher numbers of older women in the population since prevalence increases with age.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

'Communication difficulty' means a difficulty with speaking or making yourself understood. A 'mobility or dexterity difficulty' means a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying. An 'emotional, psychological or mental health condition' includes conditions such as depression or schizophrenia. 'Shortness of breath or difficulty breathing' includes conditions such as asthma. A 'chronic illness' includes illnesses such as cancer, HIV, diabetes, heart disease or epilepsy. 'Long-term' refers to a condition which has lasted, or is expected to last, at least 12 months.

Data above is not unique i.e. there will be respondents to the Census who will have more than one long term condition.

Data above only includes those conditions which would be considered a 'disability' - other conditions were surveyed.

DISABILITY - TRENDS

4.3 Proportion of population with limiting long term illness/long term health problem or disability, Northern Ireland, 2001 and 2011

Year	Males			Females			Persons		
	Total population	No. with limiting long term illness	% with limiting long term illness	Total population	No. with limiting long term illness	% with limiting long term illness	Total population	No. with limiting long term illness	% with limiting long term illness
2001	581,232	121,013	20.8%	605,847	131,760	21.7%	1,187,079	252,773	21.3%
2011	877,577	167,356	19.1%	910,762	192,600	21.1%	1,788,339	359,956	20.1%

COMMENTARY

- The 2001 Census asked people “Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?” Responses were either ‘Yes’ or ‘No’. However the wording changed slightly between the 2001 and 2011 Census. The 2011 Census asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?”. Responses were ‘Yes, limited a lot’, ‘Yes, limited a little’ or ‘No’.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

Information refers to those in the population with a limiting long term illness

Source: Census 2001, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census+2001>

Information refers to those in the population with a long term health problem or disability

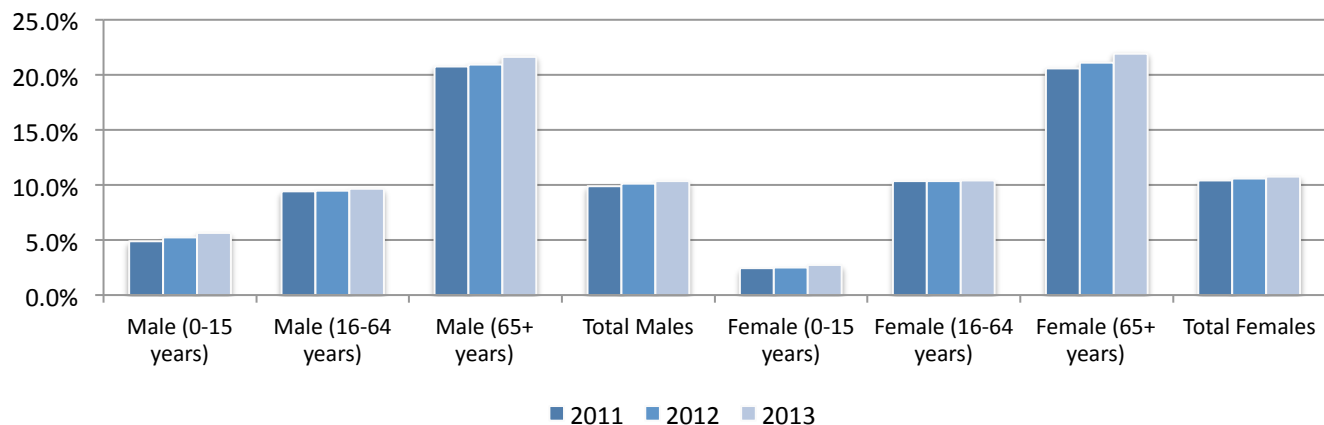
NOTE THAT THE DEFINITIONS ARE NOT THE SAME IN EACH CENSUS YEAR

DISABILITY - TRENDS

4.4 Disability Living Allowance Recipients, by age and gender, 2011, 2012 and 2013

Year		Total recipients	Male (0-15 years)	Male (16-64 years)	Male (65+ years)	Total Males	Female (0-15 years)	Female (16-64 years)	Female (65+ years)	Total Females
2011	No. of recipients	184,180	9,500	54,320	24,008	87,828	4,480	60,980	30,892	96,352
	Population	1,814,318	195,331	578,278	115,713	889,322	185,475	589,472	150,049	924,996
	Recipients as % of pop	10.2%	4.9%	9.4%	20.7%	9.9%	2.4%	10.3%	20.6%	10.4%
2012	No. of recipients	188,530	10,300	55,000	25,020	90,320	4,680	61,170	32,360	98,210
	Population	1,823,634	196,009	579,073	119,466	894,548	186,132	589,601	153,353	929,086
	Recipients as % of pop	10.3%	5.3%	9.5%	20.9%	10.1%	2.5%	10.4%	21.1%	10.6%
2013	No. of recipients	192,640	11,090	55,760	25,840	92,690	5,040	61,280	33,630	99,950
	Population	1,823,634	196,009	579,073	119,466	894,548	186,132	589,601	153,353	929,086
	Recipients as % of pop	10.6%	5.7%	9.6%	21.6%	10.4%	2.7%	10.4%	21.9%	10.8%

Disability Living Allowance: Recipients as % of population, by age and gender, Northern Ireland, 2011, 2012 and 2013



COMMENTARY

- Just over ten percent of the population is in receipt of Disability Living Allowance (DLA) in 2013.
- Historically, the level of DLA claimants in NI has been higher than that in England. In November 2012, 3.27 million people were claiming DLA in Great Britain (5.3%).

Source: NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=10&themeName=People%20and%20Places>

Data from 2012 onwards has been rounded to the nearest ten, therefore totals may not sum due to rounding

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm> 2013 population figures use 2012 mid year estimates

Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65.

However if someone is already receiving DLA Allowance when they reach 65, it may continue if they still have care and/or mobility needs.

DISABILITY – GEOGRAPHICAL BASIS

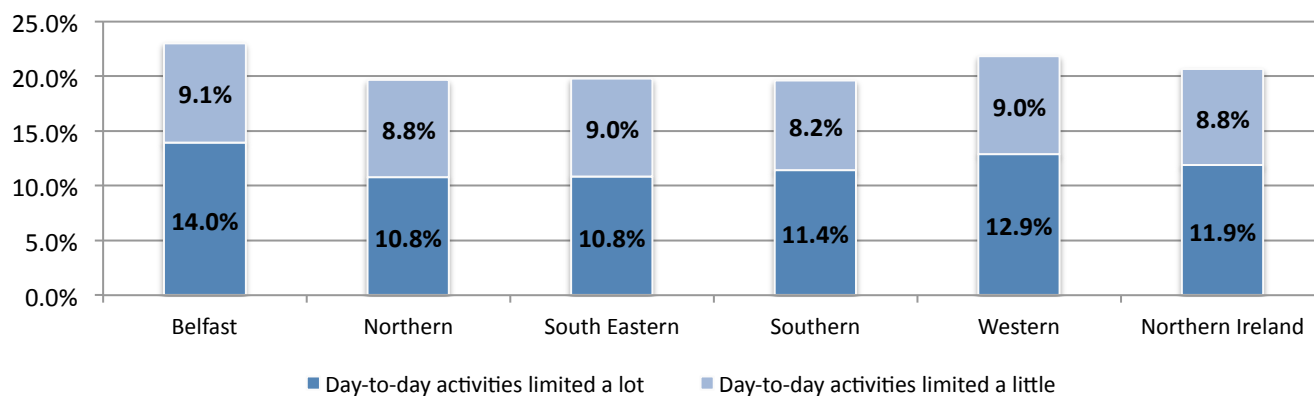
4.5 Number of usual residents with a long term health problem or disability, by how limited daily activities are, LCGs, 2011

LCG		All usual residents	Northern Ireland: Long-term health problem or disability		
			Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
Belfast	Number	348,204	48,585	31,637	267,982
	% of usual residents	-	14.0%	9.1%	77.0%
Northern	Number	463,297	50,066	40,961	372,270
	% of usual residents	-	10.8%	8.8%	80.4%
South Eastern	Number	346,911	37,602	31,142	278,167
	% of usual residents	-	10.8%	9.0%	80.2%
Southern	Number	358,034	40,991	29,323	287,720
	% of usual residents	-	11.4%	8.2%	80.4%
Western	Number	294,417	37,988	26,351	230,078
	% of usual residents	-	12.9%	9.0%	78.1%
NI	Number	1,810,863	215,232	159,414	1,436,217
	% of usual residents	-	11.9%	8.8%	79.3%

COMMENTARY

- At the time of the Census in 2011, 374,646 people in NI reported having a long term health problem or disability.
- Of these, 215,232 identified that this limited their daily activities 'a lot'.
- The proportion of people who identified long term health problems or disabilities limiting their daily activities a lot was highest in Belfast LCG (14% v 11.9% NI all ages).

No. of usual residents with a long term health problem or disability, by how limited daily activities are, Local Commissioning Groups, 2011



Source: Census 2011, NINIS, NISRA

<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

DISABILITY – GEOGRAPHICAL BASIS

4.6 Usual residents by type of long term condition or disability, Local Commissioning Groups, 2011

Type of long term condition	Belfast: % of LCG total	Northern: % of LCG total	South Eastern: % of LCG total	Southern: % of LCG total	Western: % of LCG total	Northern Ireland: % of NI total
Deafness or partial hearing loss	5.6%	5.2%	5.6%	4.5%	4.8%	5.1%
Blindness or partial sight loss	2.0%	1.6%	1.7%	1.6%	1.7%	1.7%
Communication difficulty	1.9%	1.5%	1.6%	1.6%	1.8%	1.6%
Mobility or dexterity difficulty	13.1%	10.7%	11.1%	10.8%	11.8%	11.4%
Learning, intellectual, social or behavioural difficulty	2.5%	2.0%	2.2%	2.0%	2.4%	2.2%
Emotional, psychological or mental health condition	7.4%	5.1%	5.1%	5.3%	6.6%	5.8%
Long-term pain or discomfort	11.4%	9.6%	9.9%	9.5%	10.2%	10.1%
Shortness of breath or difficulty breathing	10.2%	8.4%	8.5%	7.8%	8.8%	8.7%
Frequent periods of confusion or memory loss	2.5%	1.7%	1.9%	1.8%	2.0%	2.0%
Chronic illness	7.2%	6.6%	6.7%	5.8%	6.4%	6.5%
No condition	66.0%	69.2%	68.4%	70.8%	68.2%	68.6%

COMMENTARY

- As reported in Section 4.2, the most common types of long term conditions are mobility/dexterity difficulties and long term pain/discomfort.
- The higher levels of long term health problems or disabilities identified in Section 4.5 for Belfast LCG are reflected here.
- Belfast has higher proportions of its population in all types of long term condition, followed by the Western LCG.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

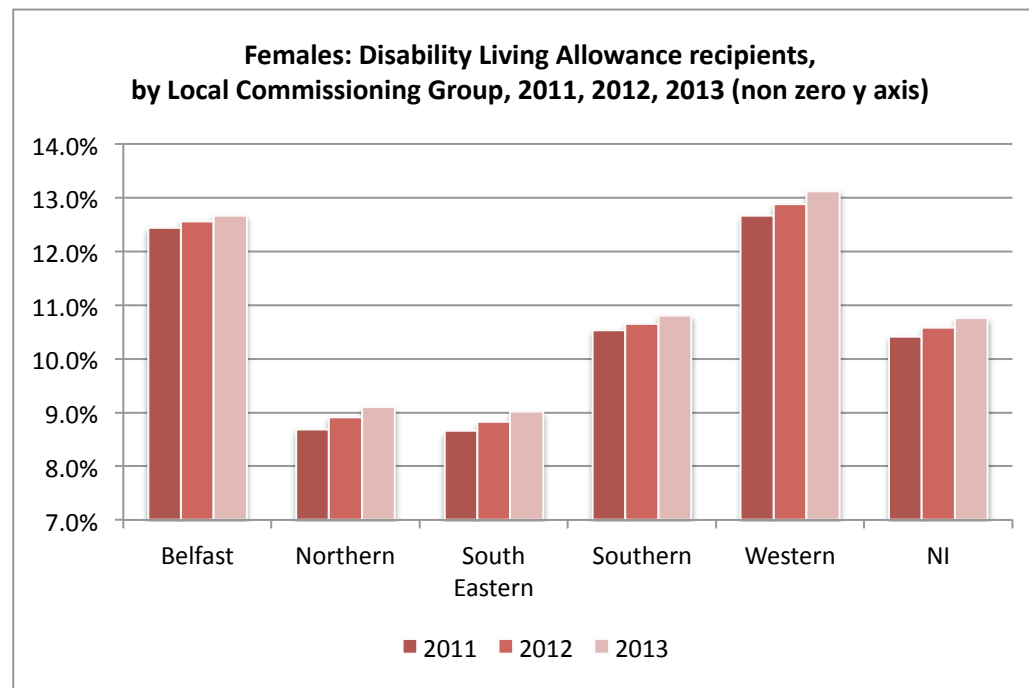
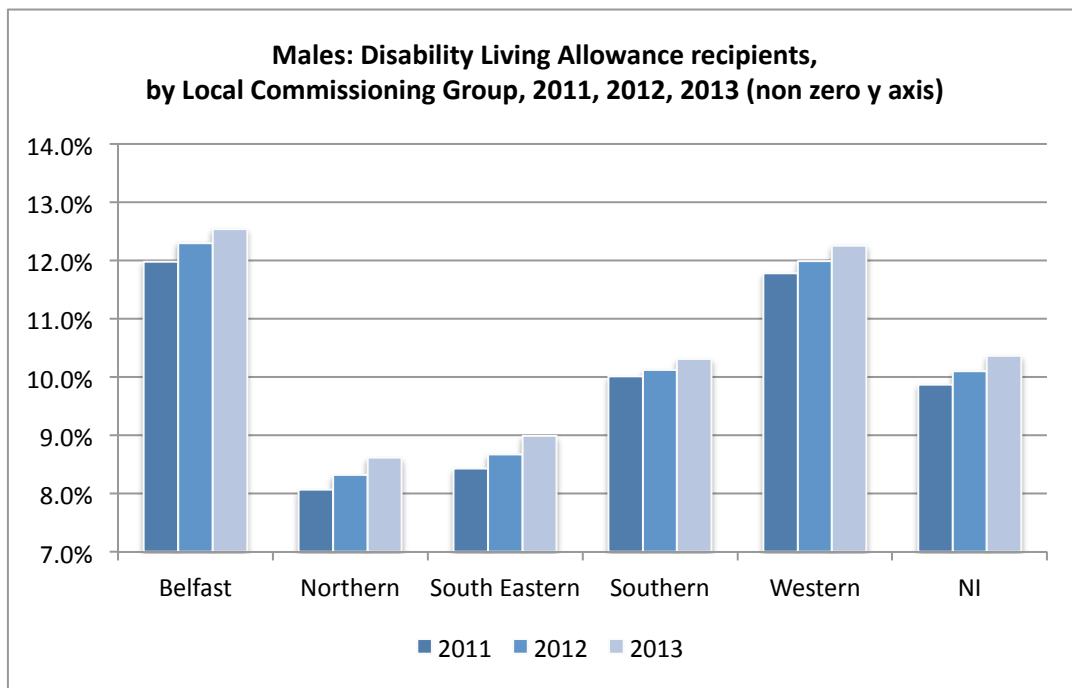
'Communication difficulty' means a difficulty with speaking or making yourself understood. A 'mobility or dexterity difficulty' means a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying. An 'emotional, psychological or mental health condition' includes conditions such as depression or schizophrenia. 'Shortness of breath or difficulty breathing' includes conditions such as asthma. A 'chronic illness' includes illnesses such as cancer, HIV, diabetes, heart disease or epilepsy. 'Long-term' refers to a condition which has lasted, or is expected to last, at least 12 months.

Data above is not unique i.e. there will be respondents to the Census who will have more than one long term condition.

Data above only includes those conditions which would be considered a 'disability' - other conditions were surveyed.

DISABILITY – GEOGRAPHICAL BASIS

4.7 Disability Living Allowance Recipients by gender, Local Commissioning Groups, 2011, 2012 and 2013



Source: NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=10&themeName=People%20and%20Places>

Data from 2012 onwards has been rounded to the nearest ten, therefore totals may not sum due to rounding

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm> 2013 population figures use 2012 mid year estimates

Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. However if someone is already receiving DLA Allowance when they reach 65, it may continue if they still have care and/or mobility needs.

COMMENTARY

- The higher levels of long term health problems or disabilities reported in the 2011 Census for Belfast and Western LCGs are reflected in higher levels of DLA recipients in these areas.

DISABILITY - CHARACTERISTICS

4.8 Characteristics of those with disabilities

Employment

- A much smaller proportion of those with a disability (37.7%) are in employment compared to those without (75.3%). The majority of those with a disability (56.2%) are economically inactive, compared with 19.3% of those without a disability.

Source: Department of Finance and Personnel, Labour Force Survey Northern Ireland (October - December 2013) http://www.detini.gov.uk/lfs_quarterly_supplement_october-december_2013.pdf?rev=0

Education

- The quarterly bulletin (Oct-Dec 2013) of the Labour Force Survey (Northern Ireland) states that persons with a disability are less qualified than those without. In particular, only 7.4% of those with a disability held a degree or equivalent qualification, compared with 24.8% of non-disabled persons. Thirty-three percent of those with a disability had no qualifications, over twice the proportion of those without a disability (12.7%).

Source: Department of Finance and Personnel, Labour Force Survey Northern Ireland (October - December 2013) http://www.detini.gov.uk/lfs_quarterly_supplement_october-december_2013.pdf?rev=0

- In an OFMDFM report based on further analysis of the NI Survey of people with Activity Limitations and Disabilities (NISALD) (2007), respondents were asked if their disability had created an adverse impact on their education or educational opportunities. Almost 11% felt that there had been an impact. The most common ways that respondents felt their education had been affected were finding it hard to learn or to keep up with learning, and being unable to fully participate in subjects and activities.

Living standards

- Almost 56% of respondents to NISALD stated they spent more on regular bills, goods and services (e.g. oil/gas/coal/electricity, personal medical goods, transport) than they would expect to if they did not have a disability. This survey asked if current income received was enough to provide what the respondent considered at least a basic standard of living. 26.9% of those responding felt that the income they were in receipt of was not enough to provide this basic standard.

Housing

- Eighteen percent of respondents to NISALD stated that there were adaptations, modifications or features that their home needed to have done to meet current or future needs. The most common needs were rails, bath lifts and accessible showers/toilets.
- Respondents were asked if there were any other aspects of their home that created difficulties. 9.5% stated that there were other difficulties such as access to areas of the home and design issues hampering use of kitchen / bathroom.

Discrimination

- Nine percent of respondents believed that, because of their disability/limitation, they have been refused employment, promotion, access to training and/or had employment terminated.

Source: OFMDFM, "Monitoring & Evaluation of the Disability Strategy 2012 – 2015, Baseline Indicator Set" (based on NI Survey of people with Activity Limitations and Disabilities and other datasets), February 2013 <http://www.ofmdfmi.gov.uk/baseline-indicators-disability-strategy>

DISABILITY - CHARACTERISTICS

4.8 Characteristics of those with disabilities

Leisure, social activities

- Respondents were asked about the regularity of any physical activity that they may undertake. This included any dance or aerobic activity, as well as sports. Almost 16% took part in activity. This included activity as little as once a year. Eighty-four percent stated they never took part in physical activity, either because they were not interested (35.9%), simply could not do it (33.8%) or would like to but have not (14.5%).
- Respondents were then asked 'Do you find it difficult taking part in a specific activity for reasons associated with your disability/limitation(s)?' Taking part in sport and walking for exercise were the activities which reported the most difficulty. Only 21.5% and 23.1% of respondents reported no difficulty in taking part in those activities respectively. Playing games (such as cards, chess or bingo) and visiting a public library recorded the least difficulty (74.8% and 68.8% no difficulty). For the remaining activities (cinema/theatre/art gallery, museums, socialising, religious ceremonies and community life) the split was generally around 50:50 as to those with no difficulty and those reporting at least some difficulty.

Transport

- When asked if they used public transport, a majority (57%) of NISALD respondents stated that they never used public transport. Overall 83.1% answered 'rarely' or 'never'. More than 1% answered that they used public transport on a daily basis. Of those that responded to the question, 16.5% reported that they had experienced difficulty in using public transport in the most recent 12 months. For those who rarely or never use public transport, the main reason was preferring their own or other transport. Other most common reasons were getting on and off vehicles and getting to stops.
Source: OFMDFM, "Monitoring & Evaluation of the Disability Strategy 2012 – 2015, Baseline Indicator Set" (based on NI Survey of people with Activity Limitations and Disabilities and other datasets), February 2013 <http://www.ofmdfmi.gov.uk/baseline-indicators-disability-strategy>
- Nineteen percent of respondents to the Travel Survey for Northern Ireland in 2010/12 said that they had some difficulty with travel due to a physical difficulty or long-standing health problem. This figures increases with age e.g. 38% of those aged 60 and over had some difficulty.
Source: Department for Regional Development "Travel Survey for Northern Ireland In-depth Report, 2010-2012" http://www.drdni.gov.uk/final_-_tsni_indepth_report_2010-2012.pdf

DISABILITY - CHARACTERISTICS

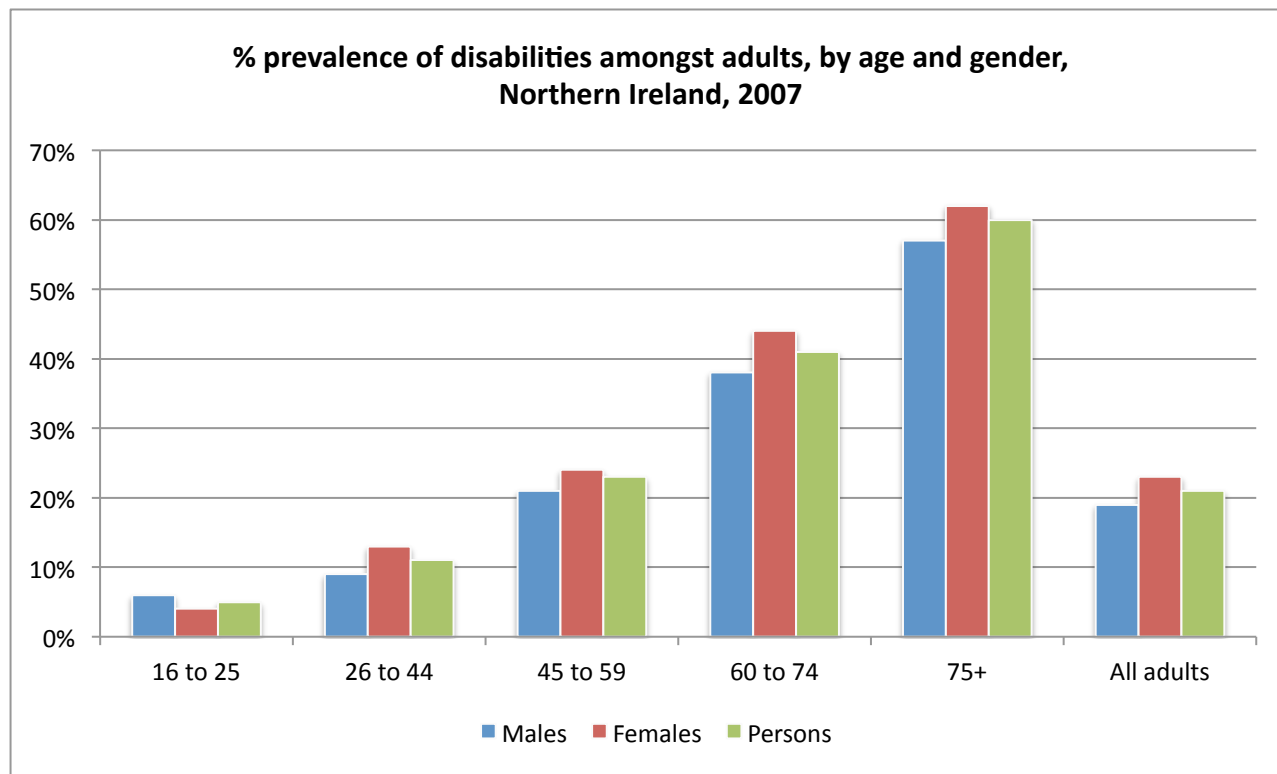
4.9 Percentage prevalence of disabilities amongst adults, by age and gender, Northern Ireland, 2007

Disability increases with age

Age	Males	Females	Persons
16 to 25	6%	4%	5%
26 to 44	9%	13%	11%
45 to 59	21%	24%	23%
60 to 74	38%	44%	41%
75+	57%	62%	60%
All adults	19%	23%	21%

COMMENTARY

- Twenty one percent of adults (aged 16+) in Northern Ireland have at least one disability, with 6% of children (less than 16 years) affected by disability.
- Prevalence of disability increases with age and with the exception of younger adults is slightly higher amongst women than males across the age groups.



Source: "The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland", NISRA, 2007 <http://www.csu.nisra.gov.uk/NISALD%20Household%20Prevalence%20Report.pdf>

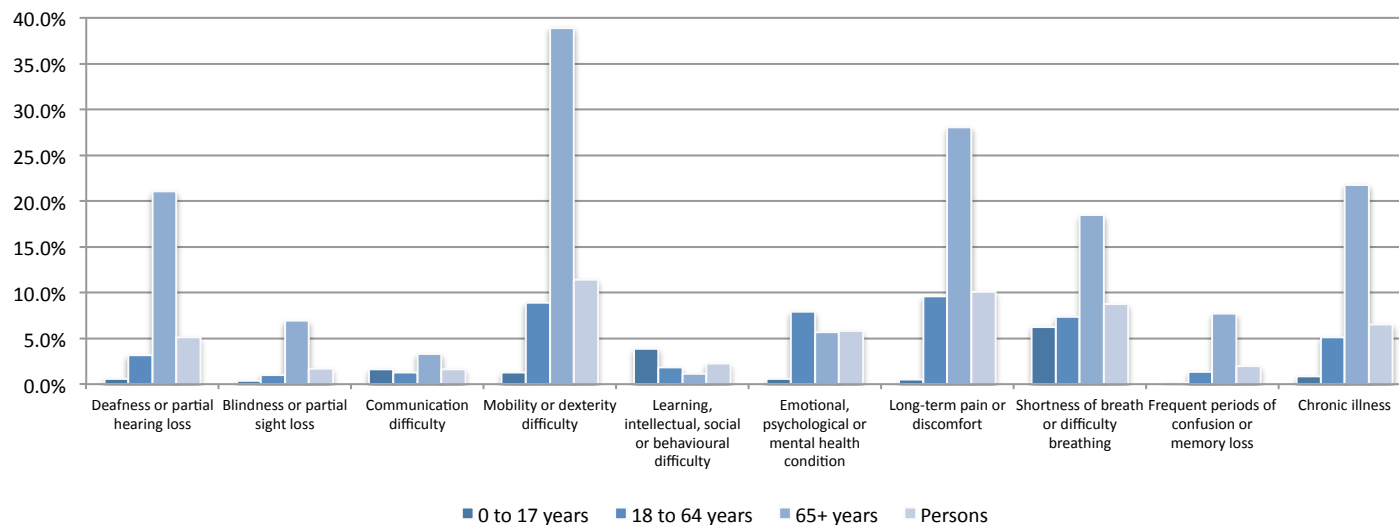
DISABILITY - CHARACTERISTICS

4.10 Percentage residents by type of long term condition, by age group, Northern Ireland, 2011

Disability increases with age

Type of long term condition	Age group			
	% of 0 to 17	% of 18 to 64	% of 65+	% of all persons
Deafness or partial hearing loss	0.6%	3.1%	21.0%	5.1%
Blindness or partial sight loss	0.3%	1.0%	6.9%	1.7%
Communication difficulty	1.6%	1.3%	3.3%	1.6%
Mobility or dexterity difficulty	1.3%	8.9%	38.9%	11.4%
Learning, intellectual, social or behavioural difficulty	3.9%	1.8%	1.1%	2.2%
Emotional, psychological or mental health condition	0.6%	7.9%	5.7%	5.8%
Long-term pain or discomfort	0.5%	9.6%	28.0%	10.1%
Shortness of breath or difficulty breathing	6.3%	7.4%	18.4%	8.7%
Frequent periods of confusion or memory loss	0.1%	1.3%	7.7%	2.0%
Chronic illness	0.9%	5.1%	21.8%	6.5%
No condition	86.9%	70.9%	28.9%	68.6%

% residents by type of long term condition, by age group, Northern Ireland, 2011



COMMENTARY

- Self-reported long term conditions from the 2011 Census again show the increasing levels of disability with age, particularly in the areas of mobility/dexterity, long term pain and discomfort and chronic illness.
- While the overall prevalence is lower, the increase with age is particularly marked in blindness/partial sight and confusion and memory loss.
- The only areas which run counter to this trend of increasing with age are learning/ intellectual/social/behavioural and emotional, psychological and mental health conditions. This may reflect a historical position of reduced life expectancies for some groups and /or reluctance amongst older people to identify non-physical conditions.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&the meName=Census+2011>

Communication difficulty' means a difficulty with speaking or making yourself understood. A mobility or dexterity difficulty' means a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying. An emotional, psychological or mental health condition' includes conditions such as depression or schizophrenia. Shortness of breath or difficulty breathing' includes conditions such as asthma. A chronic illness' includes illnesses such as cancer, HIV, diabetes, heart disease or epilepsy. Long-term' refers to a condition which has lasted, or is expected to last, at least 12 months.

Data above is not unique i.e. there will be a respondents to the Census who will have more than one long term condition.

Data above only includes those conditions which would be considered a 'disability' - other conditions were surveyed.

4.11 Health Needs

General health

- Those who experienced a long term condition or disability were more likely to describe their general health as 'bad' or 'very bad' (26%), compared to 0.2% of those who did not suffer from a long term condition or disability.

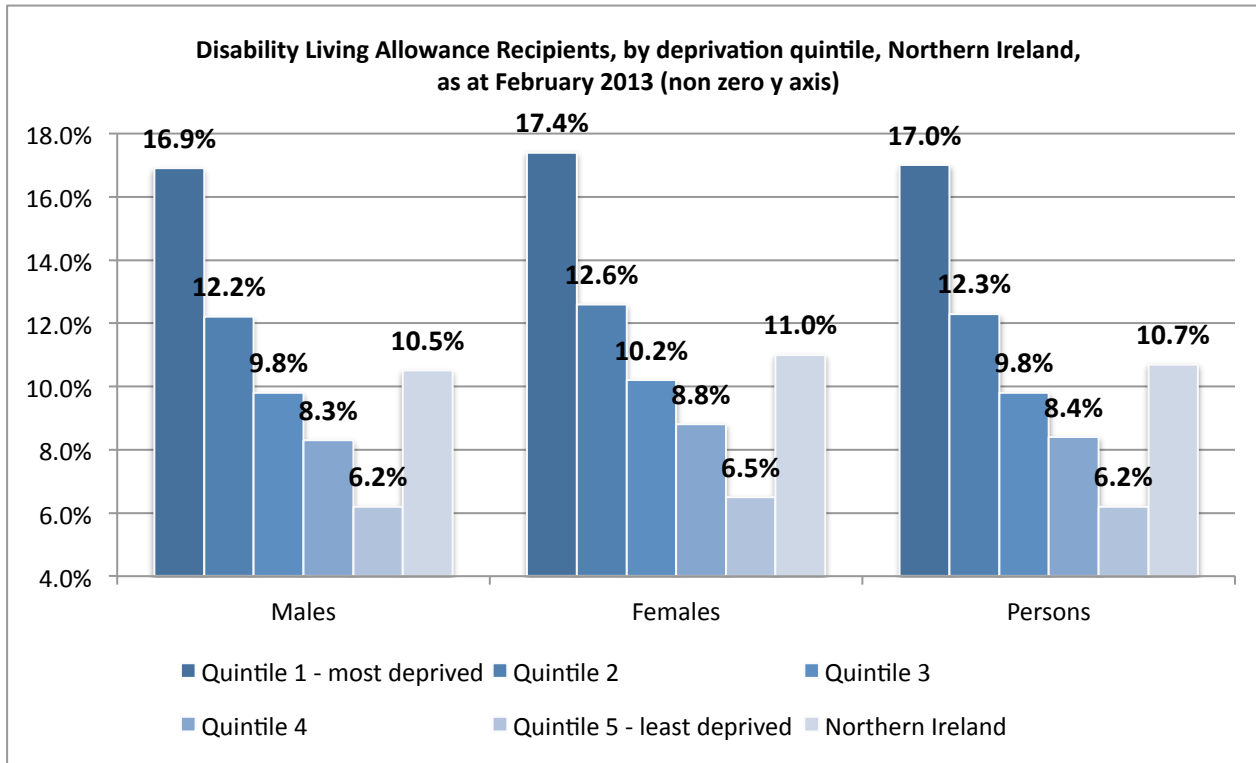
Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

- The exact nature of health needs will reflect the specific long term condition or disability of an individual.

DISABILITY – KEY POINTS

4.12 Financial help to those with disabilities

Disability Living Allowance (DLA) recipients, by deprivation quintile, at ward level, Northern Ireland, as at February 2013



COMMENTARY

- At February 2013, there were nearly two hundred thousand people claiming DLA across NI. This represents 10.6% of the total population.
- There is a clear gradient of deprivation with 17% of people in the most deprived areas claiming and 6.2% of those in the least deprived.

Source: Department for Social Development, Analytical Services Unit via NINIS
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=10&theMeName=People+and+Places>
 Source: 2012 Small Area Population Estimates, NISRA (DMB)
<http://www.nisra.gov.uk/demography/default.asp125.htm>
 Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. However if someone is already receiving DLA Allowance when they reach 65, it may continue if they still have care and/or mobility needs.

SECTION 5:
- ETHNICITY -

ETHNICITY - PREVALENCE

5.1 Prevalence of minority ethnic groups in the NI population, 2011

Ethnic group		Persons	Males	Females
All usual residents		1,810,863	887,323	923,540
White		1,779,750	871,195	908,555
Asian	Total	19,130	9,754	9,376
	Chinese	6,303	3,266	3,037
	Indian	6,198	3,326	2,872
	Pakistani	1,091	626	465
	Bangladeshi	540	318	222
	Other Asian	4,998	2,218	2,780
Black	Total	3,616	2,036	1,580
	Caribbean	372	218	154
	African	2,345	1,279	1,066
	Other	899	539	360
Mixed		6,014	2,919	3,095
Other		2,353	1,419	934
Total non-white		31,113	16,128	14,985
Total % non-white		1.72%	1.82%	1.62%

COMMENTARY

- The 2011 Census counted 80,760 individuals born outside the UK/Republic of Ireland (RoI) and 31,113 individuals of non-White ethnic background (4.5% and 1.72% of the total NI population respectively)
- The 2011 Census permits a comparison of the minority ethnic population across the UK. Despite the recent increases in the migrant community in NI, it still has the lowest non-UK/RoI born population: 4.5% versus 12.7% in England and Wales and 6.5% in Scotland. However, when focusing on those born in RoI, unsurprisingly, NI has the higher proportion.
- Within the non-White ethnic groups, people from Chinese (6,303), Indian (6,198), and mixed background (6,014) formed the largest groups in 2011.
- The 2011 Census identified 1,301 Irish Travellers. This is markedly lower than the 3,905 figure estimated in the All Ireland Traveller Health Study.

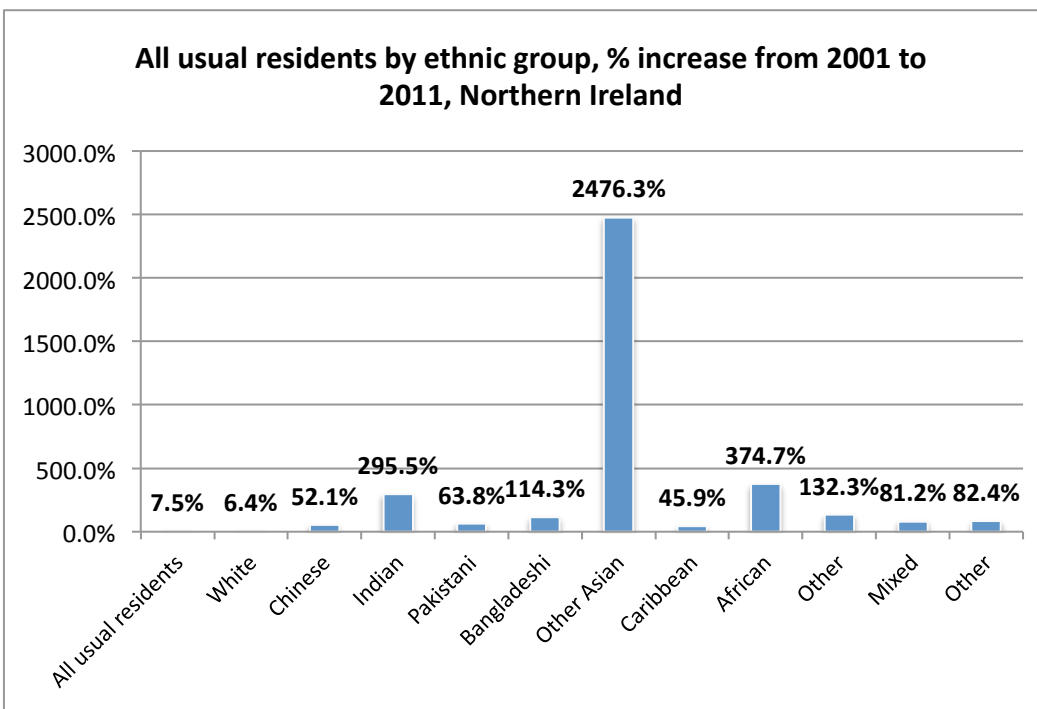
Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014. This provides a summary from the 2011 Census of the scale and characteristics of minority ethnic groups in NI.

Source: All Ireland Traveller Health Study. Our Geels. Summary of findings. Dublin: UCD. 2010 http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

ETHNICITY - TRENDS

5.2 All usual residents by ethnic group, 2001 and 2011, Northern Ireland

Ethnic group		2001 Census	2011 Census	Difference between 2001 and 2011	% increase 2001 to 2011
All usual residents		1,685,267	1,810,863	125,596	7.5%
White		1,672,698	1,779,750	107,052	6.4%
Asian	Total	6,824	19,130	12,306	180.3%
	Chinese	4,145	6,303	2,158	52.1%
	Indian	1,567	6,198	4,631	295.5%
	Pakistani	666	1,091	425	63.8%
	Bangladeshi	252	540	288	114.3%
	Other Asian	194	4,998	4,804	2476.3%
Black	Total	1,136	3,616	2,480	218.3%
	Caribbean	255	372	117	45.9%
	African	494	2,345	1,851	374.7%
	Other	387	899	512	132.3%
Mixed		3,319	6,014	2,695	81.2%
Other		1,290	2,353	1,061	82.4%
Total non-white		12,569	31,113	18,554	147.5%
Total % non-white		0.75%	1.72%	-	-



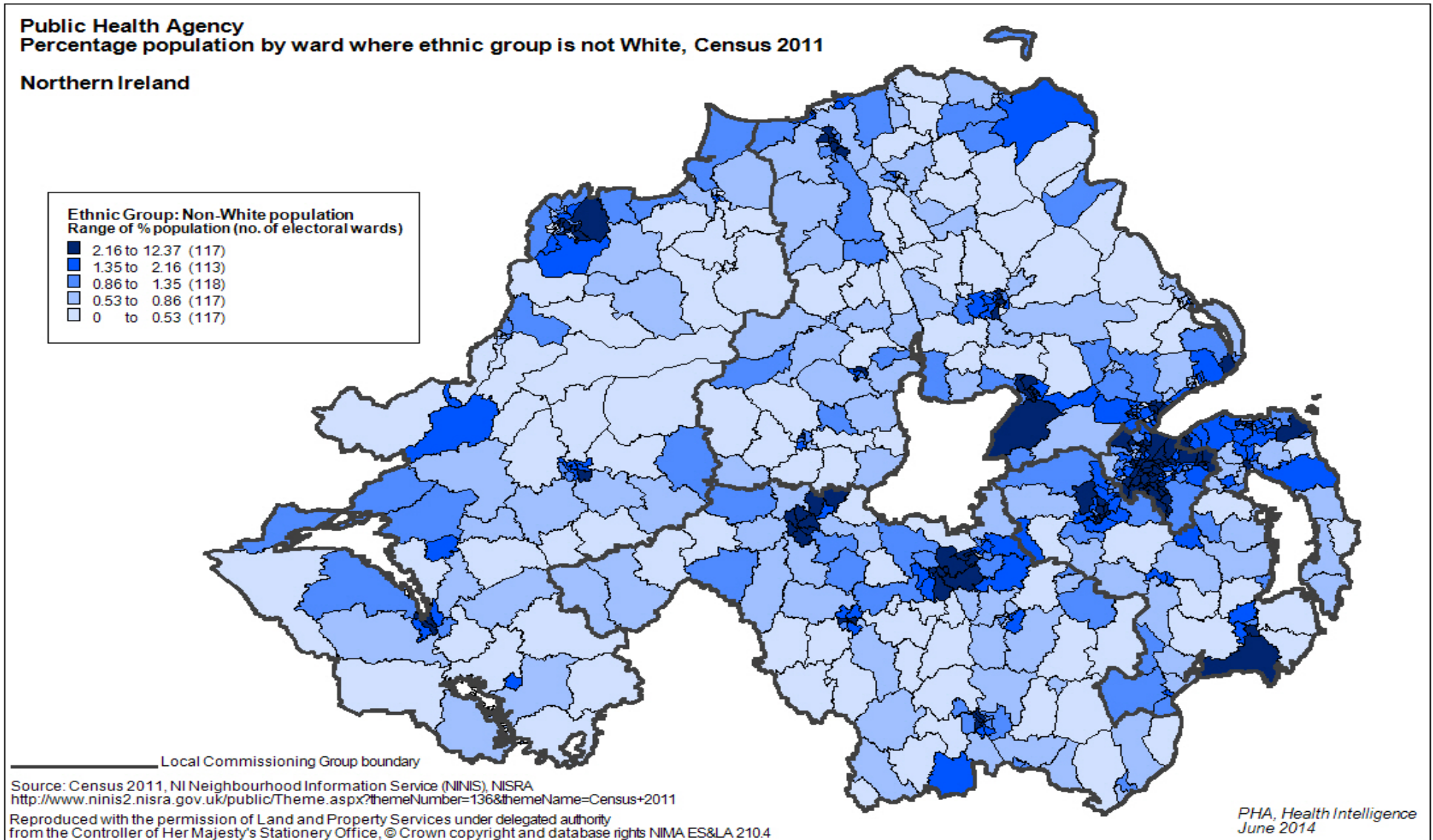
Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

COMMENTARY

- The 2011 Census identified 31,113 individuals of non-White ethnic background, representing 1.72% of the population in NI. This was more than double the non-White ethnic population that was reported in the 2001 Census: 12,569 individuals representing 0.75% of the population. Within the non-White ethnic groups, people from Chinese (6,303), Indian (6,198), and mixed background (6,014) formed the largest groups in 2011. This pattern is similar to 2001, though figures were lower then.
- Among the broad ethnic categories, the strongest increase was seen within the Black ethnic group, a three-fold increase since 2001. Using the more detailed ethnic groups, the by far largest increase was seen among Other Asians (almost 26-fold, primarily driven by those born in the Philippines), followed by Black African and Indian individuals.

ETHNICITY – GEOGRAPHICAL BASIS

5.3 Location of minority ethnic population across Northern Ireland, 2011



ETHNICITY – GEOGRAPHICAL BASIS

5.4 Location of minority ethnic population by Local Commissioning Group, 2011

LCG	NI	Belfast	Northern	South Eastern	Southern	Western
All usual residents	1,810,863	348,204	463,297	346,911	358,034	294,417
All foreign born (non-UK/Rol)	80,621	21,148	17,135	11,664	21,817	8,857
% foreign born between LCGs	100%	26.2%	21.3%	14.5%	27.1%	11.0%

All usual residents by ethnic group, by Local Commissioning Group, as % of the total LCG population, 2011

LCG	Northern Ireland	Belfast	Northern	South Eastern	Southern	Western
White	98.28	96.56	98.70	98.54	98.66	98.90
All non-White	1.72	3.44	1.30	1.46	1.34	1.10
Chinese	0.35	0.78	0.31	0.26	0.22	0.17
Indian	0.34	0.72	0.28	0.25	0.17	0.30
Pakistani	0.06	0.09	0.06	0.04	0.07	0.03
Bangladeshi	0.03	0.07	0.01	0.06	0.01	0.01
Other Asian	0.28	0.69	0.17	0.19	0.20	0.16
Black Caribbean	0.02	0.03	0.01	0.03	0.01	0.02
Black African	0.13	0.32	0.08	0.10	0.11	0.04
Black Other	0.05	0.04	0.02	0.06	0.10	0.02
Mixed	0.33	0.49	0.28	0.35	0.29	0.25
Other	0.13	0.20	0.08	0.11	0.16	0.10

COMMENTARY

- In the Census 2011, there was variation in which Local Commissioning Group area specific foreign-born individuals settled.
- Overall, the highest proportion of those born outside UK/Rol settled in the Southern area (27.1%), followed by Belfast (26.2%), Northern (21.3%), South Eastern (14.5%) and Western (11.0%) areas.
- However, Belfast and Southern have the highest proportion of foreign born individuals out of their respective populations (6.1% each), higher than the NI average of 4.5% (Northern 3.7%, South Eastern 3.4%, Western 3.0%).
- Belfast at 3.44% has the highest proportion of non-white population being twice the NI average.

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

ETHNICITY - CHARACTERISTICS

5.5 Characteristics of minority ethnic groups

Younger age profile

- In terms of broad age structure, overall those born outside the UK/RoI seemed to be younger than the whole population of usual residents. This was mainly driven by migrants falling into the adult age range of 16-64. There was some variation by country of birth, with those from EU Accession¹ countries primarily falling into the younger adult age bracket (16-34) and all others being more frequently represented in the older adult age group (35-64).
- Aged 0-15: 20.9% of all usual residents versus 15.0% of non-UK/RoI born migrants (range: 9.1% South America – 22.7% Central America)
- Aged 16-34: 26.0% of all usual residents versus 45.4% of non-UK/RoI born migrants (range: 30.5% North America and Caribbean – 56.6% EU Accession countries 2004)
- Aged 35-64: 38.4% of all usual residents versus 45.4% of non-UK/RoI born migrants (range: 26.5% EU Accession countries 2004 onwards – 46.7% Middle East and Asia)
- Aged 65+: 14.6% of all usual residents versus 3.4% of non-UK/RoI born migrants (range: 0.5% EU Accession countries 2004 – 11.4% North America and Caribbean)

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

¹ EU Accession countries 2004 onwards: Several European countries joined the EU in 2004 – this includes the A8 countries (countries with low per capita income) and Malta and Republic of Cyprus (countries with a per capita income closer to the EU average). In 2008, Bulgaria and Romania also joined the EU (referred to as A2 countries). A8 countries: Poland, Lithuania, Slovakia, Latvia, Czech, Estonia, Hungary, Slovenia. A2 countries: Bulgaria, Romania. All together are referred to as EU Accession countries.

Country of birth

Population by country of birth, Northern Ireland, 2001 and 2011

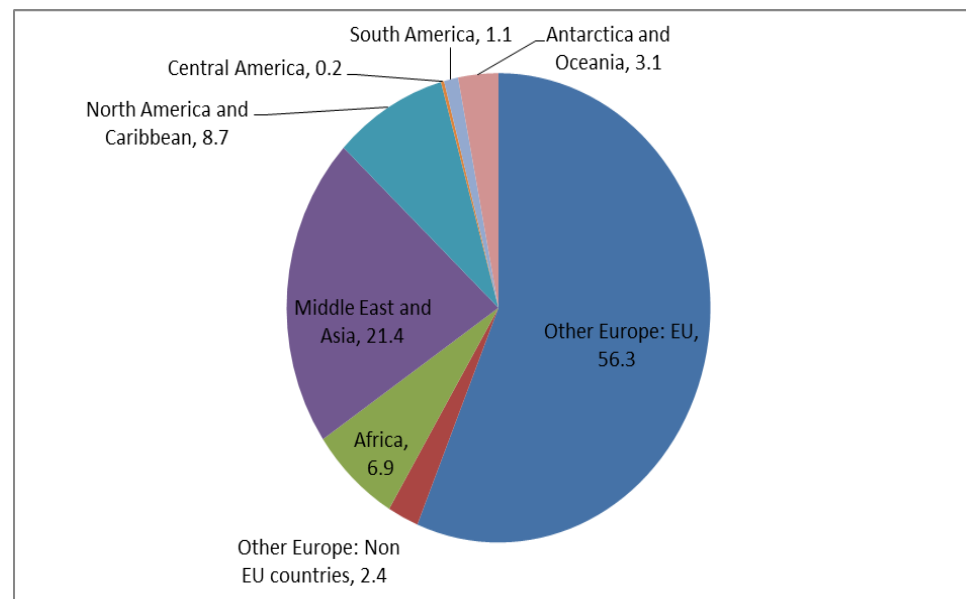
Census year	NI total population	Other EU countries		Elsewhere	
		No.	%	No.	%
2001	1,685,267	10,355	0.6	20,204	1.2
2011	1,810,863	45,290	2.5	35,331	2.0

COMMENTARY

- Over half (56.3%) of the foreign-born individuals in 2011 were born in an EU member state. This group had the largest increase which was more than four-fold since 2001. The foreign-born population originating from all non-EU countries had nearly doubled since the 2001 Census, rising from 20,204 people to 35,331. The largest group were 17,293 individuals born in the Middle East and Asia, followed by 6,999 from North America and Caribbean, 5,581 from Africa, 2,468 from Antarctica and Oceania, 1,917 from non-EU European countries, and fewer from South America (875) and Central America (194).

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Proportion of country of birth by continent for foreign-born individuals, Northern Ireland, 2011



ETHNICITY - CHARACTERISTICS

5.5 Characteristics of minority ethnic groups

Educational achievement

- In the Census 2011, the White ethnic group showed the highest level of no qualifications (29%) and the lowest proportion of Level 4 or higher qualifications (23%). Individuals born in Asia had the highest proportion of degree level qualifications or higher (44%, varying between 19% among Bangladeshi and 62% among Indian individuals); the respective prevalence was 35% for the Mixed ethnic, 34% for Other ethnic, and 31% for the Black ethnic group. Asian (17%) and Other ethnic (17%) persons, followed by Black (15%) individuals also reported higher levels of other qualifications than White (4%) and Mixed ethnic persons (8%).

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Economic activity

- Economic activity was generally higher among the non-White groups than the total White population, except for the Chinese, Pakistani and Bangladeshi communities, primarily driven by the lower rate among the females from these communities. Both Indian and Other Asian males and females had the highest proportion of economic activity.
- While, overall, Asian groups had an unemployment rate lower or similar to the total population, those of Black, Mixed and Other ethnic background experienced higher unemployment rates. There was some gender variation:
 - Among men, compared to the White male population (9.6%), all Asian groups had a lower unemployment rate (range 2.9%-6.2%), while Black, particularly Black African, men had a higher unemployment rate (range 11.5%-21.9%).
 - Among women, only Other Asian females (4.3%) had a lower unemployment rate than all white females (5.2%), with all other ME women having experienced higher unemployment rates (range 6.3%-16.3%).
 - Unemployment was lower among women than men in the total White population and among the Black African group. In contrast, most Asian women (except for Other Asian), Other Black and Black Caribbean women and Other ethnic women experienced higher rates of unemployment than their male counterparts. This differential was particularly pronounced among Bangladeshi and Pakistani women, although in absolute terms the figures were small.
 - Among those economically inactive, the rate of retired and long-term sick/disabled individuals was lower among the non-White than the total White population, overall and for males and females. All non-White ethnic groups had a higher proportion of females looking after the home/family than in the total White population, with particularly high rates among Pakistani and Bangladeshi women.

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Please note, for some ethnic groups (particularly Bangladeshi, Pakistani, Black Caribbean and Black Other) the baseline population figures were small, so some subcategories of economic (in)activity showed very few individuals and proportions could change substantially even if there is only a small shift in numbers. Another note-worthy observation is that among the Chinese population there was a large number of students (n=1,232) which made up more than half of all Asian students in NI.

ETHNICITY - CHARACTERISTICS

5.5 Characteristics of minority ethnic groups

Occupation

Percentage occupation by ethnic group, in those aged 16-74 in employment, Northern Ireland, 2011

	All persons	White	Irish Traveller	Chinese	Indian	Pakistani	Bangladeshi	Other Asian	Black-Caribbean	Black-African	Black-Other	Mixed	Other
Usual residents aged 16 to 74 in employment	795,263	98.23%	0.02%	0.36%	0.42%	0.06%	0.03%	0.33%	0.03%	0.13%	0.05%	0.21%	0.1%
Managers, directors, senior officials	63,900	98.38%	0.02%	0.47%	0.29%	0.09%	0.05%	0.27%	0.03%	0.05%	0.03%	0.20%	0.1%
Professional occupations	136,406	96.85%	0.02%	0.34%	1.27%	0.11%	0.01%	0.72%	0.02%	0.18%	0.02%	0.27%	0.2%
Associate professional and technical	68,703	98.50%	0.02%	0.26%	0.31%	0.05%	0.00%	0.14%	0.05%	0.15%	0.05%	0.29%	0.2%
Administrative, secretarial occupations	111,841	99.20%	0.01%	0.16%	0.14%	0.02%	0.01%	0.09%	0.04%	0.08%	0.02%	0.16%	0.1%
Skilled trades occupations	111,502	98.39%	0.03%	0.83%	0.17%	0.06%	0.07%	0.15%	0.01%	0.05%	0.04%	0.09%	0.1%
Caring, leisure, other service	73,837	98.13%	0.01%	0.13%	0.46%	0.02%	0.01%	0.64%	0.03%	0.20%	0.03%	0.22%	0.1%
Sales and customer service	79,911	98.51%	0.04%	0.31%	0.28%	0.06%	0.02%	0.19%	0.03%	0.11%	0.04%	0.29%	0.1%
Process, plant and machine operatives	63,288	98.80%	0.03%	0.06%	0.13%	0.05%	0.01%	0.22%	0.03%	0.16%	0.12%	0.14%	0.2%
Elementary occupations	85,875	98.00%	0.02%	0.49%	0.28%	0.03%	0.04%	0.42%	0.03%	0.18%	0.10%	0.22%	0.2%

COMMENTARY

- The profile of occupation for those in employment varies by ethnic group. For example, the highest proportion of Chinese is in the Skilled trade occupation, while the highest proportion of Indians are in Professional occupations.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

5.6 Health needs of minority ethnic groups

Perceived health

- In terms of general health, all non-White groups reported higher levels of very good or good health, ranging from 84.5% among Chinese to 95.1% among Other Asian individuals, compared to the White population (79.5%). Higher levels of very good health were reported by almost all non-White groups; the two exceptions – Chinese and Bangladeshi – showed lower levels than White ethnic people but were more evenly split between very good and good health.
- The reverse pattern was shown for very bad or bad health which was more commonly reported by the White ethnic group (5.7%) and was lowest among all non-White ethnic groups (range from 0.7% among Other Asians to 4.5% among Other ethnic). However, those from other ethnic background reported to have the highest proportion of very bad health (1.7% versus 1.2% for White ethnic).

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Prevalence of certain conditions

- In Northern Ireland, the estimated prevalence of diabetes in adults (aged 17+) is 5.3%. If we consider Type 2 diabetes only, it is suggested that it is six times more common in people of South Asian descent and up to three times more common amongst people of African and African-Caribbean origin.

Source: DHSSPSNI, Quality and Outcomes Framework, 2013 via Diabetes UK http://www.diabetes.org.uk/About_us/What-we-say/Statistics/Diabetes-prevalence-2013/

Source: Diabetes: Facts and Stats, March 2014, Diabetes UK <http://www.diabetes.org.uk/Documents/About%20Us/Statistics/Diabetes-key-stats-guidelines-April2014.pdf>

- Asians from the Indian subcontinent and Afro-Caribbean people have a higher risk of cardiovascular disease.
- Hypertension has a higher prevalence in Afro-Caribbean people.
- Vitamin D deficiency is higher in women with covered dress code, with resulting increased prevalence of osteopenia or osteoporosis.
- Iron deficiency, B12 and folate deficiency anaemia and micronutrient deficiencies, are more common in individuals who originate from less well developed countries.
- Haemolytic anaemia (thalassaemia anaemia or sickle cell disease), are more common in certain European countries and African countries respectively.

Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

ETHNICITY – HEALTH NEEDS

5.6 Health needs of minority ethnic groups

Mental Health

Prevalence of mental health problems varies by ethnicity. The 2007 Adult Psychiatric Morbidity Survey for England (published 2009) highlights that those whose ethnic group is Black experience the highest rates of suicide attempt, psychotic disorder, any drug use and drug dependence, while those whose ethnic group is White experience highest rates for suicidal thoughts, self-harm and alcohol dependence. Women from the South Asian ethnic group experience highest rates for any common mental disorder.

Age standardised rates of different mental disorder according to ethnicity

Mental disorder	White		Black		South Asian		Other	
	Males	Females	Males	Females	Males	Females	Males	Females
Any common mental disorder	12.0	19.3	12.9	21.0	10.3	34.3	20.2	20.6
PTSD	6.9	10.6	16.3	13.2	11.0	9.1	7.3	5.0
Suicidal thoughts	15.0	20.0	7.1	11.4	6.1	7.7	7.3	12.3
Suicide attempts	4.4	7.1	4.6	7.8	0.6	1.5	4.0	3.3
Self-harm	4.7	5.7	3.3	1.2	2.2	0.9	2.3	6.7
Psychotic disorder	0.2	0.5	3.1	-	-	0.6	-	-
Alcohol dependence	9.6	3.7	3.0	-	1.0	-	3.5	1.4
Any drug use	12.4	6.8	21.8	5.6	3.5	0.8	9.2	11.5
Drug dependence	4.7	2.2	12.4	4.8	1.5	0.2	2.3	5.0

Source: Adult Psychiatric Morbidity Survey (England) (aged 16 and over), National Centre for Social Research and Health and Social Information Centre <http://www.hscic.gov.uk/pubs/psychiatricmorbidity07>
Common mental disorders refer to anxiety and depression

COMMENTARY

- Prevalence of mental health problems varies by ethnicity.
- The 2007 Adult Psychiatric Morbidity Survey (published 2009) highlights that those whose ethnic group is Black experience the highest rates of suicide attempt, psychotic disorder, any drug use and drug dependence, while those whose ethnic group is White experience highest rates for suicidal thoughts, self-harm and alcohol dependence.
- Women from the South Asian ethnic group experience highest rates for any common mental disorder.

ETHNICITY – HEALTH NEEDS

5.6 Health needs of minority ethnic groups

Incidence of communicable diseases

Tuberculosis (TB)

- In 2012, there were 8,751 cases of TB in the UK (NI=95). The UK incidence rate per 100,000 was 13.9 (NI=5.2)
- A report from Public Health England highlighted that the rate of TB amongst the non-UK born population was almost 20 times the rate of those born in the UK. Across the UK (excluding Scotland), the highest incidence rates of TB in those not born in the UK were in Indian, Pakistani and Black African ethnic groups.

Source: "Tuberculosis in the UK, 2013 report", Public Health England http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139689583

Number of cases of TB notified by ethnic origin, Northern Ireland, 2013

Ethnic group	2013	
	No. of cases	% of all cases
White	44	59.5%
Black-African/Black-Other	≤3	
Indian	8	10.8%
Mixed/Other	12	16.2%
Pakistani/Bangladeshi	≤3	
Other	≤3	
Unknown	≤3	
TOTAL	74	-

Source: PHA, Health Protection Department

Hepatitis B and C

- Prevalence of hepatitis B in the UK is very low at less than 1%. Individuals who were born in countries, such as those in South East Asia, Africa, the Middle and Far East and Southern and Eastern Europe, are at higher risk.
- Similarly, prevalence of hepatitis C is also low in the UK however countries in Africa, Eastern Mediterranean, South-east Asia and Western Pacific have the highest prevalence of Hepatitis C.

Source: Public Health England <http://www.hpa.org.uk/MigrantHealthGuide/HealthTopics/InfectiousDiseases/HepatitisB/>

ETHNICITY – HEALTH NEEDS

5.6 Health needs of minority ethnic groups

Language barriers

English proficiency in all usual residents whose main language is not English (aged 3+) by gender, Northern Ireland, 2011

Gender	All usual residents: Aged 3+	Main language is not English (aged 3+)					% poor English
		All	Can speak English very well	Can speak English well	Cannot speak English well	Cannot speak English	
All	1,735,711	54,540	20,260	19,811	11,802	2,667	26.5%
Males	849,028	28,007	9,918	10,664	6,105	1,320	26.5%
Females	886,683	26,533	10,342	9,147	5,697	1,347	26.5%

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014
 Poor English is defined as those who cannot speak English well or cannot speak English

COMMENTARY

- The largest number of those whose main language was not English at the 2011 Census lived in the Southern LCG area (17,086), followed by Belfast (14,433), Northern (11,097), Western (6,007), and South Eastern (5,917).
- Among those whose main language was not English, the proportion who could not speak English well or at all varied by LCG, with over a third (34%) of those in the Southern area and 18% in Belfast reporting poor English.

Travellers

Lower life expectancy

- In 2008, at the time of the All-Ireland Traveller Health Study (AITHS), Travellers experienced lower life expectancies. A baby boy born into a Traveller family could expect to live to 61.7 years (76.8 years for whole of Ireland population). Equivalent figures for females were 70.1 and 81.6 respectively.

Smoking

- Over 52% of the Traveller population in RoI and 50.8% of those in NI smoked at least occasionally. Almost 55% (RoI) and 53.9% (NI) of male Travellers, and 50.7% (RoI) and 47.8% (NI) of female Travellers smoked. The 2012/13 Health Survey showed smoking prevalence in NI adults to be 24% (25% male, 23% female).

Alcohol

- At the time of the AITH Study, 61.9% of RoI Travellers and 60.7% of NI Travellers consumed alcohol even occasionally. The NI average is higher at 79%.

Drugs

- A majority of respondents (66.3% in RoI and 64.6% in NI) considered illicit drugs to be a problem in their community.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

ETHNICITY – HEALTH NEEDS

5.6 Health needs of minority ethnic groups

Mortality

Age-specific mortality rates per 1,000 population - Travellers and general population

Age group	Males		Females	
	Traveller population	General population	Traveller population	General population
Under 1	16.33	5.24	9.78	4.23
1-4	0.00	0.21	0.00	0.15
5-14	0.40	0.19	0.22	0.07
15-24	2.23	0.83	1.06	0.22
25-34	6.07	0.92	2.41	0.36
35-44	9.36	1.46	1.48	0.92
45-54	16.75	3.28	4.26	2.41
55-64	23.59	8.75	20.51	5.54
65-74	69.43	24.40	42.57	13.67
75-84	184.62	69.20	124.08	46.35
85+	808.82	192.32	606.61	158.58
All ages	6.62	6.79	3.40	6.50

COMMENTARY

- The Traveller population experiences higher mortality rates compared to the general population in certain age groups.
- In the younger (under 1 year) and older age groups (65+), mortality levels are substantially higher.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

There were 6 Traveller deaths where age was not known

Infant mortality

- The infant mortality rate (number of deaths in the first year of life per 1,000 live births) in the Traveller population in ROI was 14.1 in 2008 (ROI rate for the general population was 3.9). The study suggests that Traveller infants are almost 4 times more likely to die than those in the general population.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

Suicides

- The All-Ireland Traveller Health Study reported that the suicide rate in male Travellers was 6.6 times higher than in the general population.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

5.6 Health needs of minority ethnic groups

Breastfeeding

- Almost 6% of ROI respondents and 7.1% of NI respondents to the All-Ireland Traveller Health Study reported that their child(ren) were breastfed. This compares to around 35% of all mothers in Northern Ireland at the time of the study.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

Prevalence of certain conditions

- Galactosaemia – a genetic metabolic disorder is ten times more common in Irish Travellers. One in every 45,000 infants born in the UK may have this condition. Approximately 1 in every 19,000 infants born in Republic of Ireland may have this condition; however this number increases to 1 in every 450 births amongst infants born to Traveller parents.

Source: Health Service Executive, Republic of Ireland. http://www.hse.ie/eng/health/child/newbornscreening/newbornbloodspotscreening/Information_for_Professionals/Conditions/Gal/

Mental Health

- The AITHS asked adult Travellers (aged 15+) about the number of days in the last month that an individual's mental health was not good. The study revealed that 57% of Travellers (59% of men, 55% of women) reported at least one day when their mental health was not good. There was a considerable age gradient, having at least one day of not so good mental health increased with age.

Source: Health Intelligence Briefing "Mental Health of Travellers", May 2012

ETHNICITY – KEY POINTS

5.7 Key Points

Older people

- Ethnic minority groups make up over 16% of the population in England, but this group only constitutes 1.8% of the 85+ population in England.

Source: *Oldest Old in the United Kingdom*, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

Prejudice

Prejudice against people of minority ethnic communities, 2006, 2008, 2010, 2012

Respondents to the NI Life and Times Survey were asked how prejudiced they were towards people from minority ethnic communities.

	Percentage			
	2006	2008	2010	2012
Very prejudiced	1	2	1	2
A little prejudiced	23	30	31	24
Not prejudiced at all	75	68	67	71
Don't know	1	<0.5	1	2

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>

- A recent survey carried out across Great Britain indicated that the percentage of people who were 'very' or 'a little' prejudiced against people of other races had increased in 2013 to 30%.

Source: British Social Attitudes Survey 2013, http://www.natcen.ac.uk/media/338769/bsa_self-reported-racial-prejudice-data.pdf

Further key points which might apply to those of a minority ethnic group are discussed in Section 7 - Migrants

ETHNICITY – KEY POINTS

5.7 Key Points

Travellers

Population distribution

- Traveller population tends to be a younger population possibly reflecting higher birth rates and higher mortality at a younger age. Findings from the All-Ireland Traveller Health Study, showed that in 2008, 42% of the Traveller population in the Republic of Ireland were aged 0-14 years, compared to 21% in the general RoI population. 3% of the Traveller population were aged 65 and over (13% of general population).

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

Housing / accommodation

- Over 73% of RoI Travellers and 55.4% of NI Travellers in the AITHS stated that they lived in a house, followed by trailer/mobile home or caravan (18.2% RoI, 23.8% NI). Most of the houses/flats had central heating (92.9% RoI and 95.8% NI). Most accommodation had both hot and cold water, (94.4% RoI and 85.6% NI), an individual bath or shower (63.7% RoI and 78.5% NI), and flush toilet (91.6% RoI and 84.4% NI).

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

Literacy levels

- Difficulty in reading and filling out forms was reported by 28.8% of RoI Traveller families and 35.3% of NI Travellers.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

Education for young people

- The AITHS identified that nine in ten five year olds had started school, while less than three quarters of 14 year olds attended school and another 17.5% attended training centres. At both primary and post-primary level, Traveller children have an absence rate 6-7 times that of the general population.

Source: Health Intelligence Briefing "The All Ireland Traveller Health Study (AITHS)", October 2010

Employment

- AITHS reported an overall employment rate in the Traveller population of 14.5%. Twenty percent were unemployed and the remainder were reported as economically inactive.

Source: Health Intelligence Briefing "The All Ireland Traveller Health Study (AITHS)", October 2010

ETHNICITY – KEY POINTS

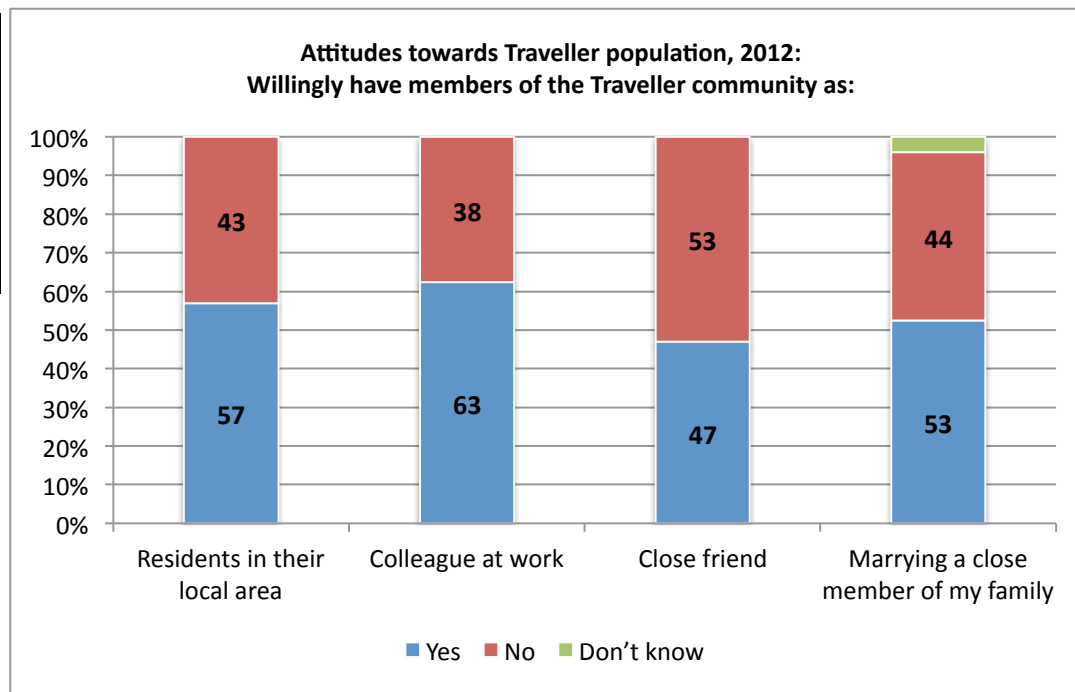
5.7 Key Points

Attitudes towards Traveller population

Respondents to the NI Life and Times Survey 2012 were asked if they would willingly have members of the Traveller community as residents in their local area, a colleague at work, a close friend or marrying a close member of my family.

Willingly have members of the Traveller community as:	Percentage		
	Yes	No	Don't know
Residents in their local area	57	43	0
Colleague at work	63	38	0
Close friend	47	53	0
Marrying a close member of my family	53	44	4

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>



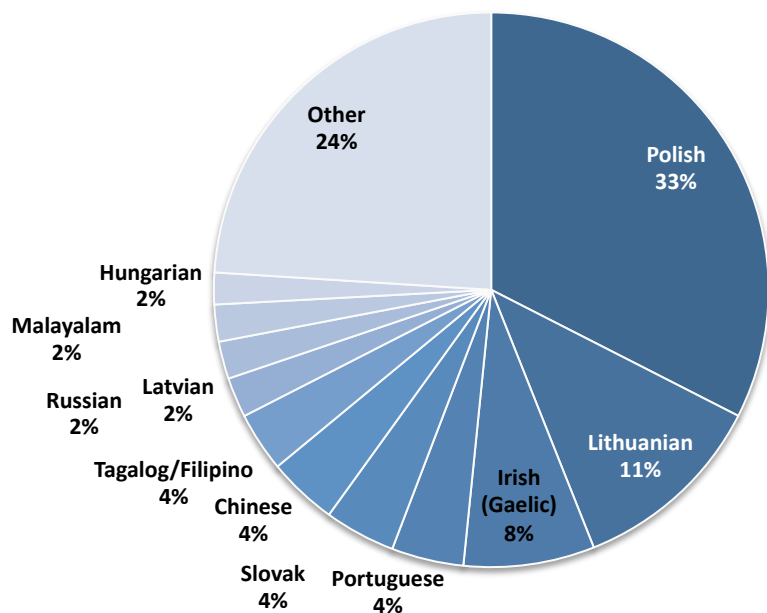
SECTION 6:
- LANGUAGE -

LANGUAGE - PREVALENCE

6.1 Main languages spoken by people aged 3 years and over, Northern Ireland, 2011

	English	Polish	Lithuanian	Irish (Gaelic)	Portuguese	Slovak	Chinese	Tagalog/Filipino	Latvian	Russian	Malayalam	Hungarian	Other
No. of people	1,681,171	17,731	6,250	4,164	2,293	2,257	2,214	1,895	1,273	1,191	1,174	1,008	13,090

Main languages spoken in those aged 3 years and over (excl English), Northern Ireland, 2011



COMMENTARY

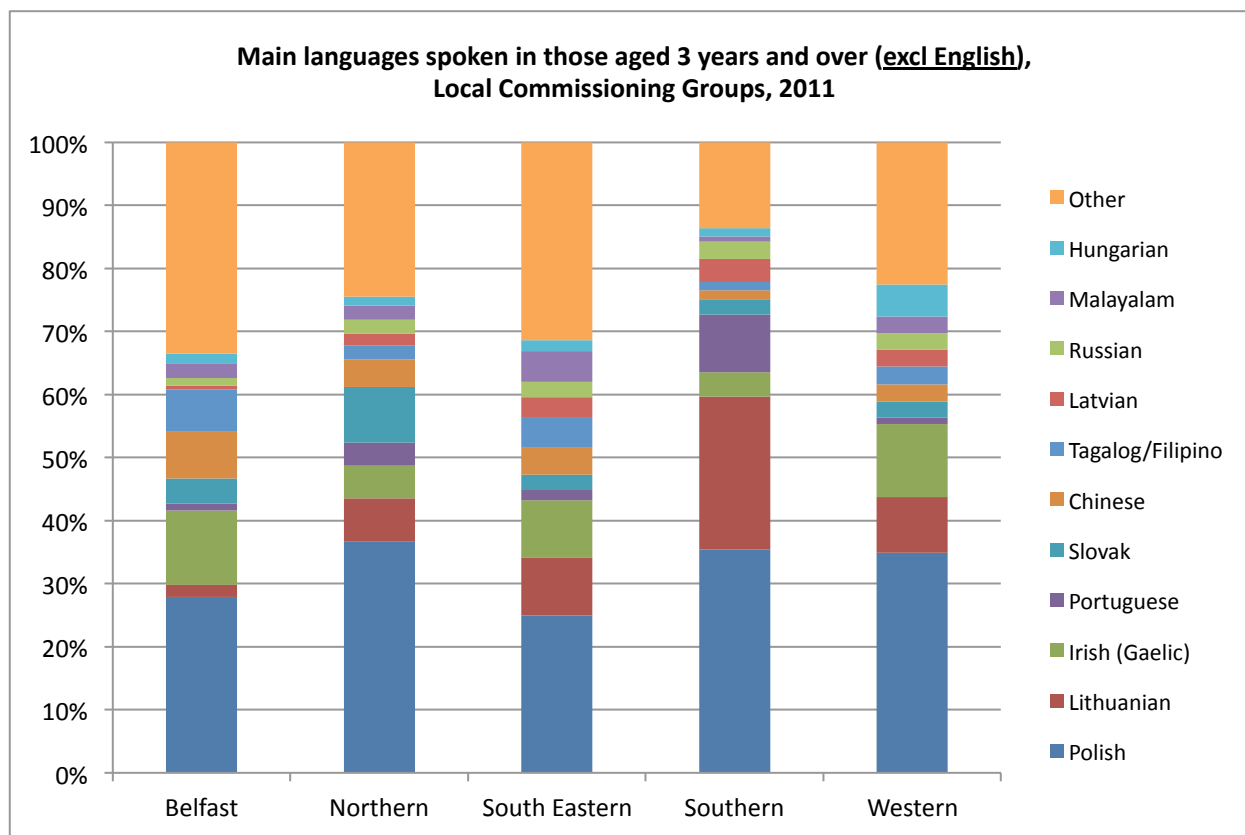
- Ninety-seven percent of people aged 3 and over have English as their first language.
- The most common languages other than English are Polish, Lithuanian and Irish.
- Of those who identified a language other than English, 1 in 3 was Polish.
- The 2001 Census did not ask about languages other than Irish and hence this cannot be compared over time.
- See Section 7 - Migrants.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
 Main languages above are those with over 1,000 responses

LANGUAGE – GEOGRAPHICAL BASIS

6.2 Main languages spoken by number of people aged 3 years and over, Local Commissioning Groups, 2011

Local Commissioning Group	2011 Resident Population	Number of people													
		English	% English	Polish	Lithuanian	Irish (Gaelic)	Portuguese	Slovak	Chinese	Tagalog/Filipino	Latvian	Russian	Malayalam	Hungarian	Other
Belfast	348,340	320,127	91.9%	4,034	267	1,699	172	561	1,073	965	88	176	340	226	4,832
Northern	463,543	433,481	93.5%	4,073	758	570	410	977	486	248	209	246	251	150	2,719
South Eastern	347,712	327,171	94.1%	1,474	546	536	96	147	252	286	187	148	289	101	1,855
Southern	359,421	324,297	90.2%	6,050	4,152	662	1,556	420	239	220	636	458	136	226	2,331
Western	295,302	276,095	93.5%	2,100	527	697	59	152	164	176	153	163	158	305	1,353
Northern Ireland	1,814,318	1,681,171	92.7%	17,731	6,250	4,164	2,293	2,257	2,214	1,895	1,273	1,191	1,174	1,008	13,090



COMMENTARY

- Polish, Lithuanian, Latvian, Russian and Portuguese speakers are disproportionately represented in the Southern LCG.
- Forty-eight percent of the Chinese and 51% of the Tagalog/Filipino speakers are located in Belfast LCG.
- Forty-one percent of the Irish (Gaelic) speakers are located in Belfast LCG.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

LANGUAGE – CHARACTERISTICS

6.3 Main languages spoken by people aged 3 years and over, by age group and gender, Northern Ireland, 2011

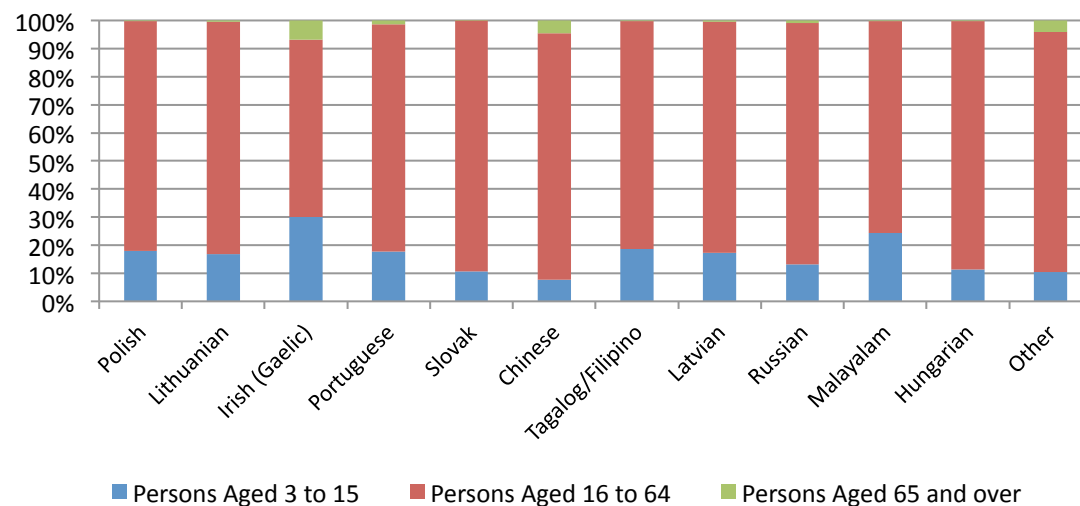
Gender	Age Group	All usual residents aged 3 and over	English	Polish	Lithuanian	Irish (Gaelic)	Portuguese	Slovak	Chinese	Tagalog/Filipino	Latvian	Russian	Malayalam	Hungarian	Other
Males	Aged 3 to 15	156,097	151,549	1,617	561	632	199	132	91	197	121	63	137	62	736
	Aged 16 to 64	578,293	555,355	7,700	2,441	1,409	1,036	1,134	976	640	451	430	442	459	5,820
	Aged 65 +	114,638	114,117	19	11	165	14	1	53	1	1	4	1	2	249
	All aged 3+	849,028	821,021	9,336	3,013	2,206	1,249	1,267	1,120	838	573	497	580	523	6,805
Females	Aged 3 to 15	148,074	143,829	1,550	493	620	206	107	79	156	99	94	148	53	640
	Aged 16 to 64	589,527	567,793	6,808	2,728	1,215	820	882	965	898	597	593	444	431	5,353
	Aged 65 +	149,082	148,528	37	16	123	18	1	50	3	4	7	2	1	292
	All aged 3+	886,683	860,150	8,395	3,237	1,958	1,044	990	1,094	1,057	700	694	594	485	6,285
Persons	Aged 3 to 15	304,171	295,378	3,167	1,054	1,252	405	239	170	353	220	157	285	115	1,376
	Aged 16 to 64	1,167,820	1,123,148	14,508	5,169	2,624	1,856	2,016	1,941	1,538	1,048	1,023	886	890	11,173
	Aged 65 +	263,720	262,645	56	27	288	32	2	103	4	5	11	3	3	541
	All aged 3+	1,735,711	1,681,171	17,731	6,250	4,164	2,293	2,257	2,214	1,895	1,273	1,191	1,174	1,008	13,090

COMMENTARY

- The proportion of the population who did not identify their main language as English is lower in those aged 65+.
- Some groups of languages such as Irish and Malayalam have higher proportions of children aged 3-15 while other languages such as Chinese have lower numbers of children aged 3-15.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

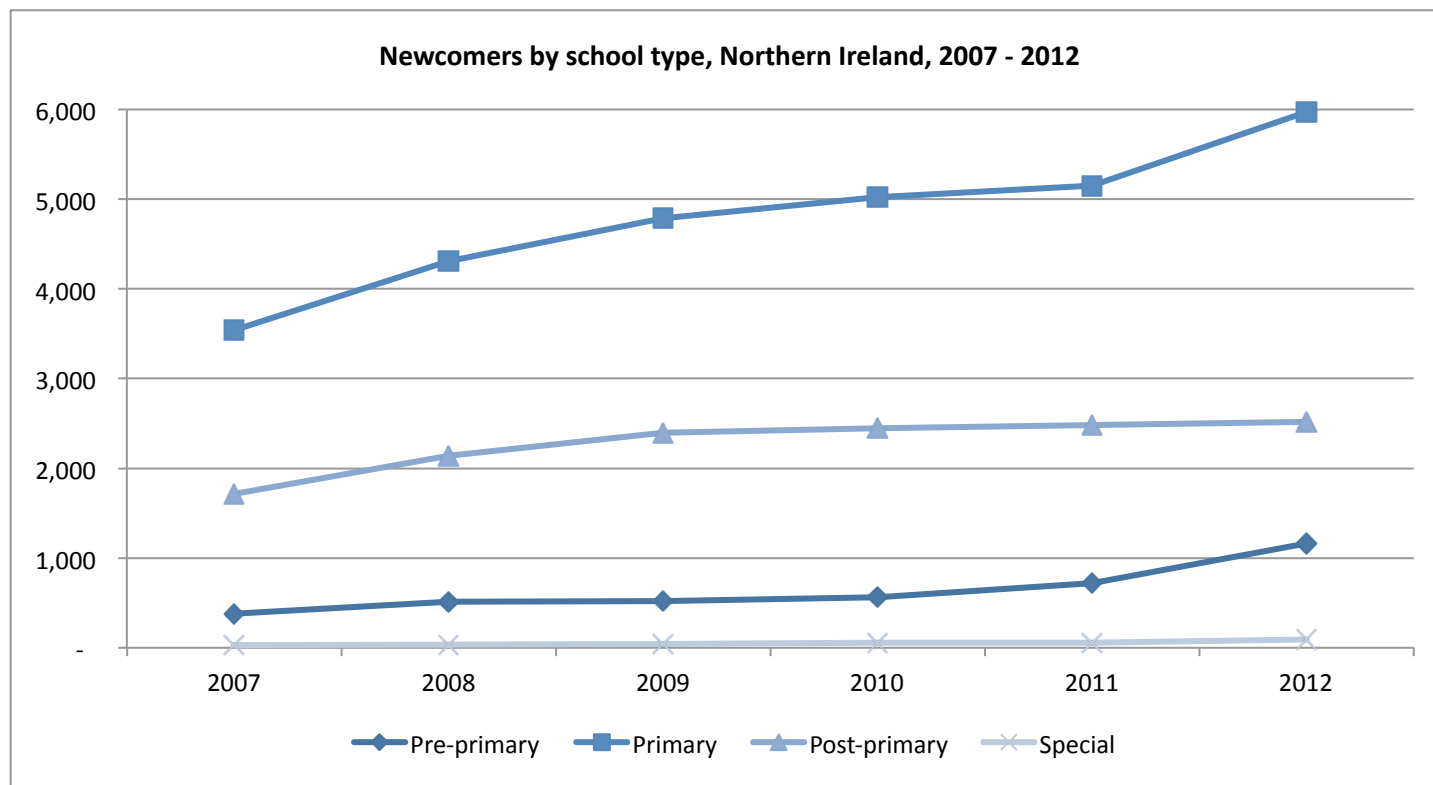
Main languages spoken by people aged 3 years and over (excl English), by age group, Northern Ireland, 2011



LANGUAGE – CHARACTERISTICS

6.4 Newcomers - children in schools who do not have English as their first language, by school type, Northern Ireland, 2007 - 2012

School type	2007	2008	2009	2010	2011	2012
Pre-primary	380	510	520	560	720	1,165
Primary	3,540	4,310	4,790	5,020	5,150	5,970
Post-primary	1,715	2,140	2,400	2,450	2,480	2,520
Special	30	35	45	60	60	90
Total	5,665	6,995	7,755	8,090	8,410	9,745



COMMENTARY

- Almost 10,000 children in NI schools in 2012 did not have English as their first language.
- This represents a marked and continuing increase since 2007 across all school types.
- Figures for newcomers as at 2012 represented the following proportions of all pupils in schools:
 - Pre-primary = 8.1%
 - Primary = 3.6%
 - Post-primary = 1.8%
 - Special = 1.9%

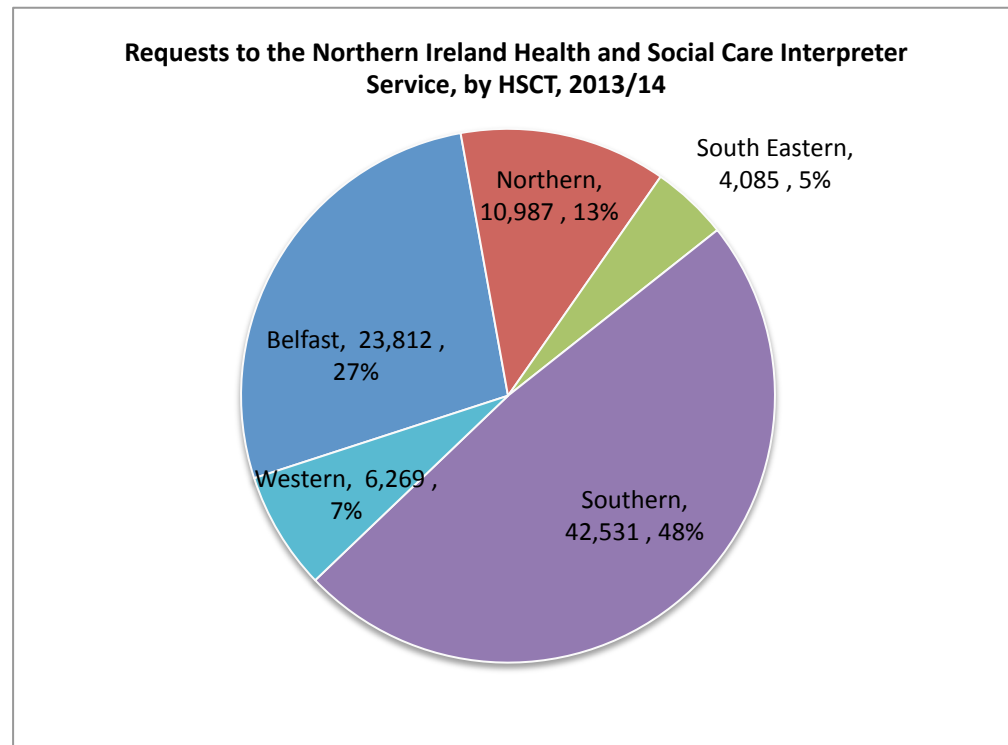
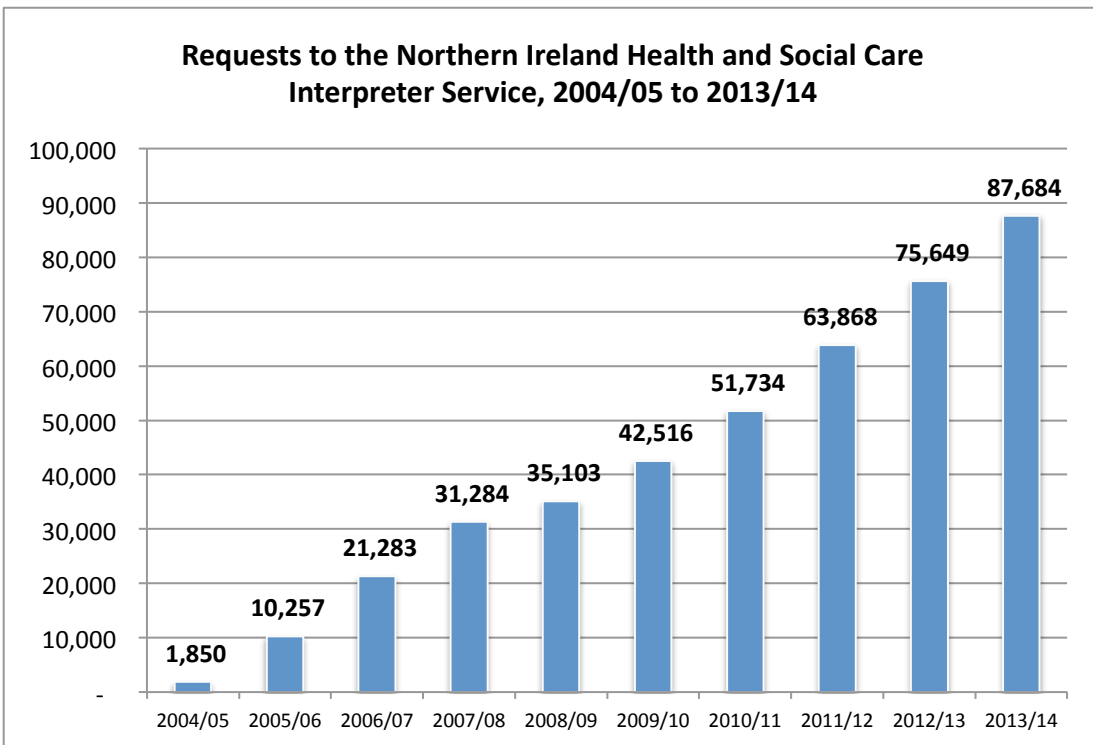
Source: Department of Education via NINIS

<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=130&themeName=Children%20Education%20and%20Skills>

Year refers to school year e.g. 2012 refers to 2012/13

6.5 Health Needs

Northern Ireland Health and Social Care Interpreter Service



COMMENTARY

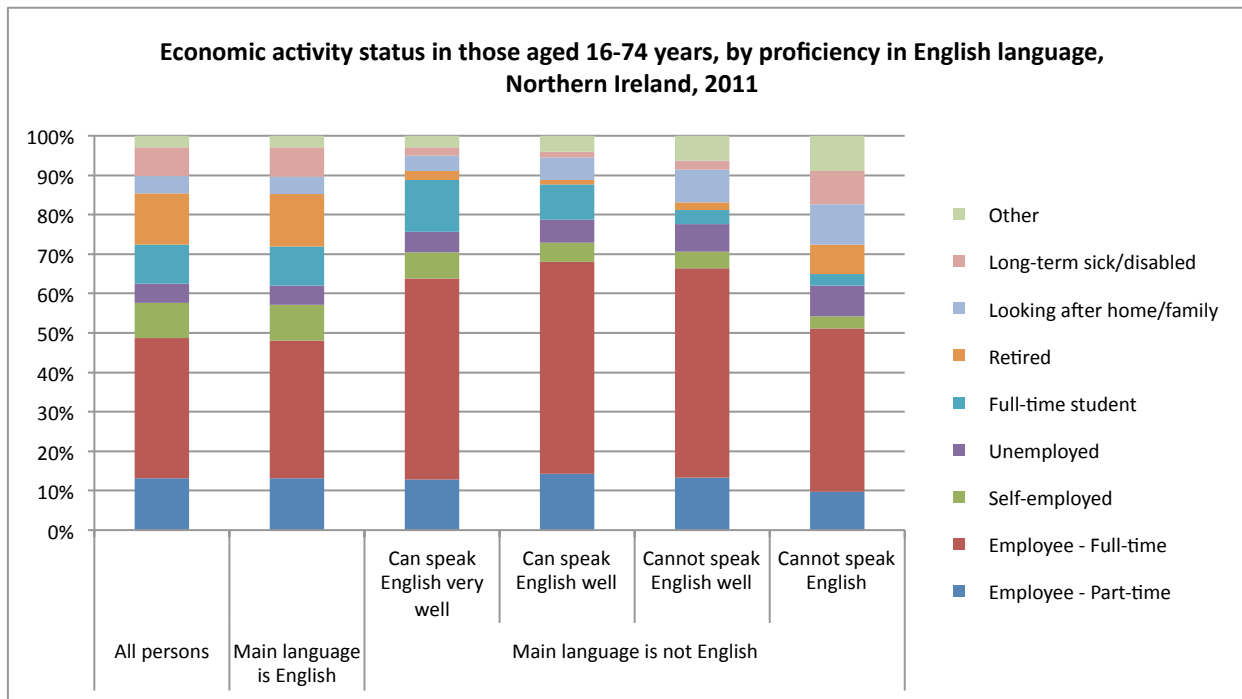
- The NI Health and Social Care Interpreter Service was launched in June 2004 and is provided by Belfast HSCT.
- In the most recent year 2013/14, there were 87,684 requests – an increase of 149% on 2008/09 (five years ago).
- In 2013/14, the most frequently requested language was Polish (29,844 requests), followed by Lithuanian (15,683) and Portuguese (8,416), these three languages accounting for almost two thirds of all requests made (62%).

Source: Request to Health and Social Care Interpreter Service (Belfast Health and Social Care Trust) – June 2014

LANGUAGE – KEY POINTS

6.6 Key Points

Economic activity



COMMENTARY

- From the Census, of those whose main language is not English, the lowest proportion of residents employed are those who cannot speak English.
- The percentage of residents unemployed is slightly higher in those who cannot speak English.
- The highest proportion of those who are looking after home/family is found in those who cannot speak English.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

Age' is age at last birthday.

For the Census, 'Part-time' is defined as working 30 hours or less per week. 'Full-time' is defined as working 31 or more hours per week.

SECTION 7: - MIGRANTS-

MIGRANTS - PREVALENCE

7.1 Prevalence of migrants

Definition

Long term international migrant: “A person who moves to a country other than that of his or her usual residence for a period of at least a year, so that the country of destination effectively becomes his or her new country of usual residence.”

Source: United Nations Statistics Division, “Recommendations on Statistics of International Migration, UN 1998” <http://unstats.un.org/unsd/pubs/gesgrid.asp?ID=116>

Prevalence

- Across the world, in 2013, there were 232 million international migrants (1990 = 154 million, 2000 = 175 million). Of the 232 million international migrants, 73 million were living in Europe, with 8 million of these living in the United Kingdom. Of the total international migrants worldwide, 48% were women. 15% were aged less than 20 years, 74% aged 20 to 64 years and 11% aged over 65 years. The number of international migrants worldwide accounts for 3.2% of the total world population. This has risen slightly from 1990 when 2.9% of the world's population were international migrants.

Source: United Nations, Department of Economic and Social Affairs, Population Division. Trends in International Migrant Stock: The 2013 Revision (United Nations database, POP/DB/MIG/Stock/Rev.2013). <http://www.un.org/en/development/desa/population/publications/migration/migration-report-2013.shtml>

Data refers to the international migrant stock defined as a mid-year estimate of the number of people living in a country or area other than the one in which they were born or, in the absence of such data, the number of people of foreign citizenship.

Number of persons by country of birth, Northern Ireland, 2001 and 2011

Country of birth	2001		2011		% change 2001 to 2011
	Persons	% of population	Persons	% of population	
Northern Ireland	1,534,300	91.0%	1,608,900	88.8%	4.9%
Rest of UK	81,500	4.8%	82,700	4.6%	1.5%
Republic of Ireland	42,300	2.5%	37,800	2.1%	-10.6%
Other EU15 countries	6,500	0.4%	9,700	0.5%	49.2%
EU12 countries	900	0.1%	35,700	2.0%	3866.7%
Other countries	19,800	1.2%	36,000	2.0%	81.8%
Total	1,685,300	100.0%	1,810,900	100.0%	7.5%

Source: Census 2011, NINIS, NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

Source: Census 2001, NINIS, NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census+2001>

Figures are rounded to the nearest 100; some totals may not add up due to rounding.

EU15 Countries relates to the EU members prior to the 2004 expansion.

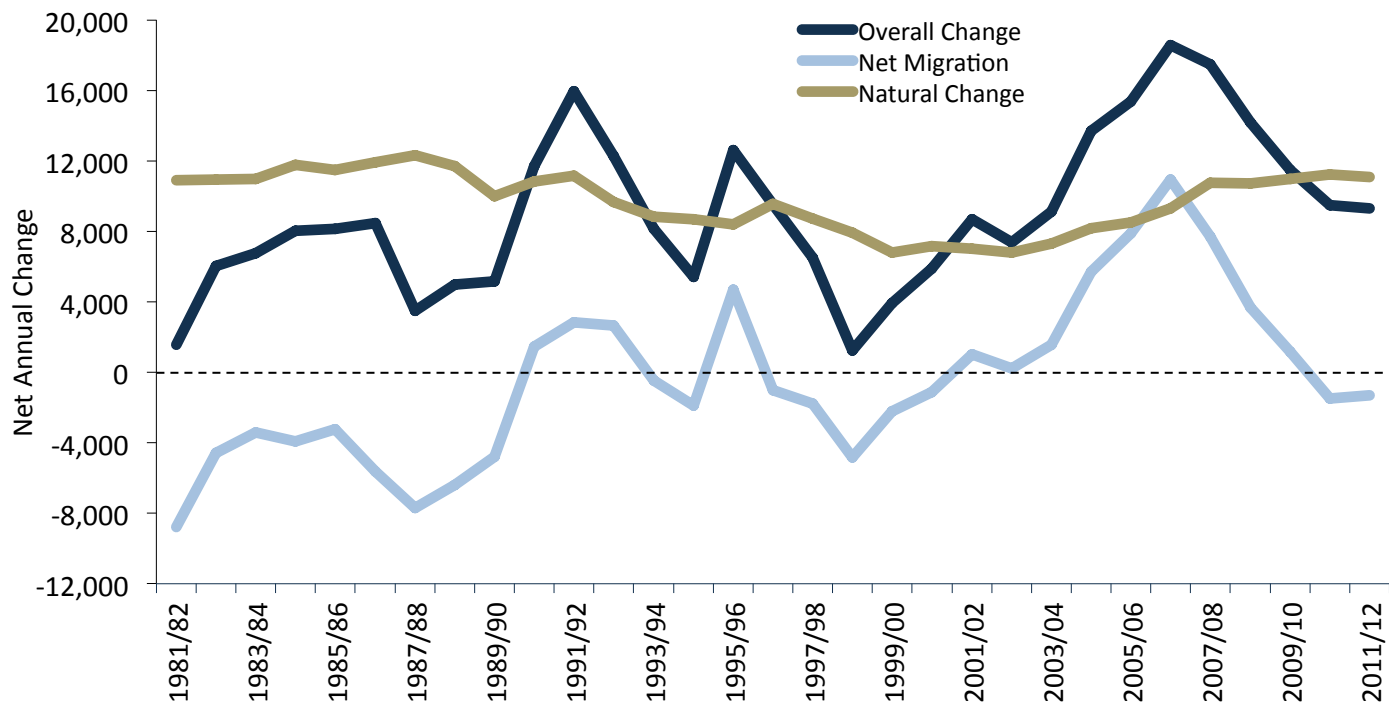
EU12 Countries relates to the Accession countries added from 2004 onwards.

COMMENTARY

- The 2011 Census estimated that there were around 200,000 people living in Northern Ireland who were not born in Northern Ireland. Of these, 82,700 were born in the other three UK countries and 37,800 were born in the Republic of Ireland. The remaining 81,500 people living in Northern Ireland were from EU and other countries.
- Between 2001 and 2011, the proportion of the population who were born outside NI, GB and RoI increased from 1.6% to 4.5%. This increase was most marked in those from the EU12 countries.

MIGRANTS - TRENDS

7.2 Components of population change in Northern Ireland, 1981/82 – 2011/12



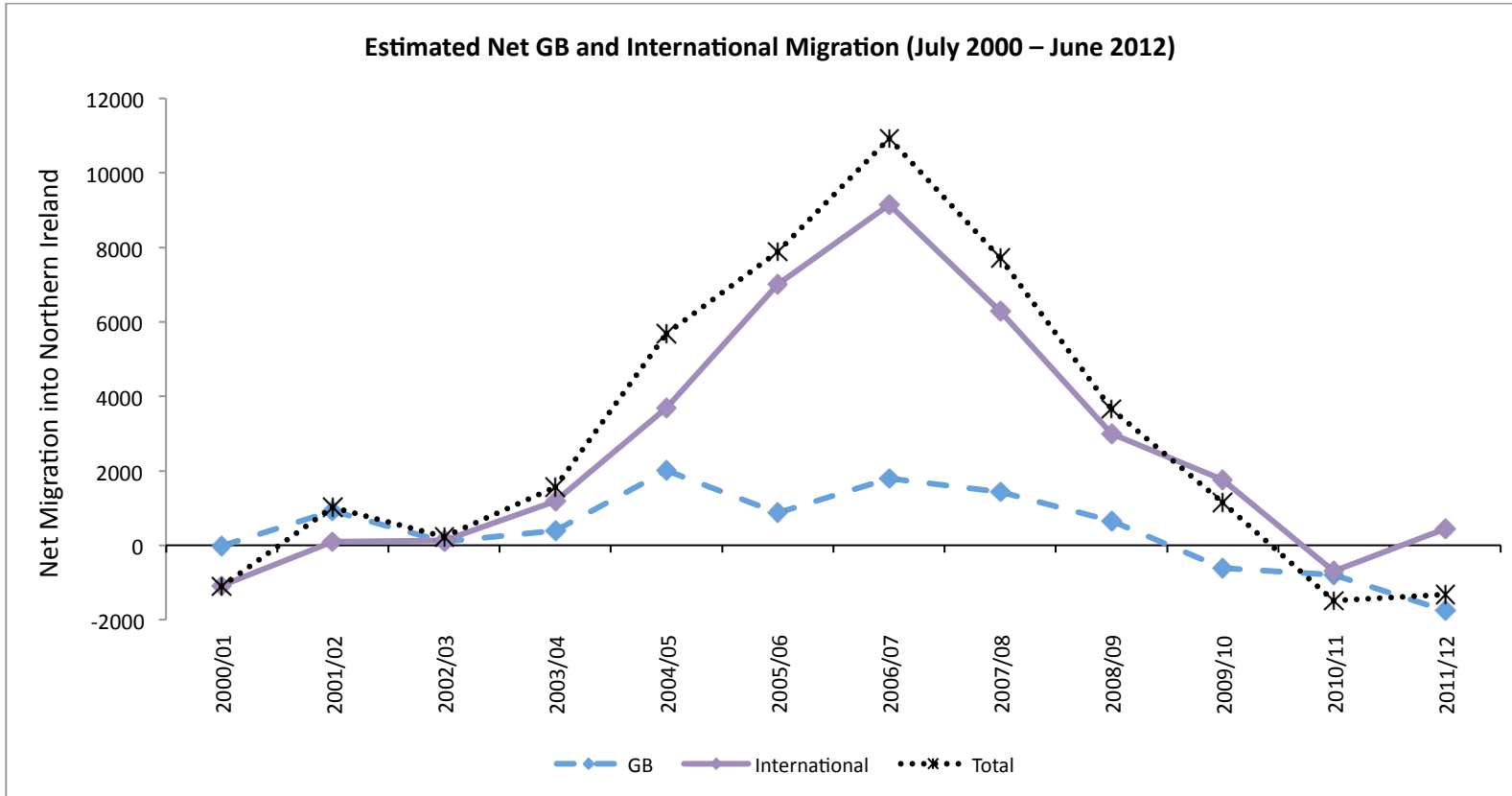
COMMENTARY

- The key driver in population change in NI over the last thirty years has been net migration.
- The impact of changing birth numbers and increasing life expectancy has generated a net increase in the population per year of 8,000-12,000 per annum in this period.
- In the 1980s this was partially offset by net migration out of the country.
- In the early 1990s and most markedly in the mid 2000s, net migration into the country added to the natural change to increase population numbers.

Source: NISRA, Registrar General Northern Ireland Annual Report 2012 <http://www.nisra.gov.uk/demography/default.asp50.htm>

MIGRANTS - TRENDS

7.3 Estimated Net GB and International Migration, Northern Ireland (July 2000 – June 2012)



COMMENTARY

- The positive net migration identified in Section 7.2 was driven primarily by international (i.e. non-GB) migration into Northern Ireland.
- In the two most recent years where data is available, the net impact of migration has been negative with reduced numbers.

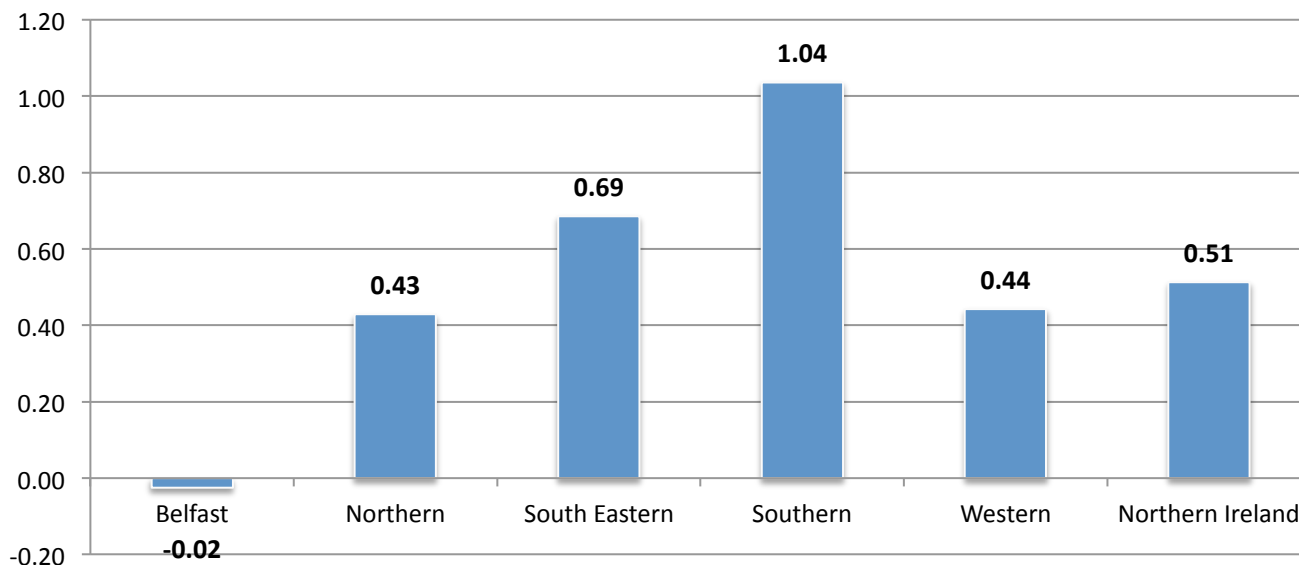
Source: NISRA, International Net-migration (2011/12) Estimates <http://www.nisra.gov.uk/demography/default.asp18.htm>

MIGRANTS – GEOGRAPHICAL BASIS

7.4 Components of Change, by Local Commissioning Group (July 2011 - June 2012)

Local Commissioning Group	2011 Resident Population	Natural Change ¹	Net International Migration	Net Within UK Migration	Net Internal Migration	Other Changes ²	2012 Resident Population	Population Change	
								Number	Percentage
Belfast	348,340	1,619	-484	-291	-927	-4	348,253	-87	-0.02
Northern	463,543	2,421	16	-376	28	-103	465,529	1,986	0.43
South Eastern	347,712	1,891	-52	-463	1,358	-349	350,097	2,385	0.69
Southern	359,421	3,067	1,328	-301	-367	-3	363,145	3,724	1.04
Western	295,302	2,091	-366	-326	-92	1	296,610	1,308	0.44
Northern Ireland	1,814,318	11,089	442	-1,757	0	-458	1,823,634	9,316	0.51

Components of Change (% change), by LCG (July 2011 - June 2012)



COMMENTARY

- The international migration referenced in Section 7.2 and 7.3 has had a differential impact across LCGs.
- As previously referenced in Section 5.4, the Southern LCG has experienced a substantial increase in population partly due to inward international migration.
- Belfast LCG has seen a slight population decrease where natural change has been offset by net international, within UK and internal migration.
- South Eastern LCG natural change has been bolstered by net internal migration.

Source: NISRA, International Net-migration (2011/12) Estimates <http://www.nisra.gov.uk/demography/default.asp18.htm>

¹ Natural change is the difference between births and deaths

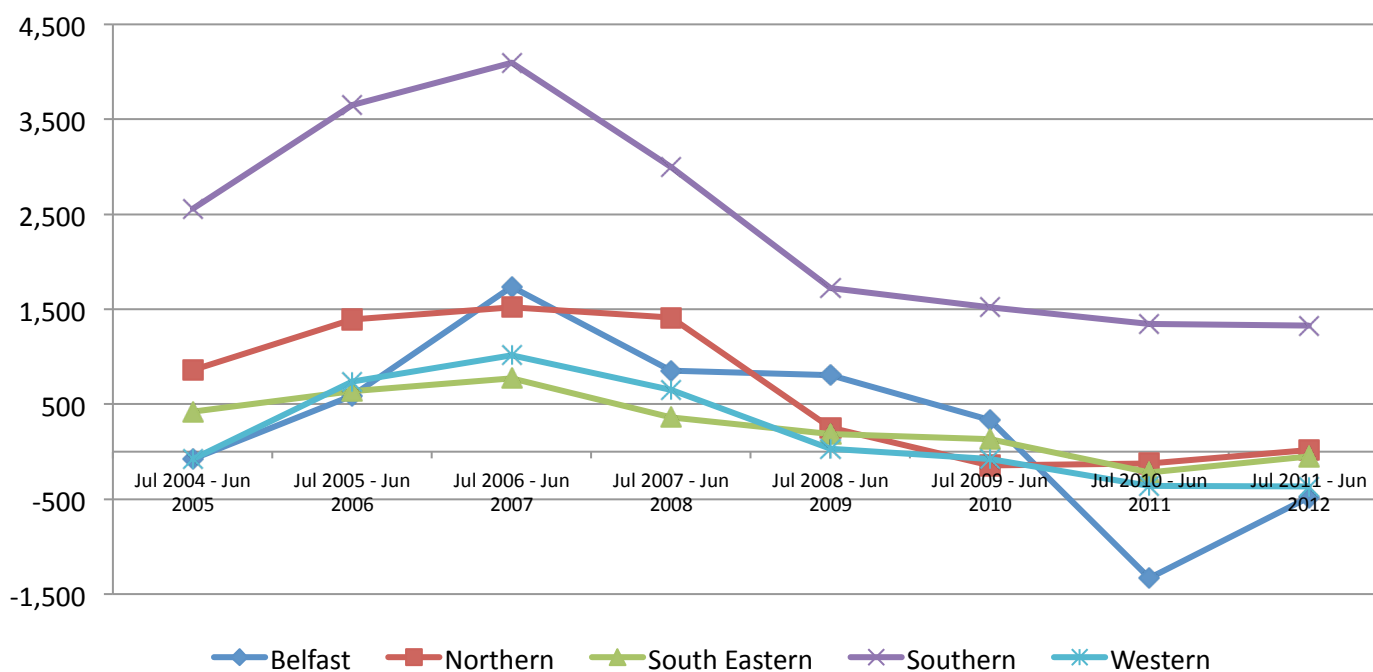
² Other changes includes changes in the number of armed forces stationed in Northern Ireland

MIGRANTS – GEOGRAPHICAL BASIS

7.5 Estimated Net International Migration, by Local Commissioning Group, July 2004 - June 2012

Local Commissioning Group	Estimated Net International Migration								
	Jul 2004 – Jun 2005	Jul 2005 – Jun 2006	Jul 2006 – Jun 2007	Jul 2007 – Jun 2008	Jul 2008 – Jun 2009	Jul 2009 – Jun 2010	Jul 2010 – Jun 2011	Jul 2011 – Jun 2012	Total (2004-2012)
Belfast	-80	588	1,736	856	804	333	-1,331	-484	2,422
Northern	858	1,395	1,518	1,415	255	-147	-127	16	5,183
South Eastern	424	637	771	359	185	130	-220	-52	2,234
Southern	2,556	3,648	4,097	2,997	1,722	1,522	1,343	1,328	19,213
Western	-75	738	1,018	653	32	-76	-361	-366	1,563
Northern Ireland	3,683	7,006	9,140	6,280	2,998	1,762	-696	442	30,615

Estimated Net International Migration, by LCG, July 2004 - June 2012



COMMENTARY

- As referenced in Section 7.3, the last decade saw a substantial increase in net international migration in Northern Ireland resulting in an estimated additional population of 30,615, in the period 2004 to 2012.
- Almost two thirds of this increase was in the Southern LCG.
- In the two most recent years where data is available, this increase in Southern LCG has slowed but not ceased and other LCGs have experienced a net negative position.

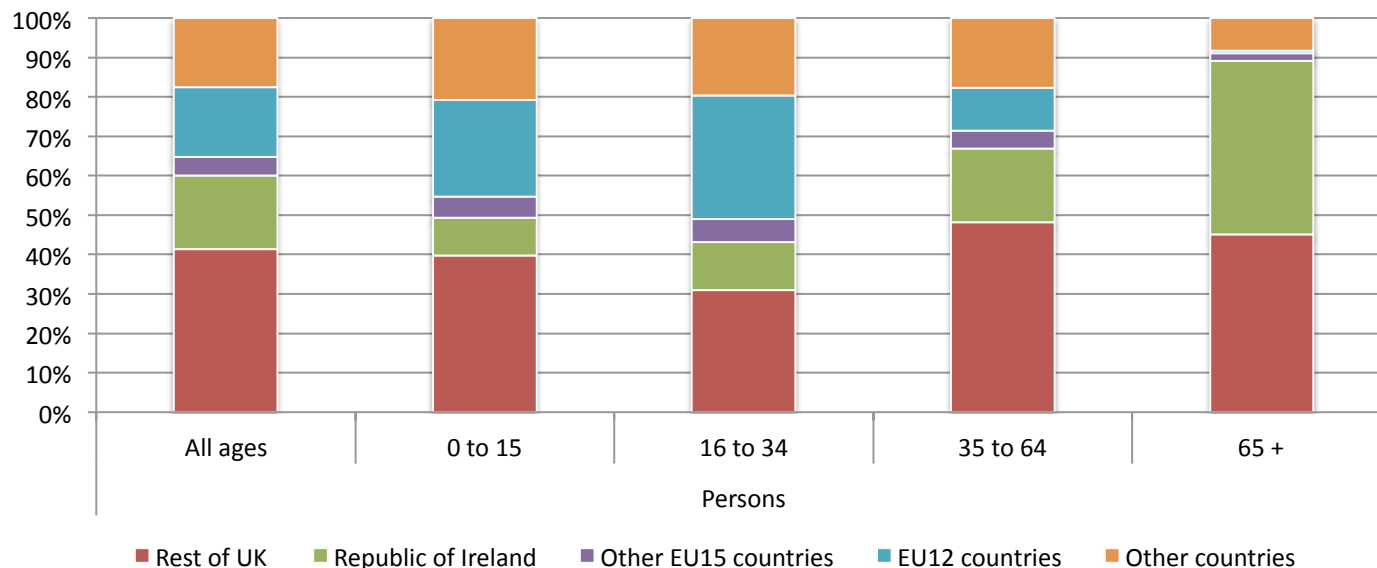
Source: NISRA, International Net-migration (2011/12) Estimates
<http://www.nisra.gov.uk/demography/default.asp18.htm>

MIGRANTS - CHARACTERISTICS

7.6 Number of persons by country of birth, by age and gender, Northern Ireland, 2011

Country of birth	Persons					Males					Females				
	Total	0 to 15	16 to 34	35 to 64	65+	Total	0 to 15	16 to 34	35 to 64	65+	Total	0 to 15	16 to 34	35 to 64	65+
Northern Ireland	1,608,853	355,460	407,078	608,364	237,951	789,193	182,123	203,429	299,726	103,915	819,660	173,337	203,649	308,638	134,036
Rest of UK	83,417	9,498	20,018	42,281	11,620	42,510	4,829	9,993	22,084	5,604	40,907	4,669	10,025	20,197	6,016
Republic of Ireland	37,833	2,266	7,764	16,447	11,356	15,053	1,207	3,383	6,510	3,953	22,780	1,059	4,381	9,937	7,403
Other EU15 countries	9,703	1,288	3,848	4,086	481	4,735	668	1,814	2,091	162	4,968	620	2,034	1,995	319
EU12 countries	35,720	5,853	20,213	9,471	183	18,192	2,979	9,965	5,172	76	17,528	2,874	10,248	4,299	107
Other countries	35,337	4,958	12,651	15,599	2,129	17,640	2,586	6,210	7,916	928	17,697	2,372	6,441	7,683	1,201
All usual residents	1,810,863	379,323	471,572	696,248	263,720	887,323	194,392	234,794	343,499	114,638	923,540	184,931	236,778	352,749	149,082

Persons by country of birth (excluding NI), by age and gender, Northern Ireland, 2011



COMMENTARY

- The proportion of people in the 2011 Census whose country of birth was not NI, GB or Rol varies by age group.
- The EU12 countries are disproportionately represented amongst younger people as highlighted in Section 7.1.
- After NI, the most common country of birth was the rest of the UK (83,417 people), followed by Rol (37,833).

Source: Census 2011, NINIS, NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

EU15 Countries relates to the EU members prior to the 2004 expansion.

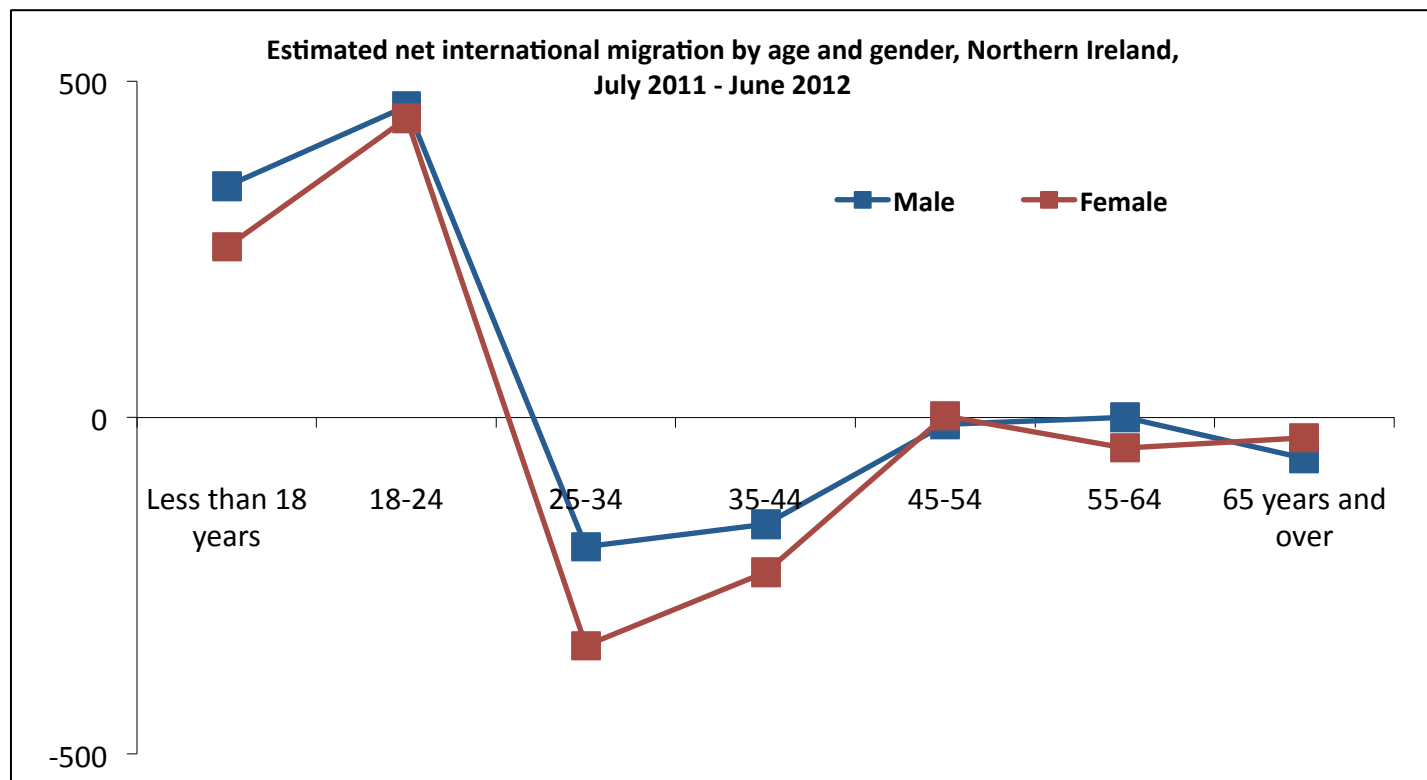
EU12 Countries relates to the Accession countries added from 2004 onwards.

Age' is age at last birthday.

MIGRANTS – CHARACTERISTICS

7.7 Estimated Net International Migration by age and gender, Northern Ireland, July 2011 - June 2012

Gender / Age	Estimated Net International Migration
Male	385
Less than 18 years	344
18-24	463
25-34	-192
35-44	-159
45-54	-10
55-64	0
65 years and over	-61
Female	57
Less than 18 years	254
18-24	445
25-34	-339
35-44	-230
45-54	2
55-64	-45
65 years and over	-30
Total	442



COMMENTARY

- Estimated net international migration for July 2011 to June 2012 shows a clear pattern with increasing numbers in the younger age groups and stable or decreasing numbers in older age groups.

Source: NISRA, International Net-migration (2011/12) Estimates <http://www.nisra.gov.uk/demography/default.asp18.htm>

MIGRANTS – CHARACTERISTICS

7.8 Characteristics of migrants

Educational achievement

- In the Census 2011, those aged 16 and over were asked to report on the highest level of qualification achieved. Those born in the UK/RoI had the highest proportion of no qualifications (30%), but the lowest proportion of Level 4 or higher qualifications (23%), the latter being broadly equivalent to degree level or higher qualifications. In contrast, two in five people born outside the EU countries (i.e. in Other countries) and almost one third of those born in the old EU member states had a Level 4 or higher qualification. A large proportion (41%) among those from the EU Accession countries reported to have other qualifications (e.g. possibly due to not being able to identify their equivalent qualification in the UK system); 18% identified to be qualified at degree level or higher.
- This high level of no qualifications was more common among the NI born (30%) and RoI born (31%) than among GB born individuals (e.g. England born 20%). Both GB born (e.g. England 29%) and RoI born (32%) individuals had a higher proportion of Level 4+ qualifications than NI born people (23%).

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Economic activity

- Economic activity among all usual residents aged 16-74 was assessed in reference to the week prior to the Census day. Overall, individuals born outside the UK/RoI were more likely to be economically active than the NI population as a whole (at least three-quarters versus two-thirds), with those from the EU accession countries showing the highest proportion (85.4%). This pattern holds for both genders, yet the proportion is higher among males than females. In addition, employment is also higher among those born in EU Accession countries (77%), in EU countries prior to the 2004 expansion (65%), and Other countries (64%) than among all usual residents aged 16-74 (57%; NISRA, 2013). This high rate of economic activity and employment among migrants can be explained by their age structure (e.g. high proportion of working age adults) and their motivation to move to NI for work (e.g. Bell et al., 2009, Isal, 2013).
- Apart from different employment types (employee, self-employed, full- or part-time, working full-time students), one critical indicator among those economically active is unemployment. Among all economically active people, only those born in EU countries prior to the 2004 expansion experienced a higher unemployment rate compared to the total population. However, there was a difference by gender. While all foreign-born males showed a lower or similar unemployment rate compared to all males, the unemployment rate among non-UK/RoI born females was higher than for all females.
- Economic inactivity includes those who are retired, long-term sick or disabled, or looking after the home or family, not working students, and other. A lower proportion of the foreign-born individuals than the population as a whole were retired (overall and by gender) which can be explained by the younger age structure of the ME community in NI and, particularly for those from the EU accession countries, their more recent arrival. Similarly, individuals from EU Accession countries and other non-EU countries showed a lower proportion of long-term sickness/disability. As expected, females were more likely than males to look after the family/home. While there was no difference between the country of birth groups for males, females born outside the UK/RoI were more likely to be a homemaker. This proportion was largest for non-EU born women and may in part reflect involuntary economic inactivity due to legal conditions (only husband has a work permit), reasons for migration, labour market conditions, and cultural norms (Bagguley&Hussain, 2007; Buckner et al., 2007; Dale, 2008).

Source: PHA Health Intelligence Briefing "Minority ethnic groups – population update from the 2011 Census", April 2014

Please note, for some ethnic groups (particularly Bangladeshi, Pakistani, Black Caribbean and Black Other) the baseline population figures were small, so some subcategories of economic (in)activity showed very few individuals and proportions could change substantially even if there is only a small shift in numbers. Another note-worthy observation is that among the Chinese population there was a large number of students (n=1,232) which made up more than half of all Asian students in NI.

7.9 Health needs of migrants

Perceived health

- The 2011 Census questionnaire asked how good or bad individuals viewed their health was in general. In the total population, about four in five stated their health was very good or good (79.5%), while 5.6% reported it to be bad or very bad; the remaining 14.9% reported their health was fair. Overall, more foreign-born individuals reported to have very good/good health (89.5%) and fewer had very bad/bad health (2.2%). There was some variation between the different countries of births, with the most positive reports of health coming from those born in EU Accession countries (92.4%), Central America (91.2%), South America (90.4%) and Antarctica and Oceania (89.7%). The strongest contrast can be seen among those born in Central America, with over two-thirds stating to have very good health and no-one reporting very bad health (please note the very small base population).
- However, perceived general health needs to be considered with caution as it is a very subjective self-assessment and may reflect selective migration (only the healthiest migrated) as well as cultural bias of what makes good or bad health. More importantly, the ratings of perceived health reflect the younger age structure of migrants as the reporting of worse health increases with age (NISRA, Census 2011: Detailed characteristics for Northern Ireland on ethnicity, country of birth and language. Belfast: NISRA. http://www.nisra.gov.uk/Census/2011_results_detailed_characteristics.html).

Barriers to accessing services

There are a number of difficulties experienced by all migrant and BME groups when accessing any of the public services. Most difficulties centre on language barriers. For many, English is their native language or they speak English fluently and for them language is not a barrier; yet they are still faced with many barriers in accessing services:

- Lack of awareness and lack of appropriate information of the services available
- General Practitioner registration is low amongst certain groups, in particular those with no permanent address, a requirement for registration in Northern Ireland
- Fears about entitlements to health care
- Lack of confidence, frustration and stress reported by the process of accessing the health care system, often a system different to their country of origin
- Failure to meet even the most basic of cultural needs, for example, dietary requirements and religious observance are not routinely taken into consideration
- Institutional racism and the negative attitudes of some health care staff
- Staff training and cultural awareness not a priority for many public services
- Immigration restrictions and confusion

Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

7.9 Health needs of migrants

Prevalence of certain conditions

Certain diseases have higher prevalence in different ethnic groups:

- In Northern Ireland, the estimated prevalence of diabetes in adults (aged 17+) is 5.3%. If we consider Type 2 diabetes only, it is suggested that it is six times more common in people of South Asian descent and up to three times more common amongst people of African and African-Caribbean origin.
Source: DHSSPSNI, Quality and Outcomes Framework, 2013 via Diabetes UK http://www.diabetes.org.uk/About_us/What-we-say/Statistics/Diabetes-prevalence-2013/
Source: Diabetes: Facts and Stats, March 2014, Diabetes UK <http://www.diabetes.org.uk/Documents/About%20Us/Statistics/Diabetes-key-stats-guidelines-April2014.pdf>
- Asians from the Indian subcontinent and Afro-Caribbean people have a higher risk of cardiovascular disease
- Hypertension has a higher prevalence in Afro-Caribbean people
- Vitamin D deficiency is higher in women with covered dress code, with resulting increased prevalence of osteopenia or osteoporosis
- Iron deficiency, B12 and folate deficiency anaemia and micronutrient deficiencies, are more common in individuals who originate from less well developed countries
- Haemolytic anaemia (thalassaemia anaemia or sickle cell disease), are more common in certain European countries and African countries respectively
Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

Mental health

- The immigration process is a stressful process. They may have to deal with issues relating to their life in their home country e.g. torture, rape, other trauma. They now have to fit into a new society, potential racism - but without help or support. They may suffer stress - manifesting as insomnia, anxiety, depression, post-traumatic stress disorder and drug and alcohol abuse.
Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

Children's health

- Migrant children may not have had neonatal screening tests depending on the country of origin.
- Routine appointments for immunisations will not be sent to a child unless they are permanently registered with a family doctor. This has implications for the uptake of the childhood schedule.
- Accidents are more common in migrant children, due to temporary, poor accommodation, which is often cramped and overcrowded, so that opportunities for children to play are severely limited.
Source: "Barriers to health - migrant health and wellbeing in Belfast", Belfast Health Development Unit <http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

Pregnant women - lower uptake of antenatal care

- Data from the Millennium Cohort Study (2001/02) showed that 7.1% of mothers giving birth who were not born in the UK did not have antenatal care, compared to 2.4% of mothers born in the UK.
Source: The Migration Observatory <http://www.migrationobservatory.ox.ac.uk/data-and-resources/charts/no-antenatal-care-country-birth-and-length-residence-uk-2001-2002>

MIGRANTS – HEALTH NEEDS

7.9 Health needs of migrants

Incidence of communicable diseases

Tuberculosis (TB)

- In 2012, there were 8,751 cases of TB in the UK (NI=95). The UK incidence rate per 100,000 was 13.9 (NI=5.2)
- A report from Public Health England highlighted that the rate of TB amongst the non-UK born population was almost 20 times the rate of those born in the UK. Across the UK (excluding Scotland), the highest incidence rates of TB in those not born in the UK were in Indian, Pakistani and Black African ethnic groups.

Source: "Tuberculosis in the UK, 2013 report", Public Health England http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317139689583

Number of cases of TB notified by country of birth, Northern Ireland, 2012 and 2013

Country of birth	2012		2013	
	No. of cases	% of all cases	No. of cases	% of all cases
UK born	39	44.8%	37	50.0%
Not UK born	48	55.2%	33	44.6%
Not known	0	0.0%	4	5.4%
TOTAL	87	-	74	-

Source: PHA, Health Protection Department

Hepatitis B and C

- Prevalence of hepatitis B in the UK is very low at less than 1%. Individuals who were born in countries, such as South East Asia, Africa, the Middle and Far East and Southern and Eastern Europe, are at higher risk.
- Similarly, prevalence of hepatitis C is also low in the UK, however countries in Africa, Eastern Mediterranean, South-east Asia and Western Pacific have the highest prevalence of Hepatitis C.

Source: Public Health England <http://www.hpa.org.uk/MigrantHealthGuide/HealthTopics/InfectiousDiseases/HepatitisB/>

Number of cases of Hepatitis B (acute and chronic) by country of birth, Northern Ireland, 2012 and 2013

Country of birth	2012		2013	
	No. of cases	% of all cases	No. of cases	% of all cases
UK born	9	7.0%	6	3.9%
EU born	20	15.6%	30	19.6%
Non-EU born	47	36.7%	68	44.4%
Not known	52	40.6%	49	32.0%
TOTAL	128	-	153	-

Source: PHA, Health Protection Department (data is provisional) Data is based on notification of possible, probable and confirmed cases
As it is not possible to provide country of birth for a large number of cases, caution is advised when using these figures

MIGRANTS – KEY POINTS

7.10 Key points

Negative attitudes

- Respondents to the NI Life and Times Survey in 2012 were asked about having the right to travel and work freely within the EU. Seventy-five percent replied that this was 'very welcome' or 'fairly welcome'. However, only 70% of those replying to the survey indicated that they welcomed the rights of EU migrants to live in Northern Ireland. Similarly, only 10% of respondents stated that the levels of immigration should increase, with 43% saying that levels should remain the same. Forty seven percent would prefer a reduction in the number of migrants coming to live in Northern Ireland.

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>

Integration/acceptance

The NI Life and Times Survey 2012 asked if residents would accept people from minority ethnic groups as residents of their local area. In 2012, there seemed to a marked increase in the proportion of people who would not be prepared to accept minority ethnic groups as local residents. This was most marked amongst older people.

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>

	Percentage		
	2008	2010	2012
Yes	89	91	82
No	11	9	18

By age group, 2012

	Percentage					
	18-24	25-34	35-44	45-54	55-64	65+
Yes	84	88	88	85	78	75
No	16	12	12	15	22	25

- The survey asked questions on the levels of personal contact with four groups: Eastern Europeans, Irish Travellers, Muslims and other minority ethnic groups. Seventeen percent of respondents had contact with Eastern Europeans on a daily basis, with 19% in contact once or twice a week. Only 14% replied that they had never had contact with this group. However 49% stated that they had never had any contact with Muslims, and 37% had not had any contact with Irish Travellers. Caution is advised when analysing these figures as e.g. it is not immediately clear when meeting a person if they are an Irish Traveller or Muslim, whereas language might indicate an Eastern European person. Also there is a higher proportion of Eastern Europeans in the NI population compared to these other minority ethnic groups.
- Twenty six percent stated that they had close interaction with someone from an ethnic minority community e.g. a lengthy conversation. Forty-six percent considered the contact to be a short greeting.

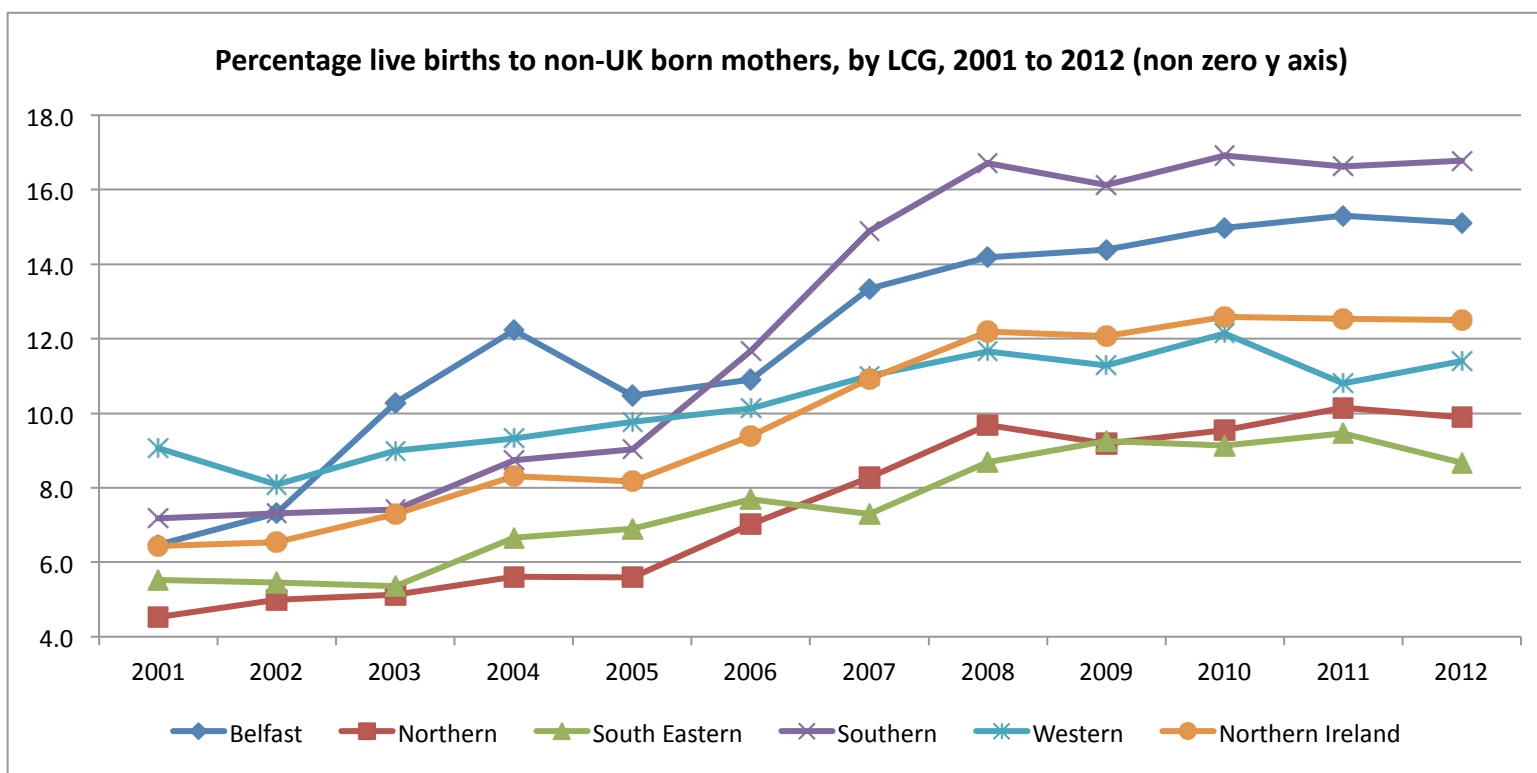
MIGRANTS – KEY POINTS

7.11 Percentage live births to non-UK born mothers, by Local Commissioning Group, 2001 to 2012

LCG	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Belfast	6.5	7.3	10.3	12.2	10.5	10.9	13.3	14.2	14.4	15.0	15.3	15.1
Northern	4.5	5.0	5.1	5.6	5.6	7.0	8.3	9.7	9.2	9.5	10.2	9.9
South Eastern	5.5	5.5	5.4	6.7	6.9	7.7	7.3	8.7	9.2	9.1	9.5	8.7
Southern	7.2	7.3	7.4	8.7	9.0	11.7	14.9	16.7	16.1	16.9	16.6	16.8
Western	9.1	8.1	9.0	9.3	9.8	10.1	11.0	11.7	11.3	12.1	10.8	11.4
Northern Ireland	6.4	6.5	7.3	8.3	8.2	9.4	10.9	12.2	12.1	12.6	12.5	12.5

COMMENTARY

- All areas of NI have seen an increase in the percentage of live births to non-UK born mothers.
- By 2012, 1 in 8 births in Northern Ireland was to a non-UK born mother.
- The proportion varies by LCG ranging from 8.7 in Southern Eastern LCG to 16.8 in Southern LCG.
- This is consistent with the increased numbers of younger people coming into Southern LCG from the EU12 countries, previously referenced.



Source: NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp8.htm>

MIGRANTS – KEY POINTS

7.12 Key points

Housing

- Across the UK, a smaller proportion of the foreign-born population own their house (44%), compared to UK-born (70%). Those who are foreign-born are three times more likely to be renting privately (37%), compared to 13% of UK-born population. Members of the migrant population who may only be staying a short period may tolerate living in lower quality housing or in overcrowded accommodation.

Source: "Migrants and Housing in the UK: Experiences and Impacts. The Migration Observatory <http://www.migrationobservatory.ox.ac.uk/briefings/migrants-and-housing-uk-experiences-and-impacts>

- Homelessness: In the year up to 31 July 2012, there were 754 applications from migrant worker households applying as homeless. The main nationalities of migrant worker homeless applicant households included Polish (29%), Lithuanian (14%) and Portuguese (10%).

Source: "Black and Minority Ethnic and Migrant Worker Mapping Update", Northern Ireland Housing Executive http://www.nihe.gov.uk/black_and_minority_ethnic_and_migrant_worker_mapping_update_january_2013.pdf

Economic Activity

- There is some variation in the economic activity status of those aged 16-74 between UK born and non-UK born residents. Non-UK born residents are less likely to be retired or long term sick/disabled. Male non-UK residents are less likely to be looking after home and family. This might not be unexpected, given the differential age profile and the variation within the non-UK born population.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

MIGRANTS – KEY POINTS

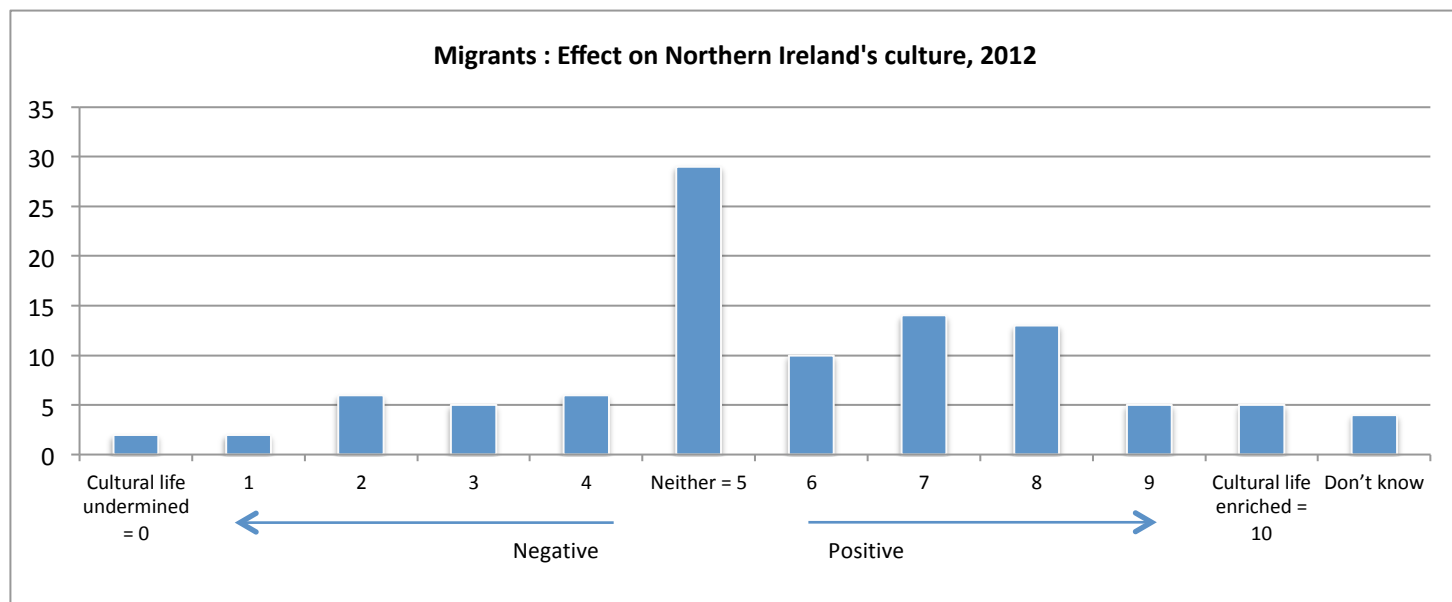
7.12 Key points

Effect on Northern Ireland's culture

The NI Life and Times Survey 2012 (n=1,204) asked if Northern Ireland's cultural life is generally undermined or enriched by migrants coming to live here from other countries.

	%
Cultural life undermined = 0	2
1	2
2	6
3	5
4	6
Neither = 5	29
6	10
7	14
8	13
9	5
Cultural life enriched = 10	5
Don't know	4

Source: NI Life and Times Survey (ESRC)
<http://www.ark.ac.uk/nilt/results/>



SECTION 8: - POVERTY-

POVERTY - PREVALENCE

8.1 Prevalence of poverty

Definition

A household is counted as having a low income ('poverty') if its income is less than 60% of the median UK household income for the year in question. The value of this 60% threshold in pounds per week varies according to how many adults and children live in the household. It is measured after income tax has been deducted, and can be measured before or after housing costs have been deducted. Housing costs are: rents, service charges and mortgage interest payments.

Source: **Monitoring poverty and social exclusion in Northern Ireland 2012**, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>

For much of the analysis, the NI Multiple Deprivation Measure is used as a proxy for poverty, since income levels are not routinely collected on most data systems. This is an area based measure incorporating income, employment, health deprivation and disability, education, skills and training, proximity to services, living environment and crime and disorder. This section has drawn heavily on the work of the Health and Social Care Inequalities Monitoring System within DHSSPSNI.

http://www.dhsspsni.gov.uk/index/stats_research/stats-equality.htm

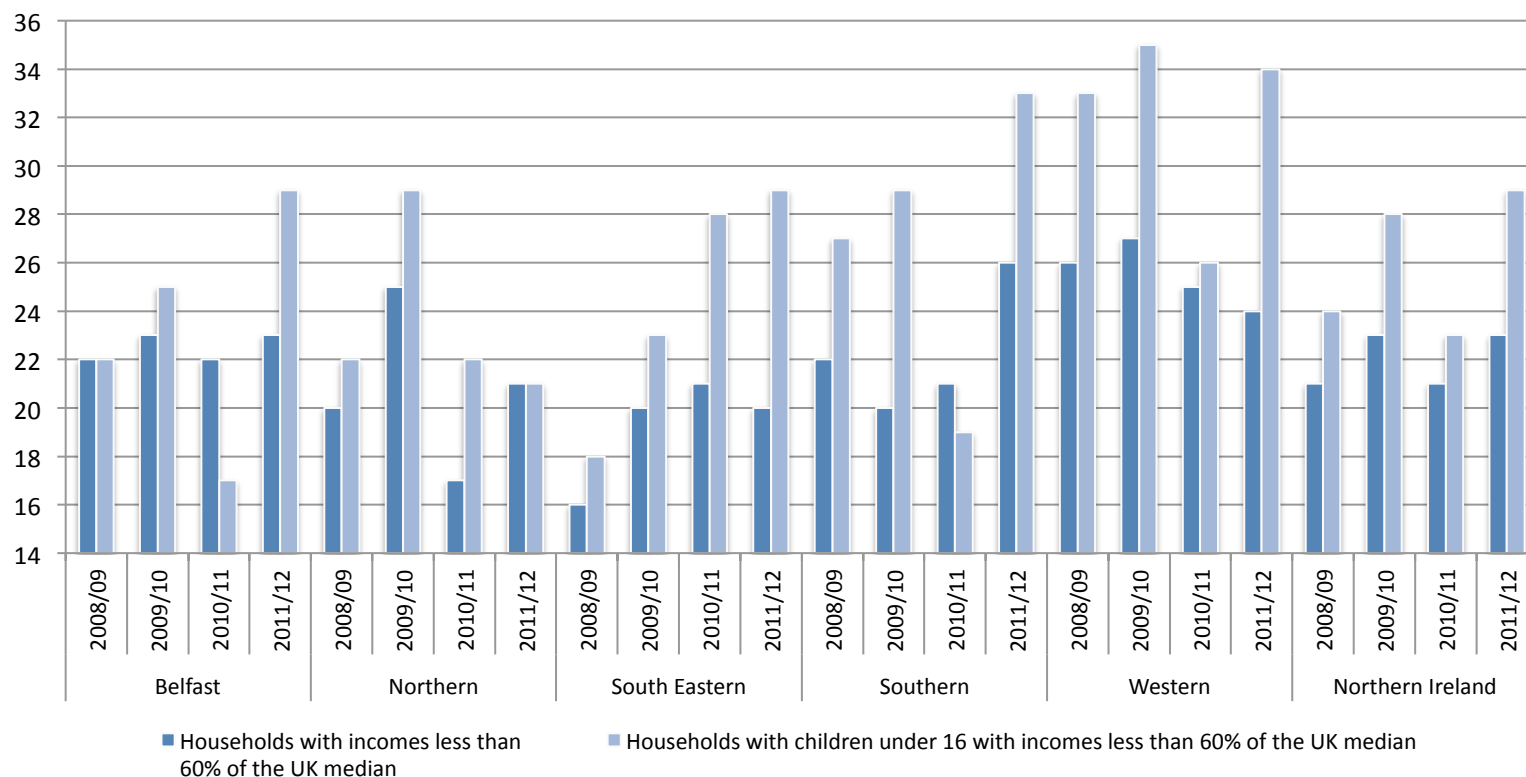
Prevalence

- In 2011/12, approximately 379,000 people (21% of the NI population) were in relative poverty and approximately 422,000 people (24%) were in absolute poverty before housing costs. In 2011/12, the average (median) income in Northern Ireland was £372 per week before housing costs and £336 after housing costs.
Source: Department for Social Development/NISRA, "Poverty in Northern Ireland: 2011/12" http://www.dsdni.gov.uk/ni_hbai_bulletin_2011-12_release_document_.pdf
Relative poverty: individuals living in households with an equivalised income below 60% of the UK median income in the same year. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole.
Absolute poverty: individuals living in households with an equivalised income below 60% of inflation adjusted UK median income in 2010/11. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms.
- Twenty-one percent of pensioners live in poverty in Northern Ireland. In 2005, 55,000 pensioners were living in poverty, increasing to 70,000 in 2010 - an increase of 27%.
Source: **Monitoring poverty and social exclusion in Northern Ireland 2012**, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>

POVERTY – GEOGRAPHICAL BASIS

8.2 Households below average income, Local Commissioning Groups, 2008/09 - 2011/12

Households below average income (after housing costs), LCGs, 2008/09 - 2011/12 (non zero y axis)



COMMENTARY

- In 2011/12, almost 1 in 4 households is in relative poverty as defined by household income less than 60% of the UK median after housing costs. This increases to nearly 3 in 10 when households with children under 16 are considered.
- There is some variation in this from year to year and between LCGs.
- Generally the Western LCG has higher levels of households in relative poverty.

Source: Department for Social Development, Analytical Services Unit via NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/>
 Households Below Average Income (<60% of the UK Median) uses data collected in the Family Resources Survey (FRS) in Northern Ireland. Household disposable incomes are adjusted for household size and composition, as a proxy for material living standards or, more precisely, for the level of consumption of goods and services that people could attain given the disposable income of the household in which they live. Information is usually presented on two bases: Before Housing Costs and After Housing Costs. The FRS is a cross-sectional household survey which collects income data on private households only across the UK. All the results therefore exclude people living in institutions. Income measures used take into account variations in size and compositions of households and the process of adjusting income is known as equalisation - OECD equalisation scales have been used for the first time for the 2005/06 data (previous data used the McClements equalisation scale). Analyses of disposable income are also presented on two bases: Before Housing Costs and After Housing Costs which takes into account variations in housing costs that themselves do not correspond to comparable variations in the quality of housing. Please note the data refers is based on the UK medians.

POVERTY - CHARACTERISTICS

8.3 Poverty amongst children and older people

Children

- 1.7 million children across the UK live in severe poverty - around 13% of all children in the UK (2007/08), increasing from 11% in 2004/05.
- Equivalent figures for Northern Ireland suggest 43,000 children were living in severe poverty in 2007/08 or 10% of all children in Northern Ireland.
Source: Save the Children, "Measuring severe child poverty in the UK", 2010 https://www.savethechildren.org.uk/sites/default/files/docs/Measuring_child_poverty_in_the_UK_1.pdf
According to Save the Children, children are living in severe poverty if they live in a household with an income of below 50 per cent of the median (after housing costs), and where both adults and children lack at least one basic necessity, and either adults or children or both groups lack at least two basic necessities.
- Children: In 2011/12, there were almost 95,000 children (22%) in relative poverty and 109,000 (25%) in absolute poverty - before housing costs.
Source: Department for Social Development/NISRA, "Poverty in Northern Ireland: 2011/12" http://www.dsdni.gov.uk/ni_hbai_bulletin_2011-12_release_document.pdf
- Figures from HMRC indicate that 22.4% of children in 2011 in Northern Ireland were living in low income families.
Source: HM Revenue and Customs, Child Poverty Statistics <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>
Number of children living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or in receipt of Income Support or (Income-Based) Job Seekers Allowance, divided by the total number of children in the area (determined by Child Benefit data)

Older people (pensioner poverty)

- Twenty-one percent of pensioners live in poverty in Northern Ireland.
Source: Monitoring poverty and social exclusion in Northern Ireland 2012, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>
- Pensioners: In 2011/12, there were approximately 72,000 pensioners (25%) in relative poverty and approximately 79,000 (27%) in absolute poverty - before housing costs. This figure for absolute poverty represents a 5% increase on the previous year.

Gender

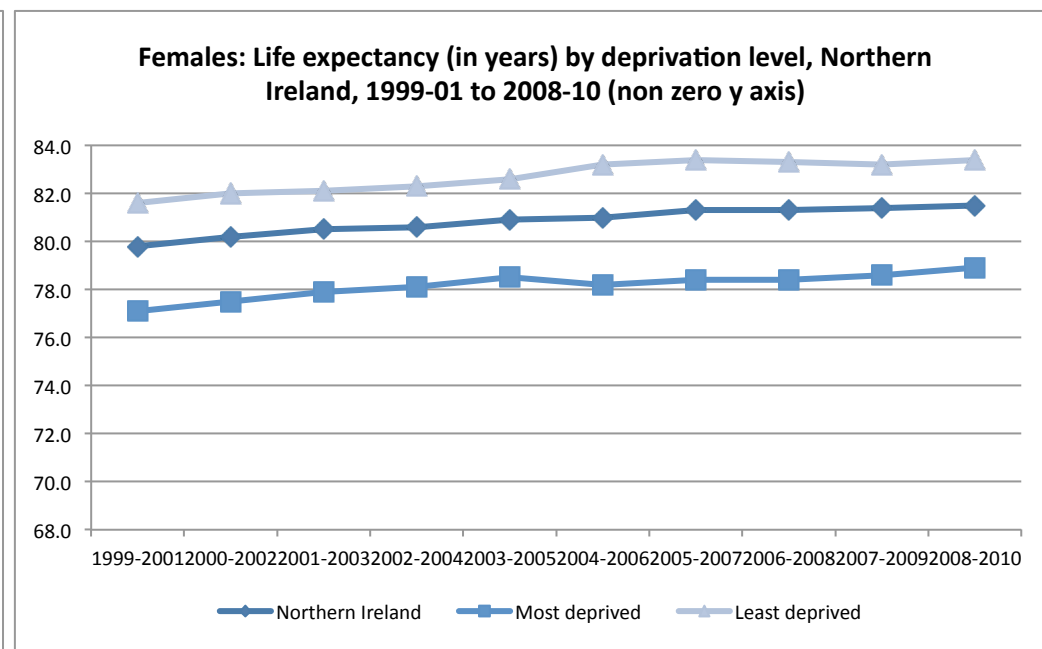
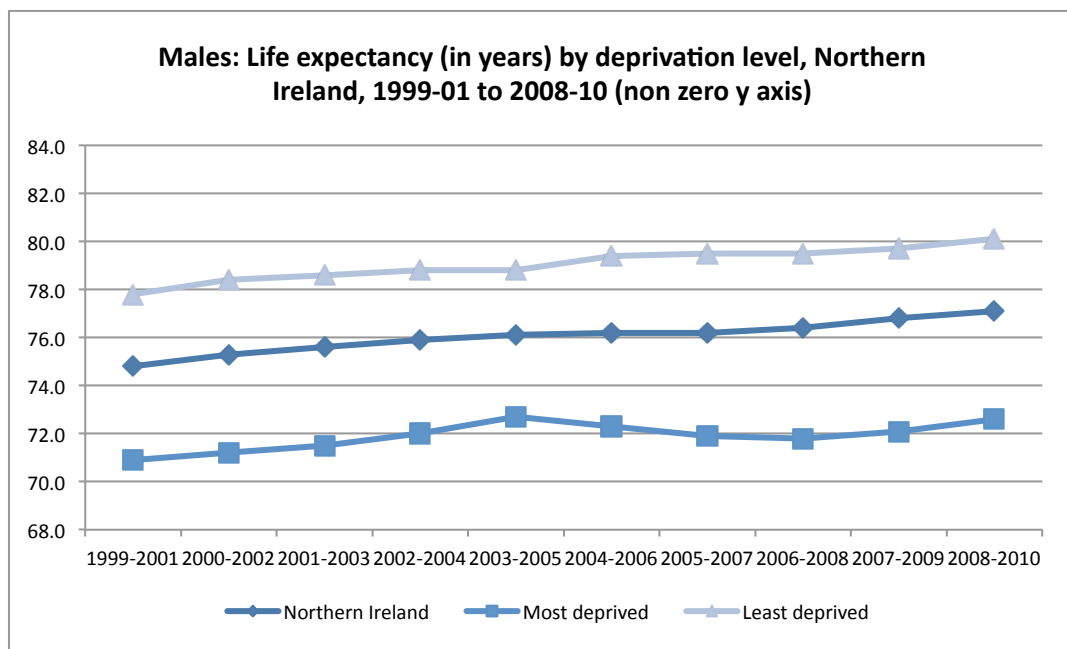
- In 2011, 38% of working-age women were workless compared with 28% of working-age men.
Source: Monitoring poverty and social exclusion in Northern Ireland 2012, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>

Age

- Adults: In 2011/12, there were almost 213,000 adults of working age (20%) in relative poverty and almost 235,000 (22%) in absolute poverty - before housing costs.
Source: Department for Social Development/NISRA, "Poverty in Northern Ireland: 2011/12" http://www.dsdni.gov.uk/ni_hbai_bulletin_2011-12_release_document.pdf
- Between 2009 and 2011, 34% of working-age adults in Northern Ireland were not in paid work. This is higher than the Great Britain average.
Source: Monitoring poverty and social exclusion in Northern Ireland 2012, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>

POVERTY – CHARACTERISTICS

8.4 Life expectancy in those living in more deprived areas, by gender, 1999-01 to 2008-10



Source: DHSSPSNI (PSAB, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012 http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

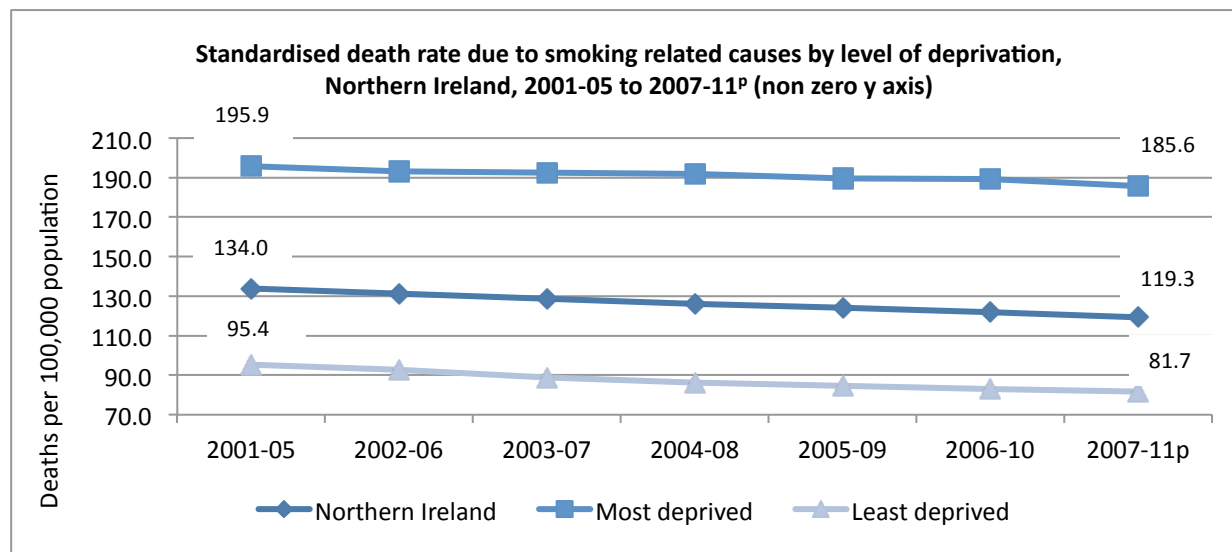
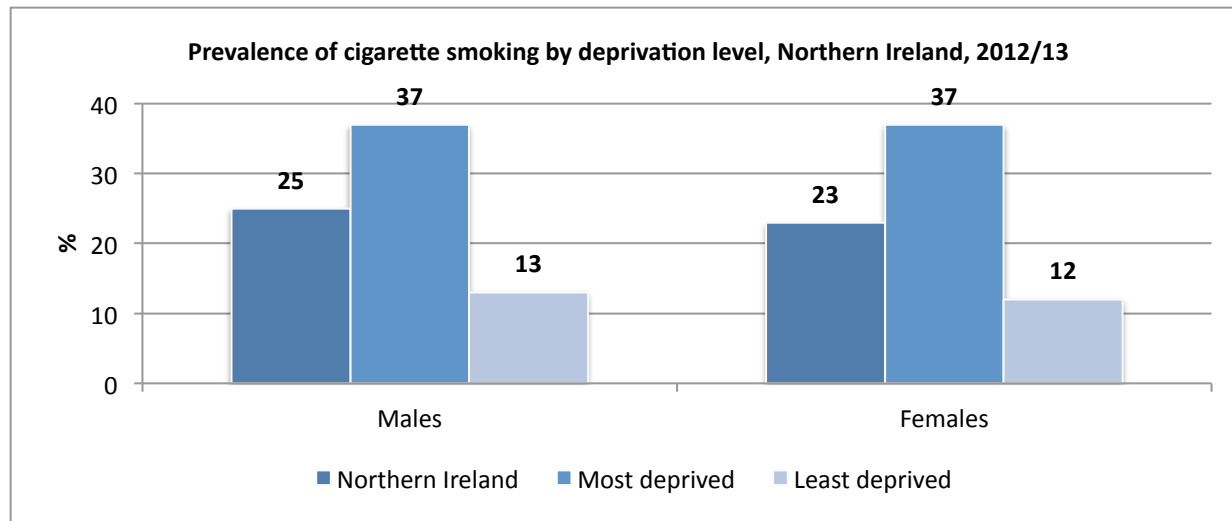
COMMENTARY

- In line with the rest of the UK, life expectancy in Northern Ireland has been increasing with life expectancy in 2008-10 for males – 77.1 years and for females – 81.5 years. The gap between male and female is 4.4 years.
- There remains a substantial gap between people living in the 20% most deprived areas and those in the least deprived.
- Whilst the gap between most and least deprived areas for women has remained the same, in 2008-10 at 4.5 years as it was in 1999-01, the gap for males has increased from 6.9 to 7.5 years.
- Using the NI Multiple Deprivation Measure (NIMDM 2010), NI can be divided into five groups (quintiles) reflecting relative deprivation. Most deprived refers to the top 20% most deprived areas, least deprived, the bottom 20%.

POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Smoking



COMMENTARY

- Thirty seven percent of both males and females in the most deprived areas of Northern Ireland smoked currently. This compares to 13% of males and 12% of females in the least deprived areas.
- In NI in 2012, 2,270 people died from smoking related causes.
- The age standardised death rate for smoking related causes has decreased over the period 2001-05 to 2007-11^P. Whilst overall rates have decreased, the gap between most and least deprived has not noticeably changed.
- The likelihood of dying from a smoking related cause if you live in the most deprived quintile is 56% higher than that of the NI average and more than twice that of the least deprived areas (2007-11).

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI
http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm
 and

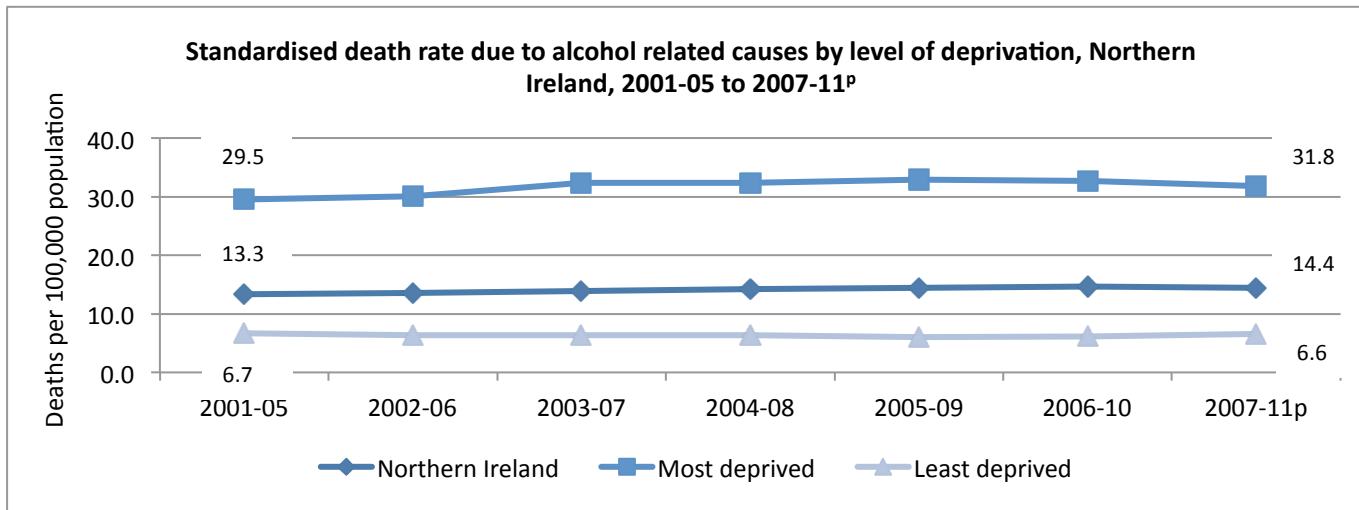
Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012
http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

Rate is per 100,000 population.
^P - figures are provisional. Please note that DHSSPSNI are currently updating all indicators with the revised population estimates as a result of the 2011 Census, therefore these figures are considered provisional.

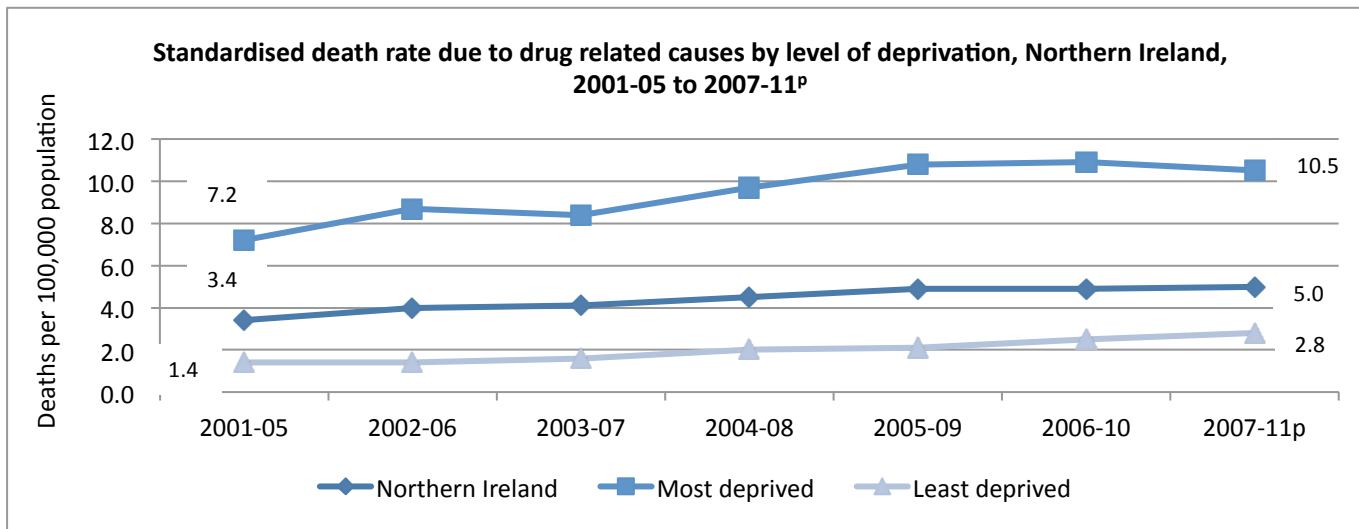
POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Alcohol - Standardised death rate due to alcohol related causes



Drugs - Standardised death rate due to drug related causes



COMMENTARY

- In NI in 2012, 270 people died from alcohol smoking related causes.
- In NI in 2012, 110 people died from drug related causes.
- People in the most deprived areas are almost six times more likely to die of an alcohol related cause compared to those in the least deprived areas; and nearly five times more likely to die from drugs related causes when compared to the least deprived areas (2007-11).
- The NI death rate for alcohol related causes has increased slightly, however the rate from drug related causes has increased by 47% (2007-11).

Source: DHSSPSNI (PSAB, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012

http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

Rate is per 100,000 population

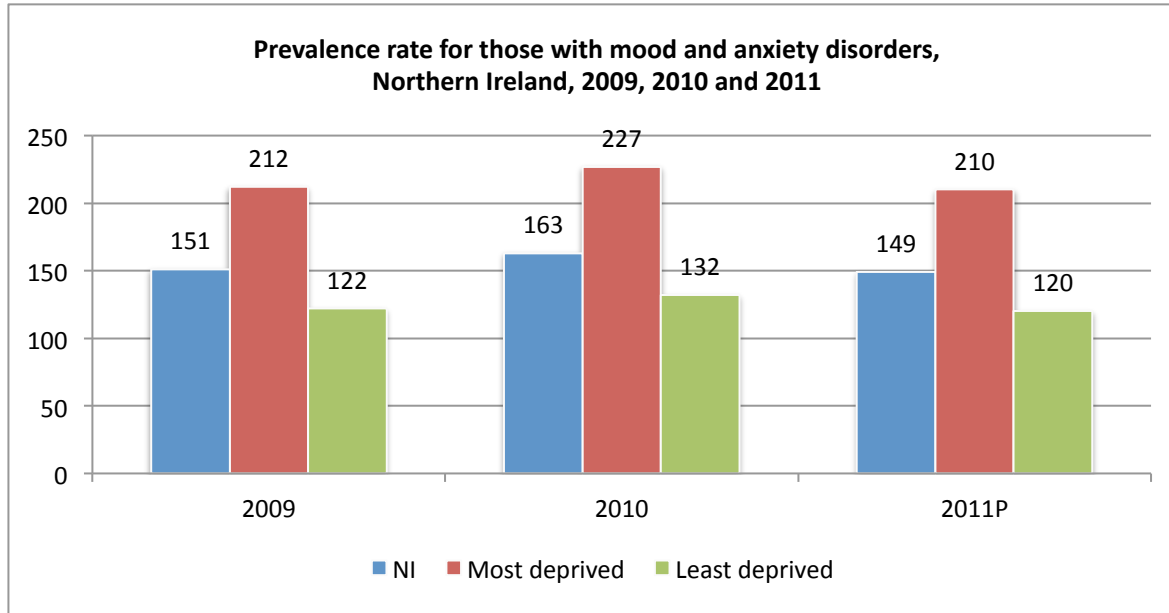
^P - figures are provisional. Please note that DHSSPSNI are currently updating all indicators with the revised population estimates as a result of the 2011 Census, therefore these figures are considered provisional.

POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Mental health issues

Mood and anxiety disorders



COMMENTARY

- Provisional data for 2011 shows a reduction in the estimated prevalence of mood and anxiety disorders from the 2010 figure however 15% of people in NI are still being dispensed drugs for these conditions.
- This increases to 21% of the population in our most deprived areas.

Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012

http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

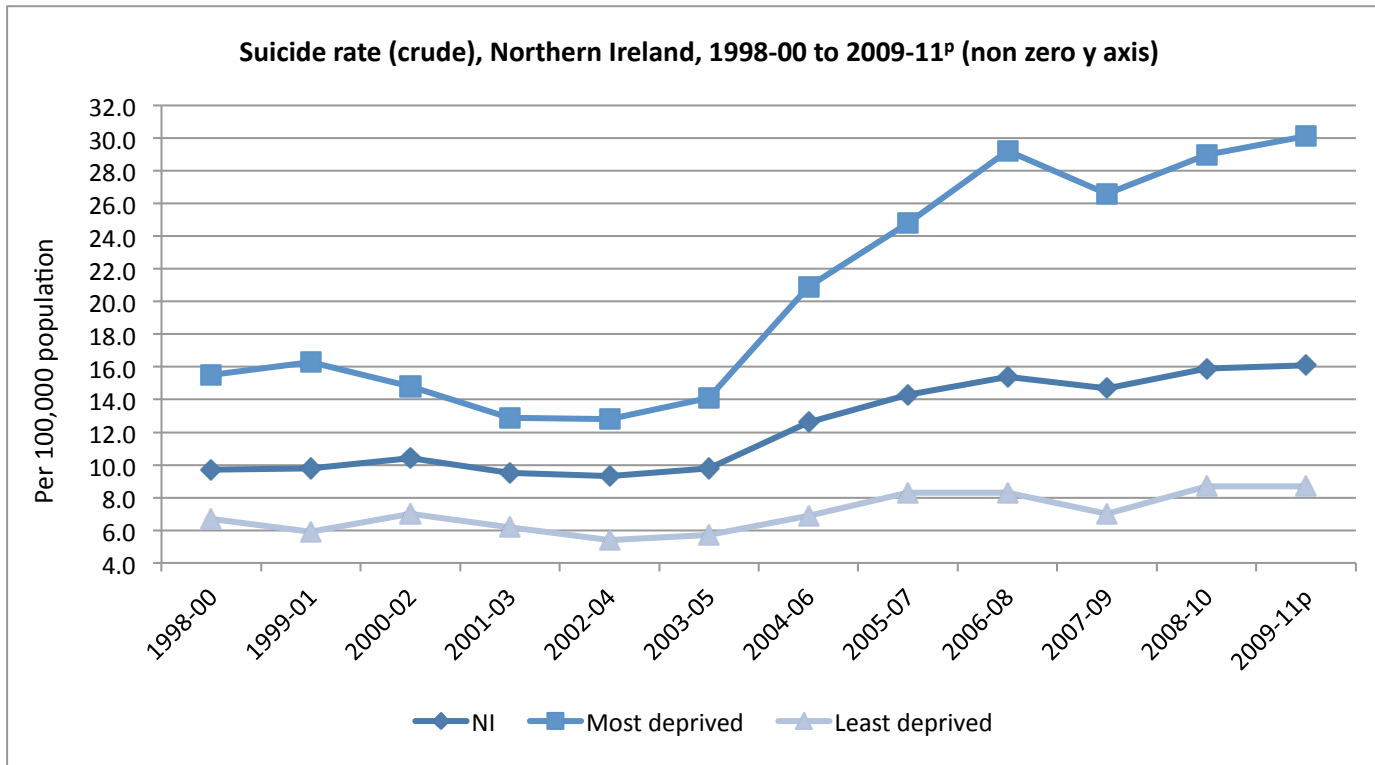
Rate is per 1,000 population. ^P - figures are provisional. Please note that DHSSPSNI are currently updating all indicators with the revised population estimates as a result of the 2011 Census, therefore these figures are considered provisional.

Numbers for those with mood and anxiety disorders is estimated by considering the proportion of the population who have been dispensed drugs for these conditions

POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Suicides



COMMENTARY

- In 2013, 303 people were registered as having died from suicide and events of undetermined intent (provisional data).
- There has been a substantial increase in numbers and rates since the mid 2000s.
- This increase has been most marked in the more deprived areas. The rate per 100,000 population in the most deprived quintile is now nearly twice the NI average and almost five times that of least deprived areas.

Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012

http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

Rate is per 100,000 population

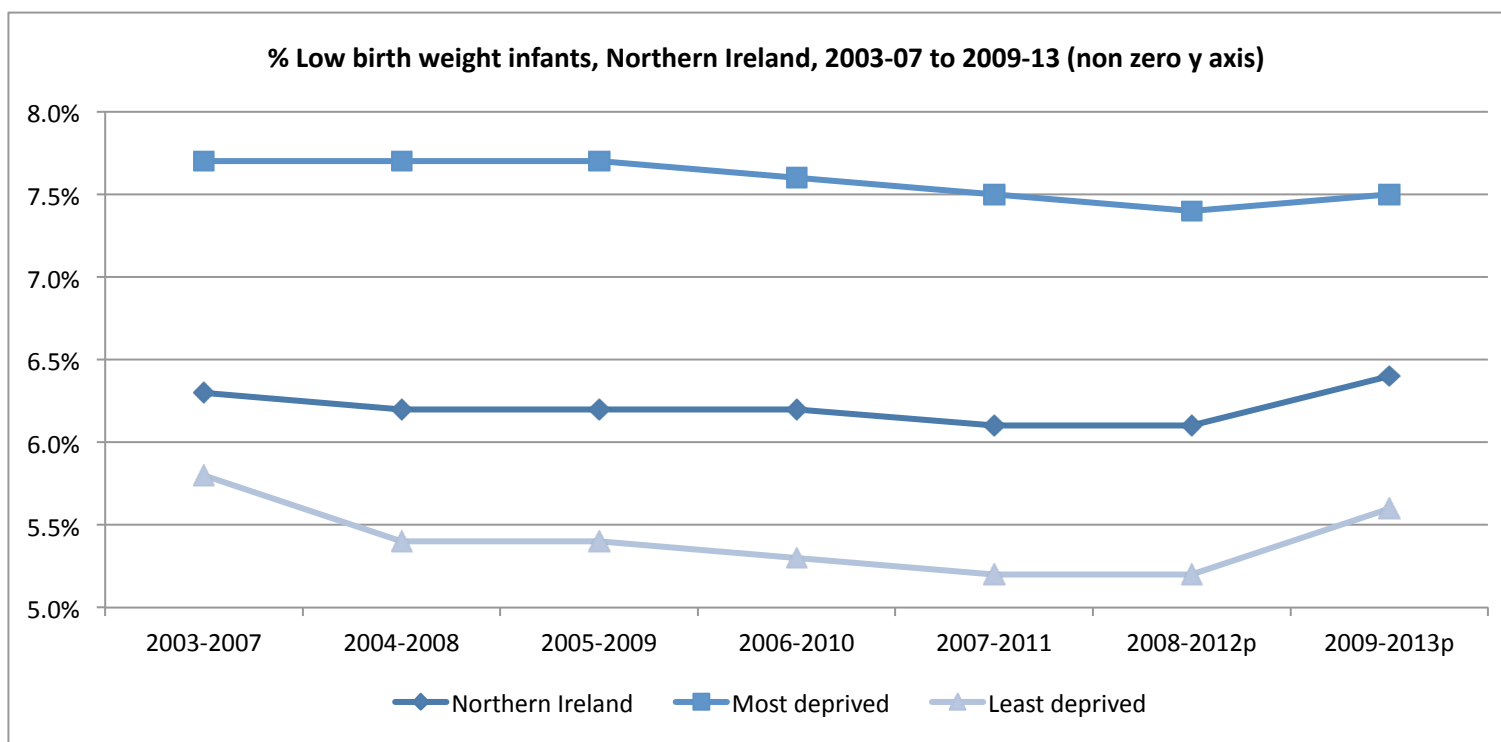
^P - figures are provisional. Please note that DHSSPSNI are currently updating all indicators with the revised population estimates as a result of the 2011 Census, therefore these figures are considered provisional.

POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Low birth weight infants

	% low birth weight infants						
	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012 ^p	2009-2013 ^p
Northern Ireland	6.3%	6.2%	6.2%	6.2%	6.1%	6.1%	6.4%
Most deprived	7.7%	7.7%	7.7%	7.6%	7.5%	7.4%	7.5%
Least deprived	5.8%	5.4%	5.4%	5.3%	5.2%	5.2%	5.6%



COMMENTARY

- While 2009-13 provisional data appears to have reversed the otherwise static or slightly downward trends, the gap between most deprived and the NI average and least deprived areas remains.
- Women from most deprived areas are 34% more likely to have a low birth weight baby than the NI average (2009-13).
- There is a noticeable difference in the age profile of mothers from more deprived areas who tend to be younger and younger women tend to have lower birth weight babies. Another contributing factor may be that mothers from more deprived areas have higher smoking levels than those in less deprived areas.

Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012

http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

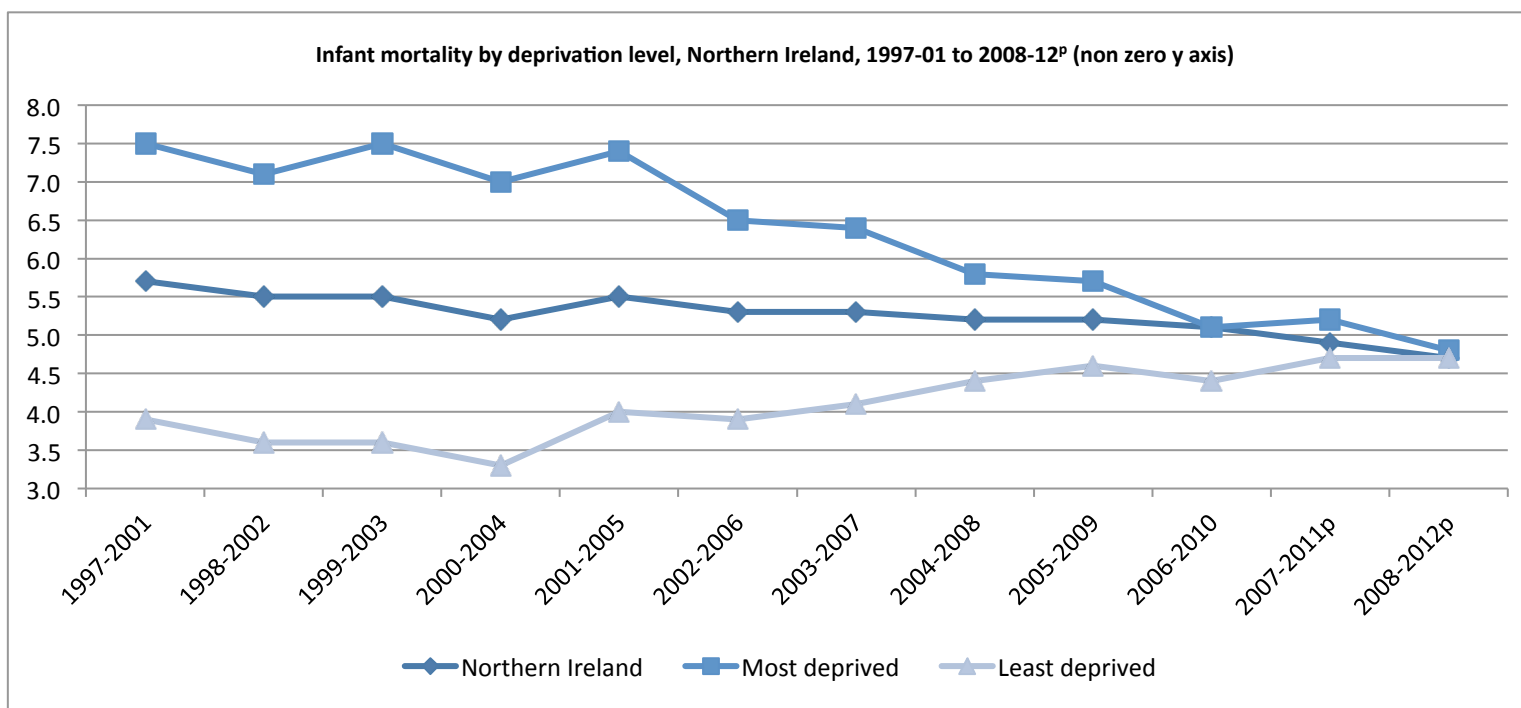
Low birth weight is defined as a weight less than 2,500g

POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Infant mortality rate by deprivation level

	1997-2001	1998-2002	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011 ^P	2008-2012 ^P
Northern Ireland	5.7	5.5	5.5	5.2	5.5	5.3	5.3	5.2	5.2	5.1	4.9	4.7
Most deprived	7.5	7.1	7.5	7.0	7.4	6.5	6.4	5.8	5.7	5.1	5.2	4.8
Least deprived	3.9	3.6	3.6	3.3	4.0	3.9	4.1	4.4	4.6	4.4	4.7	4.7



COMMENTARY

- Infant mortality rates in NI have decreased slightly over the last fifteen years and there has been a convergence of rates so that the gap between most and least deprived areas is no longer visible.

Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012

http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf Infant mortality rate is defined as the number of infant deaths in the first year of life per 1,000 live births

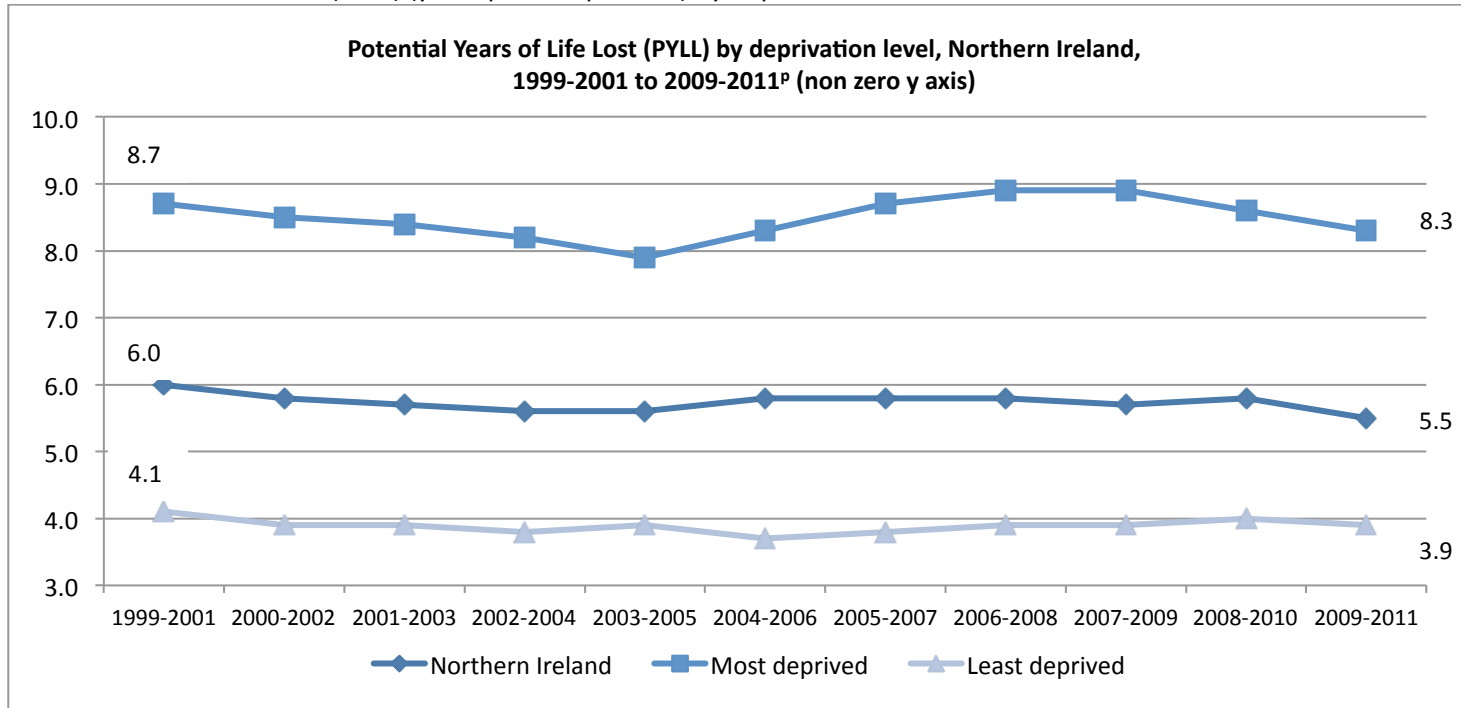
POVERTY – HEALTH NEEDS

8.5 Health needs of those in poverty

Premature mortality in those living in the most deprived areas of Northern Ireland

- People living in the 20% most deprived areas in Northern Ireland are 40% more likely to die before 75 years of age than the Northern Ireland average (2006-2010).
 Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012
http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

Potential Years of Life Lost (PYLL) (years per 100 persons) by deprivation level



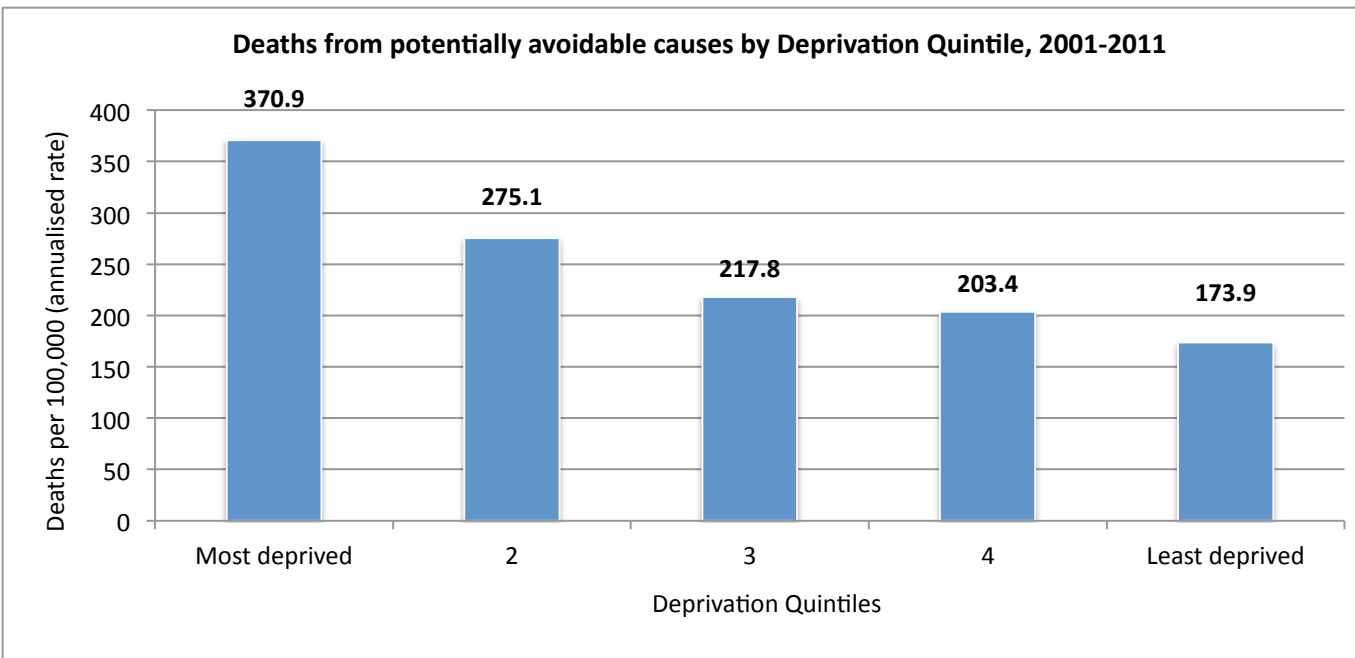
COMMENTARY

- Potential Years of Life Lost (PYLL) is a measure of premature death, measured as the number of years of life 'lost' from a death when a person dies before the age of 75. A death at age 25, for example, has lost 50 potential years of life.
- There remains a substantial gap between most and least deprived areas (4.4 years per 100 persons in 2009-11).

Source: DHSSPSNI (Project Support Analysis Branch, IAD), NI Health and Social Care Inequalities Monitoring System - Fourth Update Bulletin, 2012
http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

^P - figures are provisional. Please note that DHSSPSNI are currently updating all indicators with the revised population estimates as a result of the 2011 Census, therefore these figures are considered provisional.

8.5 Avoidable Mortality



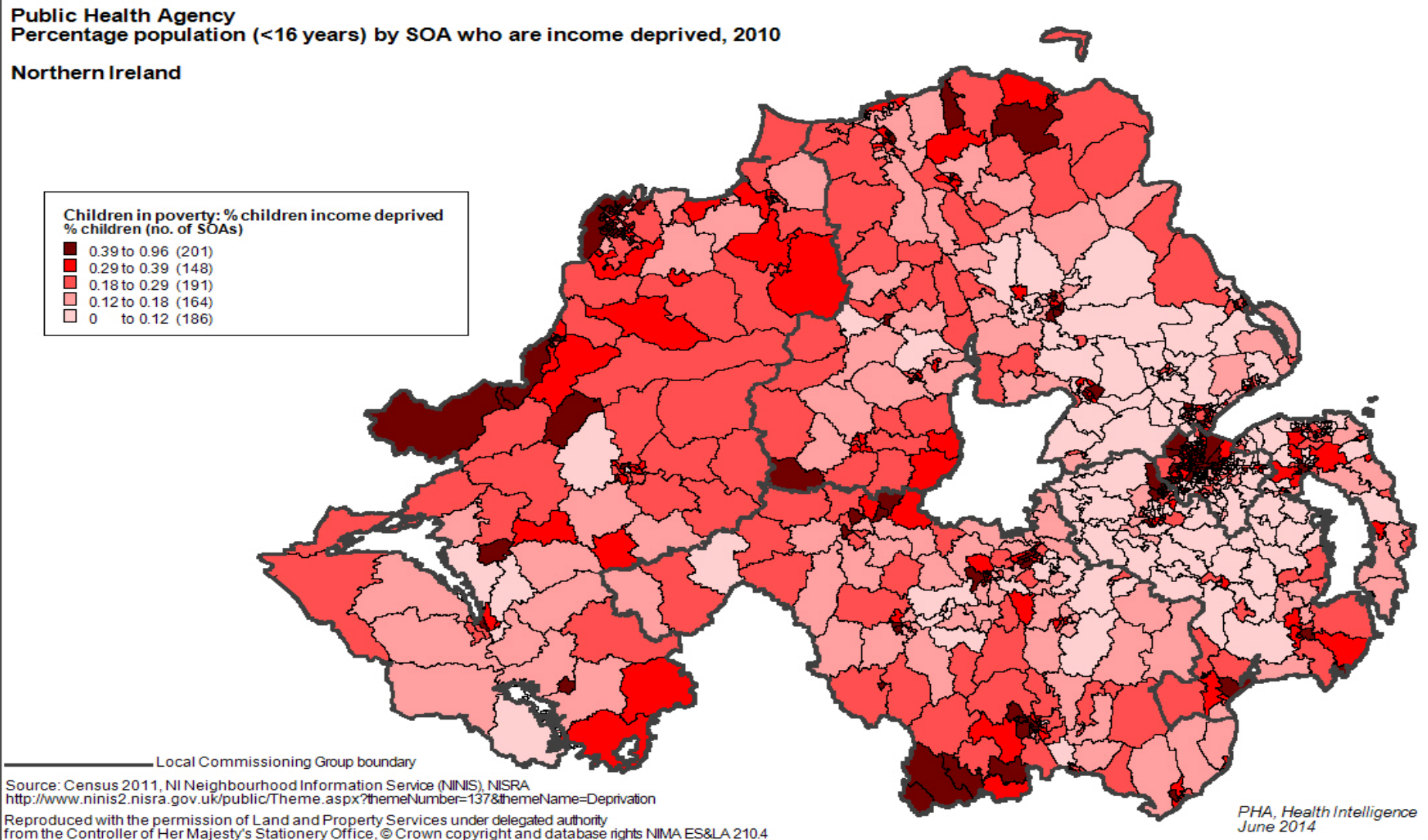
COMMENTARY

- The death rate for males was 317.4 and 197.8 for females (per 100,000 population).
- There is a noticeable difference in the death rates between those in the most deprived quintile and those in the least deprived quintile (see chart).
- The death rate is greatest for the most deprived quintile (370.9) and gradually decreases through the quintiles to least deprived quintile (173.9).

Source: Definition of avoidable mortality; 10 April 2012; ONS; <http://www.ons.gov.uk/ons/about-ons/get-involved/consultations/archivedconsultations/2011/definitions-of-avoidable-mortality/index.html> And Public Health Agency, Health Intelligence Briefing on Potentially Avoidable Premature Mortality in Northern Ireland 2001 – 2011.

POVERTY – KEY POINTS

8.6 Children in poverty



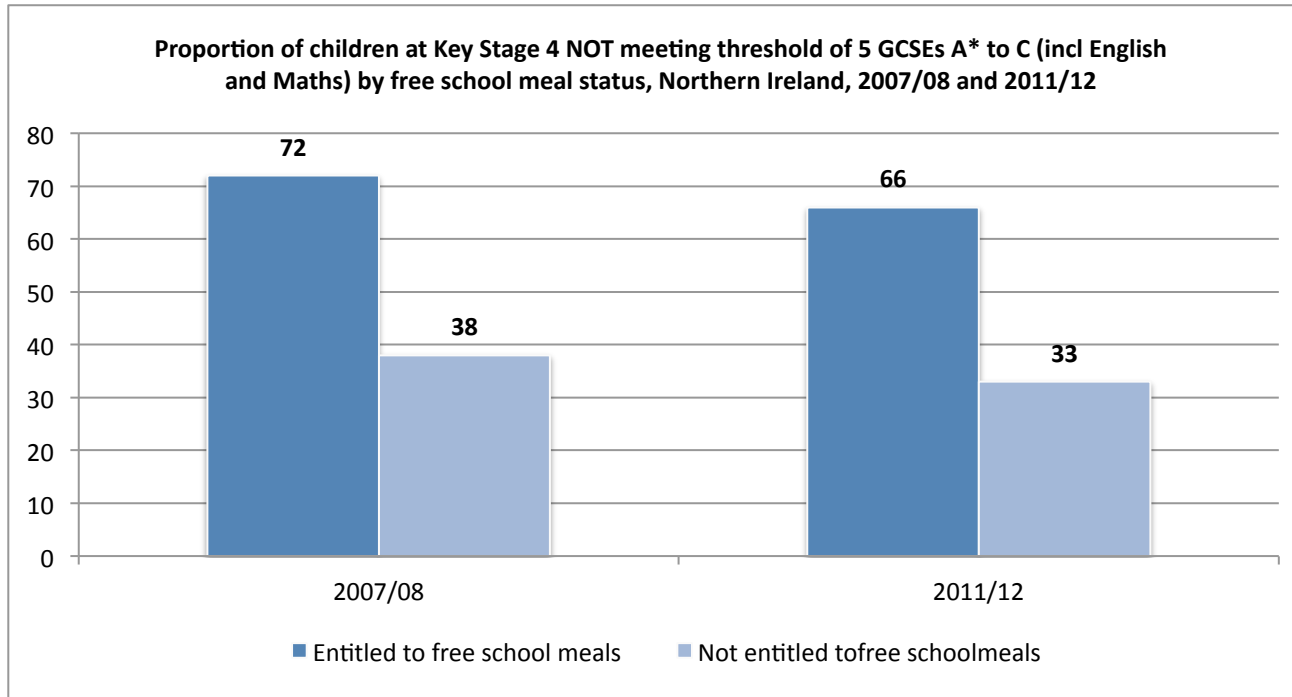
Income Deprivation affecting Children measure (NI Multiple Deprivation Measure 2010) - This measure combines the percentage of an SOA's children aged under 16 living in families in receipt of Income Support, State Pension Credit, income based Jobseeker's Allowance, income based Employment and Support Allowance, Housing Benefit, Working Tax Credit or Child Tax Credit. Tax credit claimants are included only where the equivalised income is below 60% of the NI median before housing costs.

POVERTY – KEY POINTS

8.6 Children in poverty

- Children on free school meals are less likely to attain expected levels of educational qualifications.

Source: Monitoring poverty and social exclusion in Northern Ireland 2012, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/monitoring-poverty-northern-ireland-2012>



COMMENTARY

- In 2011/12, 66% of children on free school meals do not achieve 5 GCSEs A*-C, compared to only 33% of those not entitled to free school meals.
- The proportion not achieving 5 GCSEs A*-C has decreased however there is still a large gap in the educational attainment of those entitled to free school meals and those not.

Source: School Leavers Survey, Department for Education Northern Ireland via Joseph Rowntree Foundation <http://data.jrf.org.uk/>

POVERTY – KEY POINTS

8.7 Key Points

Perception of own health

- It is worth noting that the proportion of people who consider their health to be fair, bad/very bad in the most deprived areas was 37% compared to 20% in the least deprived areas.

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

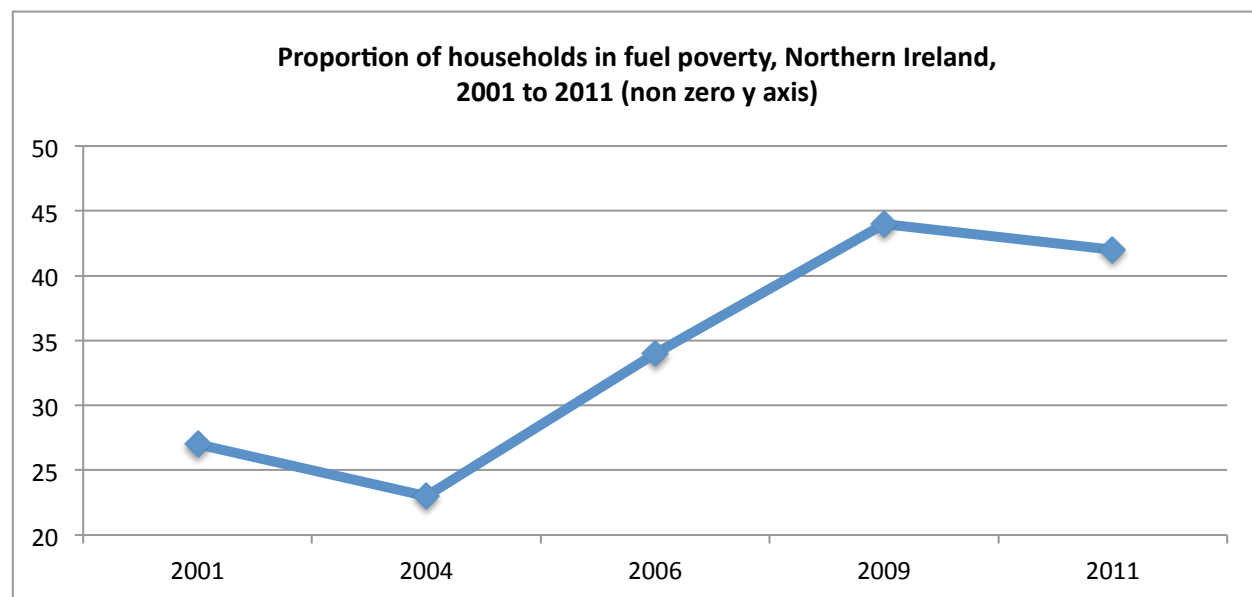
Data refers to those aged 16+ years

Fuel poverty

- The House Condition Survey carried out by the NI Housing Executive provides the proportion of households which are considered to be in fuel poverty. A fuel poor household is defined as one needing to spend in excess of 10% of its household income on all fuel use to achieve a satisfactory standard of warmth (21°C in the main living area and 18°C in other occupied rooms).

Percentage household in fuel poverty, Northern Ireland, 2001 to 2011

	2001	2004	2006	2009	2011
% fuel poor	27%	23%	34%	44%	42%



COMMENTARY

- The figure of 42% for NI is substantially higher when compared to England (16% in 2010) and Scotland (28% in 2010).
- The report from the Housing Condition Survey would suggest that lower incomes, higher fuel prices and higher dependence on oil, electric and solid fuel contribute to the higher proportions in fuel poverty in Northern Ireland.

Source: NI House Condition Survey, NI Housing Executive

http://www.nihe.gov.uk/index/corporate/housing_research/house_condition_survey.htm

SECTION 9: - PRISONERS-

PRISONERS - PREVALENCE

9.1 Prison population in Northern Ireland

Definition

Prisoner: "any person who has been committed to a prison or young offenders centre by the courts".

Source: NI Prison Service, <http://www.dojni.gov.uk/index/ni-prison-service>

Prevalence

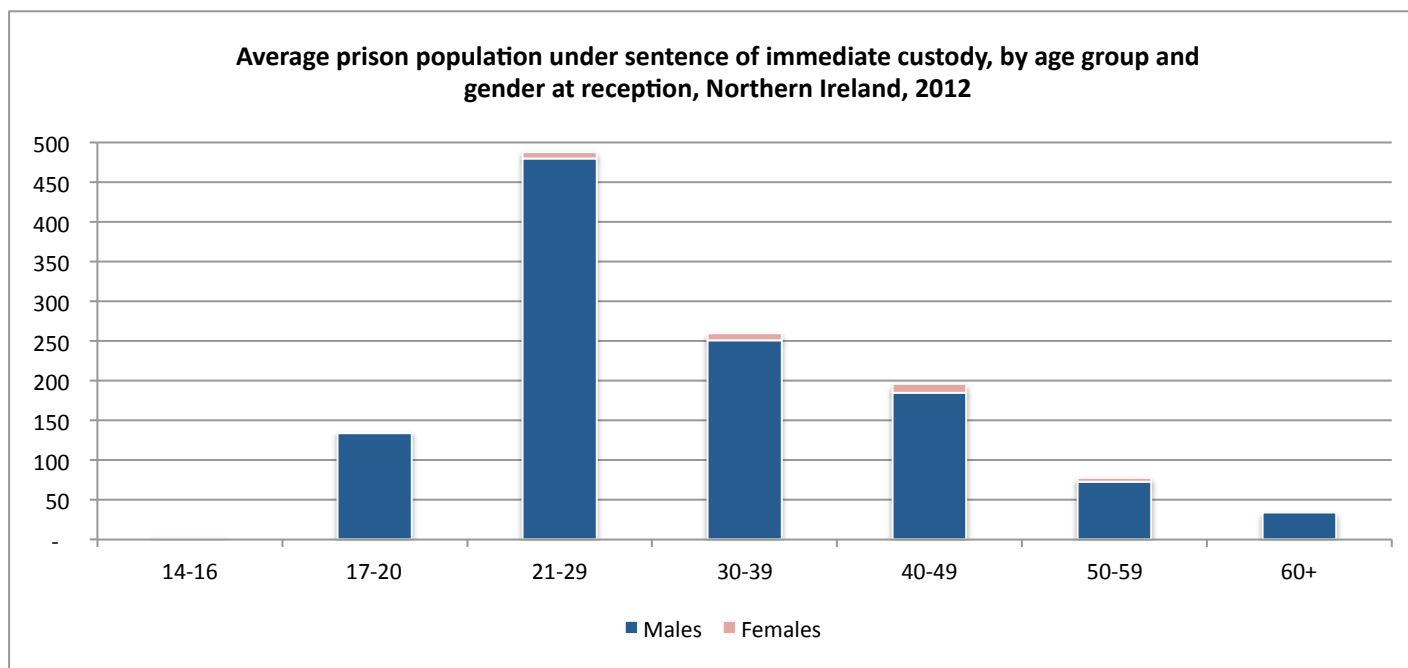
- As at March 2014, the prison population in Northern Ireland was 1,890 (72 female (3.8%), 1,818 male (96.2%)).

Average prison population under sentence of immediate custody, by age group and gender at reception, Northern Ireland, 2012

Age group	Males	Females	Persons
14-16	3	-	3
17-20	134	2	136
21-29	480	8	488
30-39	251	9	260
40-49	185	11	196
50-59	73	5	78
60+	34	-	34
All ages	1,160	34	1,193

COMMENTARY

- Note that the table above only refers to those prisoners under sentence of immediate custody.
- The female population represents 2.9% of the total prison population.
- Younger age groups are over represented in this prison population.
- There were 34 prisoners under sentence of immediate custody aged over 60 years in 2012.



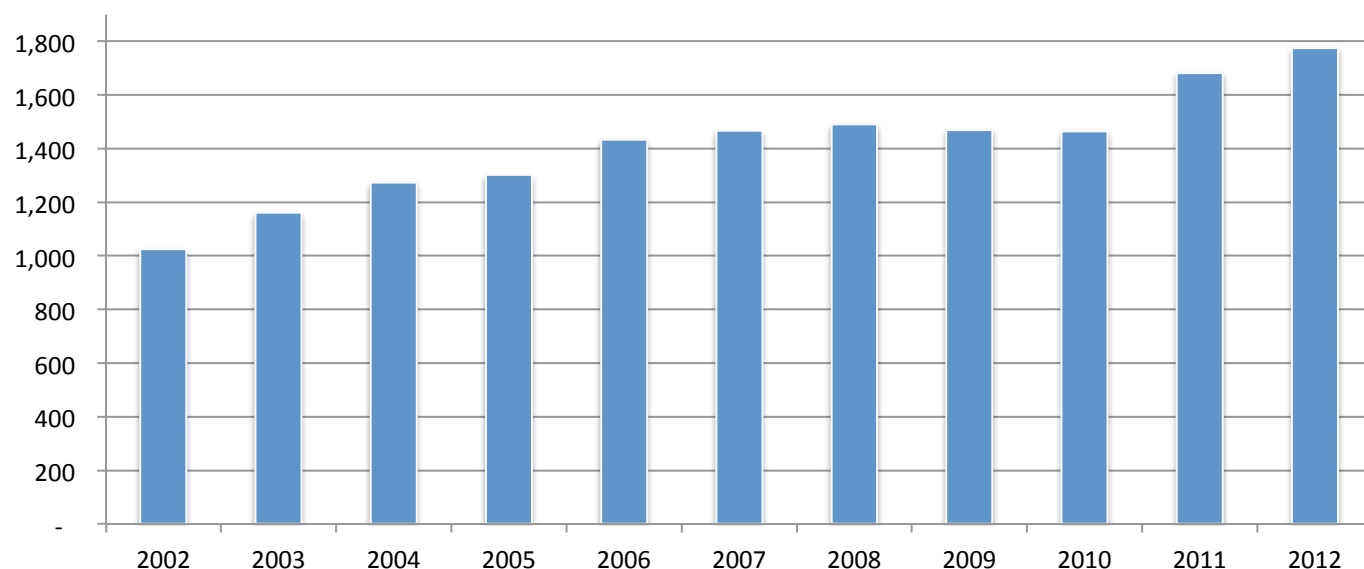
Source: NI Prison Service, "The Northern Ireland Average Prison Population in 2012" <http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/prison-population/r-s-bulletin-6-2013-the-northern-ireland-average-prison-population-in-2012.htm>
 Components may not sum to totals due to rounding
 The figures above only represent those prisoners under sentence of immediate custody and will therefore not include other types of prisoners.

PRISONERS - TRENDS

9.2 Average prison population by gender, Northern Ireland, 2002-2012

Gender	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Male	1,002	1,138	1,246	1,269	1,393	1,422	1,443	1,420	1,421	1,632	1,719
Female	24	22	27	32	41	44	46	49	43	50	56
Total	1,026	1,160	1,274	1,301	1,433	1,466	1,490	1,470	1,465	1,682	1,774

Average prison population, Northern Ireland, 2002-2013



COMMENTARY

- There has been a trend of increasing numbers of prisoners in Northern Ireland.
- There were on average 748 more prisoners in 2012 than in 2002.
- There has been a 73% increase in the number of prisoners between 2002 and 2012 and although still small the numbers of female prisoners has more than doubled in this period.
- This rising trend has been more marked in the two most recent years for which data is available.

Source: NI Prison Service, "The Northern Ireland Average Prison Population in 2012" <http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/prison-population/r-s-bulletin-6-2013-the-northern-ireland-average-prison-population-in-2012.htm>

Components may not sum to totals due to rounding

PRISONERS - CHARACTERISTICS

9.3 Characteristics

More males than females in prison

- The table above (Section 9.2) show that the majority of the prison population were male (96% at March 2014).

Women

- Women in prison in Northern Ireland are in general an older population than men: the majority are aged between 30 and 50.

Source: "Review of the Northern Ireland Prison Service Conditions, Management and Oversight of all Prisons: Final Report", <http://www.dojni.gov.uk/index/publications/publication-categories/pubs-northern-ireland-prison-service/owers-review-of-the-northern-ireland-prison-service.pdf>

Literacy (data for England and Wales)

- A study by the Prison Reform Trust suggested that 48% of prisoners have a reading level at or below Level 1 (GCSE level (grades D-G)), while an even greater proportion (65%) have a numeracy level at or below Level 1.
- Dyslexia is three to four times more common amongst prisoners than the general population.

Source: Prison Reform Trust, Bromley Briefings Prison Factfile, Autumn 2013 (ONS 2001) <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Factfile%20autumn%202013.pdf>

Foreign nationals in prison

- At March 2014, there were 131 foreign nationals within the prison population (7%). Of these, 122 were male (93%).

Foreign nationals in prison by age group and gender, Northern Ireland, as at March 2014

Age group	Males	Females	Persons
18-30	47	2	49
31-40	53	4	57
41-60	19	3	22
60+	3	0	3
All ages	122	9	131

COMMENTARY

- Foreign nationals are over represented in the prison population.
- 1 in 8 of the female prison population are foreign nationals.

Source: NI Prison Service, "Analysis of NIPS Prison Population" <http://www.dojni.gov.uk/index/ni-prison-service/nips-population-statistics-2.htm>

Travellers in prison

- Findings from the All-Ireland Traveller Health Study, showed that according to the Irish Prison Service, the risk of a Traveller male being imprisoned was 11 times higher than that of a non-traveller, and for Traveller women, the risk was 22 times higher than non-Traveller women.

Source: All-Ireland Traveller Health Study http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

PRISONERS – HEALTH NEEDS

9.4 Health Needs

Health care provision

- In 2008, lead responsibility for the delivery of prisons healthcare was transferred from NI Prison Service (NIPS) to the DHSSPSNI. Under the terms of the partnership agreement between NIPS and DHSSPSNI, the Regional Health and Social Care Board commissions health and social care services for prisons from the South Eastern Health & Social Care Trust (SEHSCT). The principle of this agreement is that the HSC Commissioner will commission services equivalent to those the general public receives in the community.

Source: NI Prison Service <http://www.dojni.gov.uk/index/ni-prison-service/>

Physical health

- A study carried out in 2013, examined the prevalence of chronic conditions across two time periods. The study revealed that fewer prisoners seemed to have a chronic condition, with the exception of epilepsy (2.42% (highest prevalence across two time periods) as compared to the general population (0.79%). This lower prevalence of conditions amongst the prison population can be partially explained by the younger prison population. Up to 5.4% of the prison population suffered from asthma, 1.7% from diabetes, 1.17% from hypertension and 0.78% from heart disease. However caution is advised in that there were inconsistencies in coding/recording of data and so data cannot be considered robust.
- One percent of prisoners in NI have a disability (confirmed by healthcare staff).

Source: "Health Needs Assessment of Prisoners in Northern Ireland, 2013/14". Public Health Agency

Alcohol/Drugs

NIPS drug report for the period 1 December 2010 to 28 February 2011

Drug / Alcohol dependency on committal	Numbers	% of prison population	NI population prevalence (%)
		(n=1,508)	
Alcohol	433	28.70%	9.0%
Ecstasy	44	2.90%	0.30%
Amphetamines	22	1.40%	0.30%
Cannabis	183	12.10%	2.70%
Heroin	14	0.90%	0.10%
Prescription drugs	111	7.40%	Sedatives and tranquillisers 8%
			Anti-depressants 10.2%

COMMENTARY

- Consistent with research from England and Scotland, the prison population have noticeably higher levels of dependency issues on alcohol and drugs.

Source: NIPS (2011) Drug report for the period 1 December 2010 to 28 February

Source: "Adult Drinking Patterns in Northern Ireland Survey 2011" (problem drinker according to CAGE), DHSSPSNI/NISRA http://www.dhsspsni.gov.uk/adult_drinking_patterns_in_northern_ireland_2011.pdf

Source: "Drug use in Ireland and Northern Ireland Prevalence Survey 2010/11" (last month prevalence), NISRA http://www.dhsspsni.gov.uk/bulletin_2.pdf

PRISONERS – HEALTH NEEDS

9.4 Health Needs

Alcohol/Drugs (cont'd)

- The recent health needs assessment found that in Maghaberry between 22% and 28% of all committals self-reported alcohol dependence and between 5% and 17% drug dependence.

Source: "Health Needs Assessment of Prisoners in Northern Ireland, 2013/14". Public Health Agency

Smoking

- Smoking prevalence is generally higher among prisoners than the general population. Smoking prevalence in NI is 24% among people over the age of 16 years of age. Data indicates that smoking prevalence among prisoners is likely to be three times as high, at around 75-77%.

Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Source: "Health Needs Assessment of Prisoners in Northern Ireland, 2013/14". Public Health Agency

Mental health issues

The Health Needs Assessment of Prisoners carried out in 2012/13 by PHA found that:

- Personality disorder accounted for 16% (Maghaberry) and 8.7% (Magilligan) of the diagnoses recorded in the referral to the mental health team. Prevalence in the general population is estimated at between 5 and 11%.
- Psychotic disorder accounted for 14% (Maghaberry) and 4% (Magilligan) of the diagnoses recorded.
- Eighteen percent of the diagnoses recorded in referrals were for depression in Maghaberry, 2% Magilligan.
- Note that for some of these diagnoses, the number of cases was small.

Source: "Health Needs Assessment of Prisoners in Northern Ireland, 2013/14". Public Health Agency

- "Prison Health in Scotland: A Health Care Needs Assessment" reported that 14% of prisoners in Scotland have a history of psychiatric disorders, whereas 7% have a history of self-harm, including attempted suicide, though it cautions that this is not likely to be a complete picture, given the high level of drugs prescribed for depression and psychosis within Scottish prisons compared with the general population.

Source: Prison Health in Scotland: A Health Care Needs Assessment <http://www.sps.gov.uk/Publications/Publication85.aspx>

Physical/sexual abuse - women

- Experiences of physical abuse and sexual abuse were recorded in the majority of women's pre-sentence reports (74.5% physical abuse, 10.5% sexual abuse).

Source: Prison Reform Trust, Bromley Briefings Prison Factfile, Autumn 2013 (ONS 2001) <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Factfile%20autumn%202013.pdf>

9.4 Health Needs

Suicide and self-harm

Evidence from across the UK suggests the following:

- “Rates of suicide and self-harm are much higher among prisoners than among the general population. Around one third of prison suicides occur within the first week and 11% within 24 hours of entry into prison [(Shaw et al., 2004)].”
Source: DHSSPSNI (2006). Prevention of suicide and self-harm. Review of the evidence base. DHSSPSNI. <http://www.dhsspsni.gov.uk/review-of-evidence-base.pdf>
- That men in prison in England and Wales were five times more likely to have taken their own lives than men in the general population. There was a particularly high excess rate (18-fold) of prisoner suicides among 15-17 year old males. Moreover, the increased likelihood of suicides in prison as compared to the general population had been increasing year by year of the examined time period (1978-2003).
Source: Fazel, S, Benning, R., & Danesh, J. (2005). Suicides in male prisoners in England and Wales, 1978-2003. *The Lancet*, 366, 1301-1302.
- Female prisoners had a 20 times higher suicide risk than women in the general population, with the excess rate (40-fold) for young women under 25 (Fazel & Benning, 2009). This excess has increased steadily over time. Thus, female prisoners, despite being only a fraction of the prison population, have a higher suicide rate also than male prisoners (five-fold increase in standardised mortality ratio).
Source: Fazel, S, Benning, R. (2009). Suicides in female prisoners in England and Wales, 1978-2004. *The British Journal of Psychiatry*, 194, 183-184.
- “Around 10% of prisoners self-harm during their prison-term. Once again rates are highest among female prisoners. These findings may be due to higher rates of mental illness, drug and alcohol problems and other risk factors among the prison population, as well as traumas associated with the prison environment itself [(Meltzer et al., 1999)].”
Source: DHSSPSNI (2006). Prevention of suicide and self-harm. Review of the evidence base. DHSSPSNI. <http://www.dhsspsni.gov.uk/review-of-evidence-base.pdf>
- “Research in England has identified large amounts of time spent in cells ‘doing nothing’ as an important risk factor for suicide and self-harm in custody (Liebling 1992). Prisoners with learning difficulties or learning disabilities, especially in an overcrowded prison, are likely to find themselves in just that situation.”
Source: Loucks, N., with Talbot, J. (2007). No one knows. Identifying and supporting prisoners with learning difficulties and learning disabilities: the views of prison staff. London: The Prison Reform Trust. <http://www.prisonreformtrust.org.uk/Portals/0/Documents/No%20One%20Knows%20-%20the%20views%20of%20prison%20staff%20in%20Scotland.pdf>

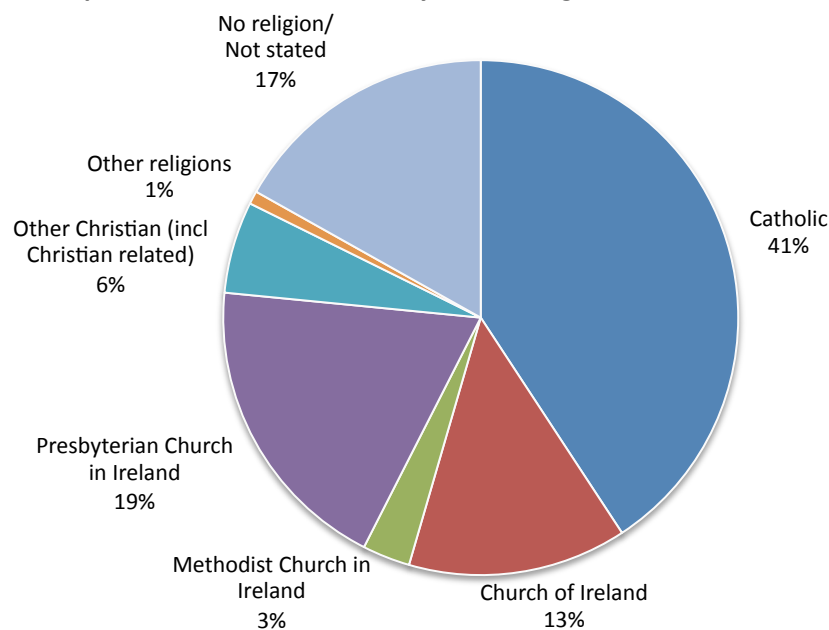
SECTION 10:
- RELIGION AND BELIEFS-

RELIGION AND BELIEFS - PREVALENCE

10.1 Number of usual residents by stated religion, Northern Ireland, 2011

	All usual residents	Catholic	Protestant and other Christian				Other religions	No religion/ Not stated
			Church of Ireland	Methodist Church in Ireland	Presbyterian Church in Ireland	Other Christian (including Christian related)		
Northern Ireland	1,810,863	738,033	248,821	54,253	345,101	104,380	14,859	305,416

Proportion of usual residents by stated religion, Northern Ireland, 2011



COMMENTARY

- The 2011 Census included a question on religion.
- Catholics represent 41% of the population with Protestant and other Christian groups representing a further 41%.
- The proportion of people who identified either no religion or did not state their religion at 17% was the third largest group.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA <http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>

'Religion' indicates religion, religious denomination or body

RELIGION AND BELIEFS - TRENDS

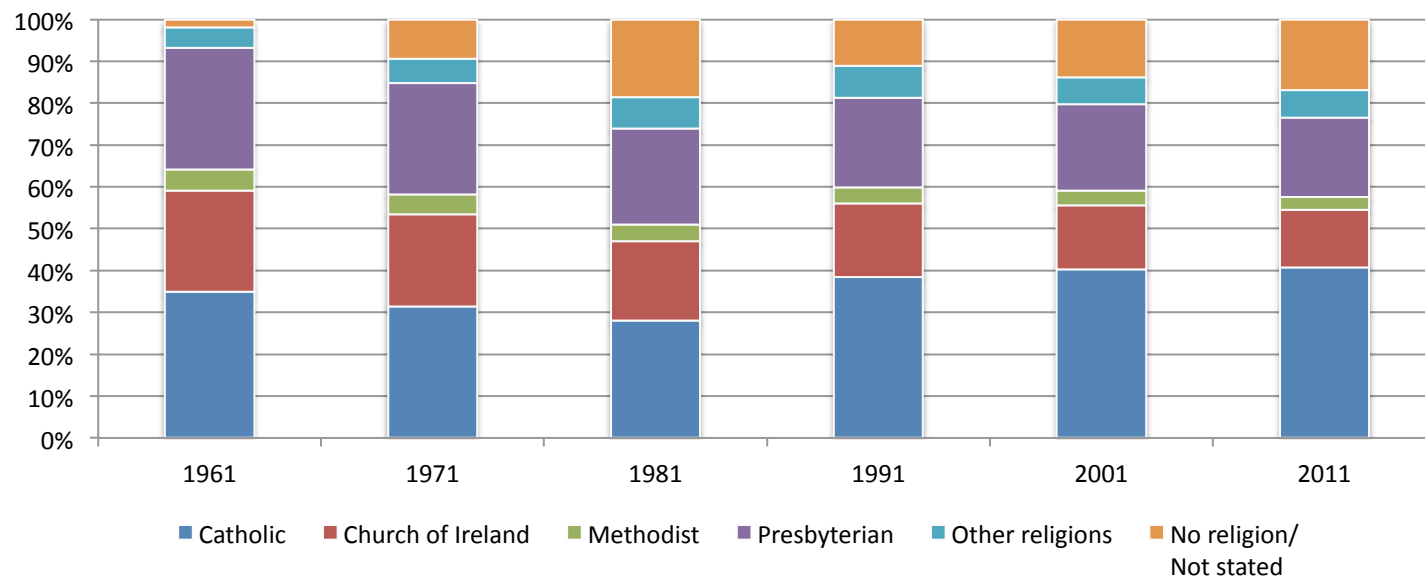
10.2 Number of usual residents by stated religion, Northern Ireland, 1961 to 2011

Year	All usual residents	Catholic	Protestant and other Christian				Other religions	No religion/ Not stated
			Church of Ireland	Methodist Church in Ireland	Presbyterian Church in Ireland	Other Christian (incl. Christian related)		
1961	1,425,042	497,547	344,800	71,865	413,113	71,299	26,418	
1971	1,519,640	477,921	334,318	71,235	405,717	87,938	142,511	
1981	1,481,959	414,532	281,472	58,731	339,818	112,822	274,584	
1991	1,577,836	605,639	279,280	59,517	336,891	122,448	174,061	
2001	1,685,267	678,462	257,788	59,173	348,742	102,221	5,028	233,853
2011	1,810,863	738,033	248,821	54,253	345,101	104,380	14,859	305,416

COMMENTARY

- Trend data shows increased numbers and proportions of Catholics with reducing numbers and proportions of people identifying themselves as Church of Ireland, Methodist or Presbyterian.
- The classification of 'Other Christian' or 'Other Religions' changed in 2001 making trend comparisons problematic.
- The number of non 'Christian' religions almost tripled between 2001 and 2011.
- The numbers and proportions of people who identified themselves as having no religion or did not state their religion has increased substantially from 1.9% in 1961 to 16.9% in 2011.

Proportion of usual residents by stated religion, Northern Ireland, 1961 to 2011



Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
 Source: Census 2001, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=135&themeName=Census%202001>
 Source: Census 1961, 1971, 1981 and 1991, NISRA
<http://www.nisra.gov.uk/Census/previous-census-statistics.html>
 'Religion' indicates religion, religious denomination or body

RELIGION AND BELIEFS – GEOGRAPHICAL BASIS

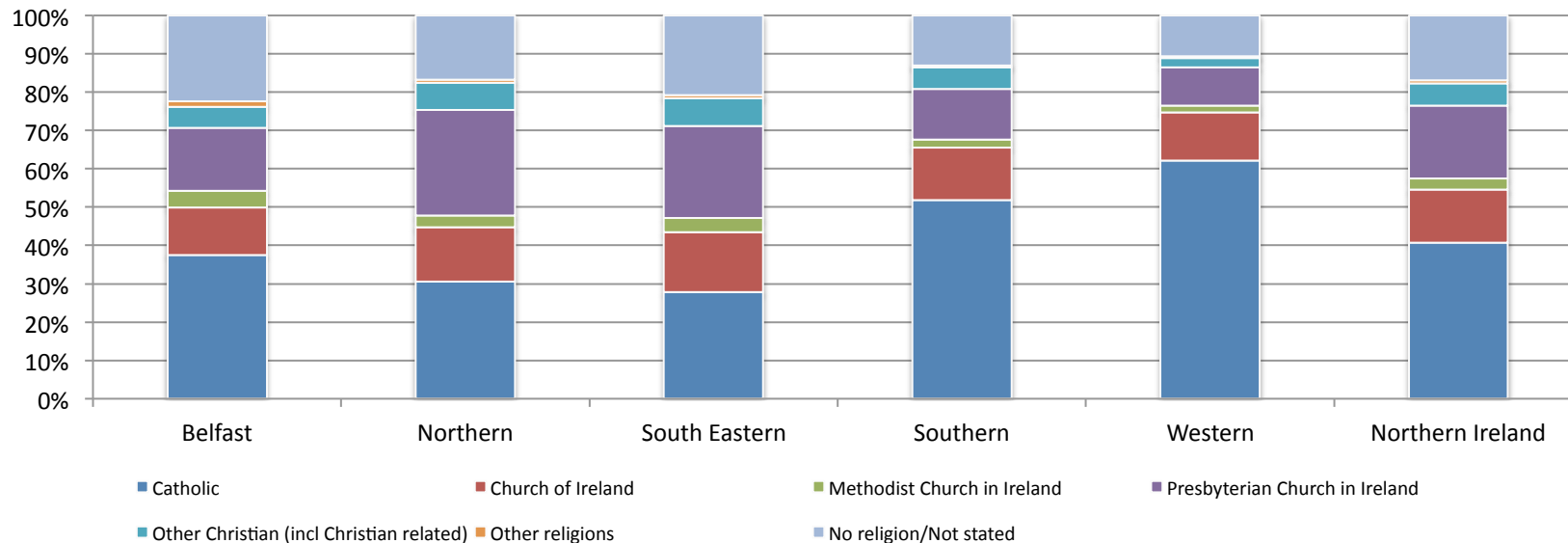
10.3 Number of usual residents by stated religion, Local Commissioning Groups, 2011

LCG	All usual residents	Catholic	Protestant and other Christian				Other religions	No religion/ Not stated
			Church of Ireland	Methodist Church in Ireland	Presbyterian Church in Ireland	Other Christian (incl. Christian related)		
Belfast	348,204	130,813	43,155	14,653	57,385	19,243	5,025	77,930
Northern	463,297	141,816	65,547	14,406	127,421	33,049	3,412	77,646
South Eastern	346,911	96,805	54,136	12,719	83,481	24,919	2,856	71,995
Southern	358,034	185,603	48,829	7,575	47,461	19,957	2,091	46,518
Western	294,417	182,996	37,154	4,900	29,353	7,212	1,475	31,327
Northern Ireland	1,810,863	738,033	248,821	54,253	345,101	104,380	14,859	305,416

COMMENTARY

- The balance of stated religion as at the Census 2011 varies per LCG.

Proportion of usual residents by stated religion, Local Commissioning Groups, 2011

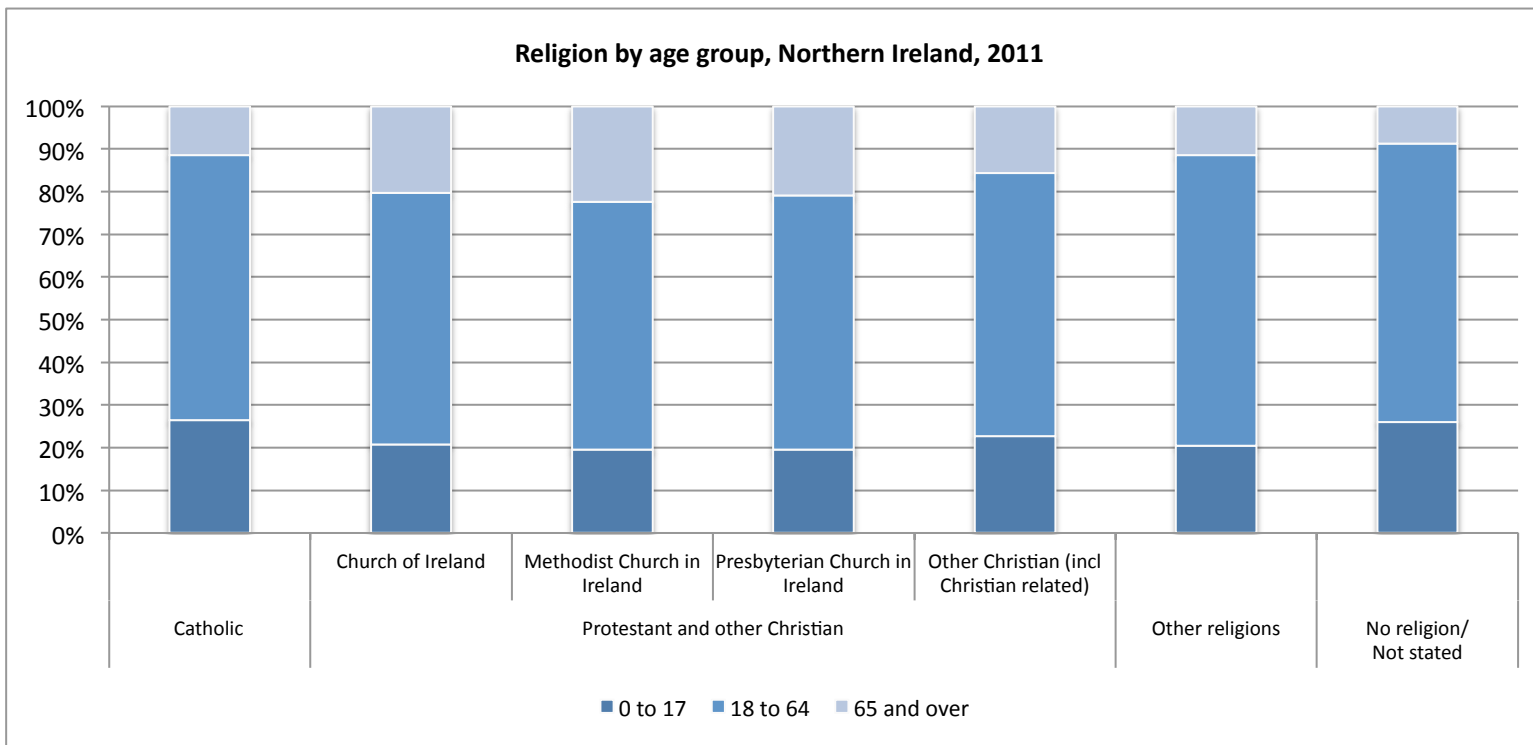


Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&theMeName=Census+2011>
 'Religion' indicates religion, religious denomination or body

RELIGION AND BELIEFS - CHARACTERISTICS

10.4 Religion by age group, Northern Ireland, 2011

Age group	All usual residents	Catholic	Protestant and other Christian				Other religions	No religion/ Not stated
			Church of Ireland	Methodist Church in Ireland	Presbyterian Church in Ireland	Other Christian (incl Christian related)		
0 to 17	430,763	194,726	51,751	10,607	67,609	23,612	3,035	79,423
18 to 64	1,116,380	459,164	146,500	31,476	205,491	64,338	10,120	199,291
65 and over	263,720	84,143	50,570	12,170	72,001	16,430	1,704	26,702
All ages	1,810,863	738,033	248,821	54,253	345,101	104,380	14,859	305,416



COMMENTARY

- While overall those who identified themselves as Catholic represented 41% of the population, the proportion was higher in younger age groups (45% of all those aged 0-17) and 32% of those aged 65 and over.
- Those who identified themselves as having no religion or did not state religion represented 17% overall, but only 10% of those aged 65 and over.

Source: Census 2011, NI Neighbourhood Information Service (NINIS), NISRA
<http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=136&themeName=Census+2011>
 'Religion' indicates religion, religious denomination or body.

RELIGION AND BELIEFS - CHARACTERISTICS

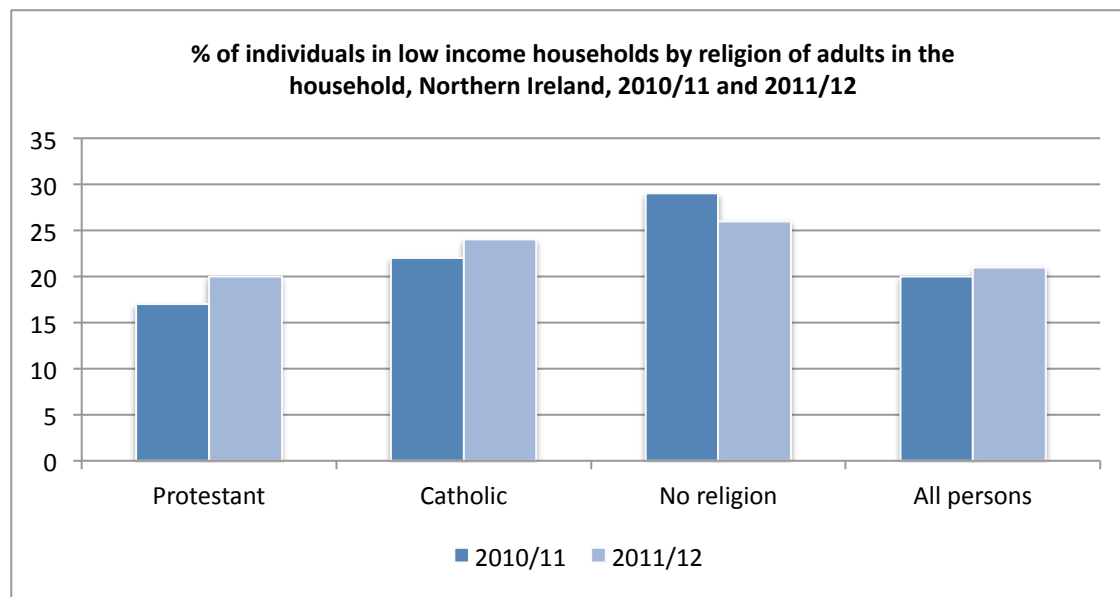
10.5 Characteristics

Low income

% of individuals in low income households by religion of adults in the household, Northern Ireland, 2010/11 and 2011/12

Religion	Incomes less than 60% of UK median – after housing costs	
	2010/11	2011/12
Protestant	17	20
Catholic	22	24
No religion	29	26
All persons	20	21

Source: Households Below Average Income, Northern Ireland Report, Department for Social Development NI, Analytical Services Unit
http://www.dsdni.gov.uk/index/stats_and_research/stats-publications/stats-family-resource/households.htm
 Religion is based on all adult respondents
 "Protestant" includes 'Presbyterian', 'Church of Ireland', 'Methodist', 'Baptist', 'Free Presbyterian', 'Brethren', 'Protestant - not specified' and 'Other Protestant'.
 Religions classified as "Other" and "Mixed" had sample sizes which were too small to allow sufficient analysis



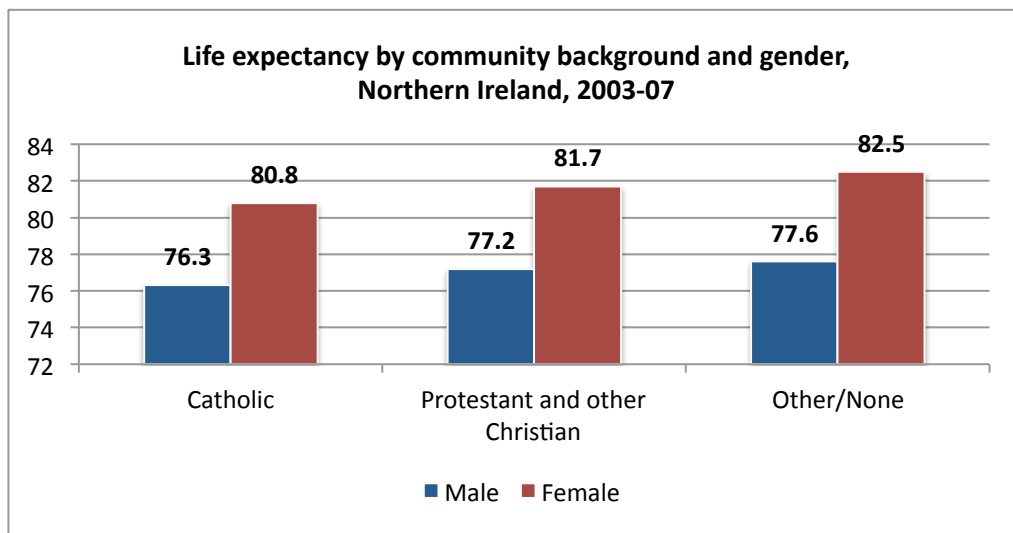
COMMENTARY

- Those of no religion and Catholics are slightly overrepresented in low income households.

RELIGION AND BELIEFS – HEALTH NEEDS

10.6 Health needs

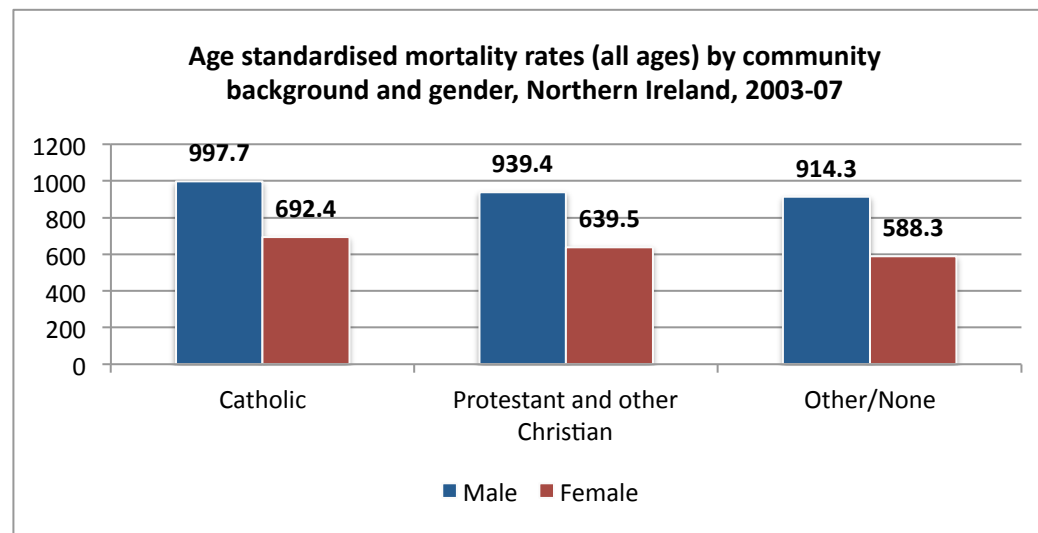
Life expectancy



Source: "A Section 75 analysis of Mortality Patterns in Northern Ireland, 2003-2007", DHSSPSNI - published January 2012

http://www.dhsspsni.gov.uk/hscims_s75_analysis_of_mortality_patterns_2003-07.pdf

Age standardised mortality rates (all ages)



Source: "A Section 75 analysis of Mortality Patterns in Northern Ireland, 2003-2007", DHSSPSNI - published January 2012

http://www.dhsspsni.gov.uk/hscims_s75_analysis_of_mortality_patterns_2003-07.pdf

Age standardised mortality rate is per 100,000 persons

COMMENTARY

- Protestants and those of no or other religions have slightly higher life expectancy for both genders than Catholics.
- The corollary of this is that those who identify themselves as Catholics have higher age standardised mortality rates than others.
- A study of differences in morbidity and mortality according to denomination in NI highlighted that the difference in mortality by religion was driven by socio-economic variations.

Source: O'Reilly, D. & Rosato, M. Apr 2008 In : Social Science & Medicine. 66, 7, p. 1637-1645 [http://pure.qub.ac.uk/portal/en/publications/religious-affiliation-and-mortality-in-northern-ireland-beyond-catholic-and-protestant\(ee57cbb3-391a-474b-89dd-72d59a75a861\).html](http://pure.qub.ac.uk/portal/en/publications/religious-affiliation-and-mortality-in-northern-ireland-beyond-catholic-and-protestant(ee57cbb3-391a-474b-89dd-72d59a75a861).html)

10.7 Key Points

Customs and beliefs

- As the number of religions and cultures vary, so the customs of each can differ widely. There may be differences in how people would like to be treated medically, how they treat those who have passed away and how that person will be buried.
- There are many aspects of religious/cultural life to be considered when a person is receiving medical treatment/care. Many cultures have clear guidelines regarding modesty, which will make certain types of physical contact unacceptable or the presence of staff of the opposite sex unwelcome. Aspects of diet and the food which is allowed to be eaten can vary by religion. Practices such as praying, ritual washing and fasting must be respected. Respect for religious objects such as Bibles or images must be adhered to. In some religions, bloodless medicine is practiced e.g. those who adhere to beliefs such as that of Jehovah's Witness, cannot accept blood transfusions.
- In some cultures, it is important that those who are nearing the end of life spend their remaining time at home. If this is not possible, respect must be shown for rituals which they might carry out in e.g. a hospital room. Other rituals such as what happens as the body is dying, how the body is prepared for burial, port-mortems being forbidden, and the length of time between death and burial must be considered.

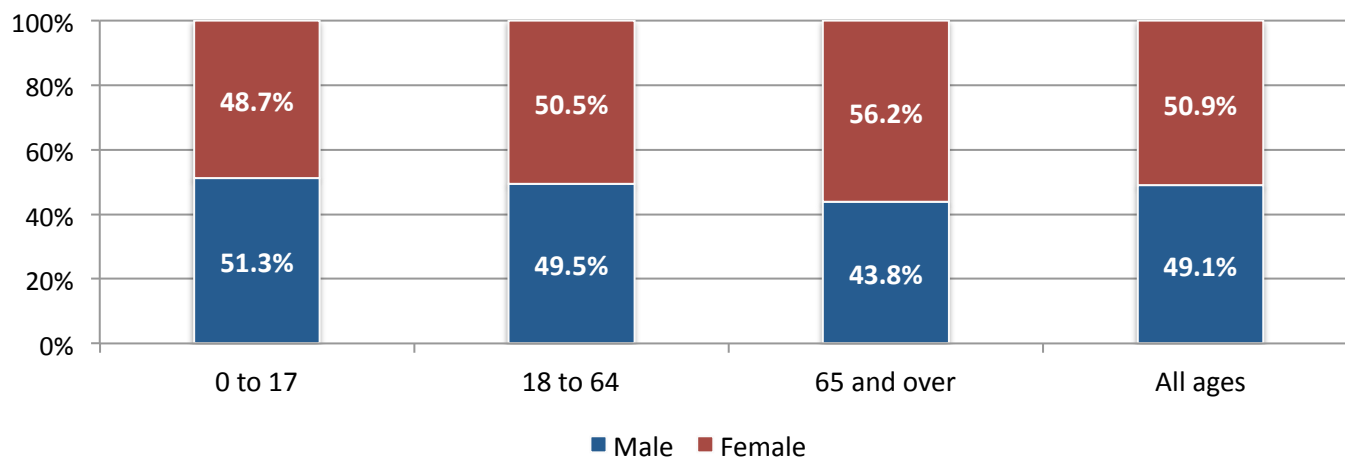
**SECTION 11:
- GENDER IDENTITY -**

GENDER IDENTITY - PREVALENCE

11.1 Population by gender and age bands, Northern Ireland, 2012

Gender	Population, 2012				As % of all persons			
	0 to 17	18 to 64	65 +	All ages	0 to 17	18 to 64	65 +	All ages
Male	221,414	553,668	119,466	894,548	51.3%	49.5%	43.8%	49.1%
Female	210,160	565,573	153,353	929,086	48.7%	50.5%	56.2%	50.9%
Persons	431,574	1,119,241	272,819	1,823,634	-	-	-	-

Population by gender and age bands, Northern Ireland, 2012



COMMENTARY

- In any year, more males are born than females (in 2012, 12,999 males and 12,270 females were born).
- With higher death rates in their early years, the balance between males and females shifts as they move into adulthood.
- By age 65+, women represent 56% of that population, by age 75+, this has increased to 61% and by 85+ to 69%.

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm>

Transgender population

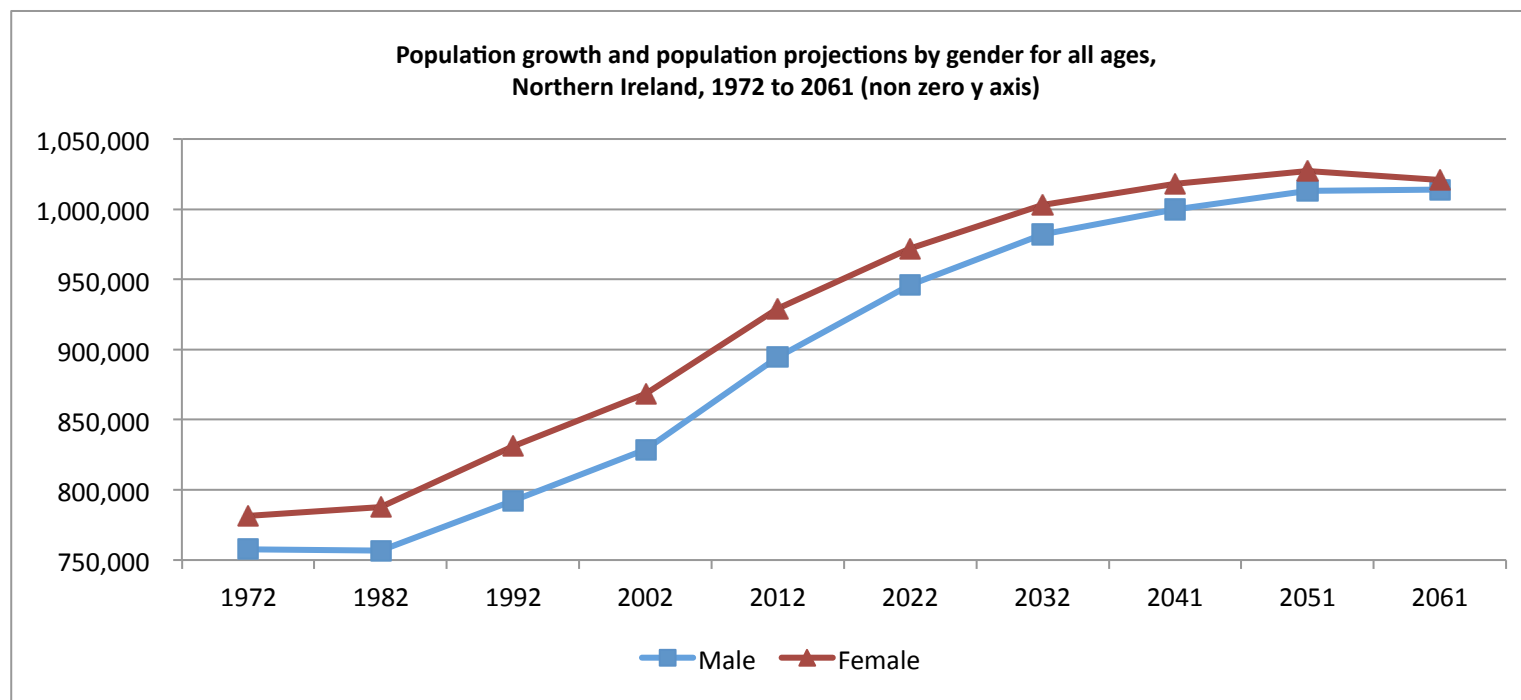
- Estimating the size of the transgender population in Northern Ireland presents difficulties. A report in 2010 by the Institute for Conflict Research estimated that 140-160 individuals were associated with transgender support groups in Northern Ireland. However, it is necessary to consider that there may be individuals not in contact with support groups or who have not as yet 'come out' due to personal circumstances.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

GENDER IDENTITY - TRENDS

11.2 Population growth and population projections by gender for all ages, Northern Ireland, 1972 to 2061

Gender	Northern Ireland									
	Population estimates					Population projections				
	1972	1982	1992	2002	2012	2022	2032	2041	2051	2061
Male	757,509	756,737	792,116	828,986	894,548	946,000	982,000	1,000,000	1,013,000	1,014,000
Female	781,468	787,808	831,147	868,548	929,086	972,000	1,003,000	1,018,000	1,027,000	1,021,000
Persons	1,538,977	1,544,545	1,623,263	1,697,534	1,823,634	1,918,000	1,985,000	2,018,000	2,039,000	2,035,000



COMMENTARY

- The population of Northern Ireland for both males and females is projected to increase over the next 30 years and then flatten out slightly over the following twenty years.

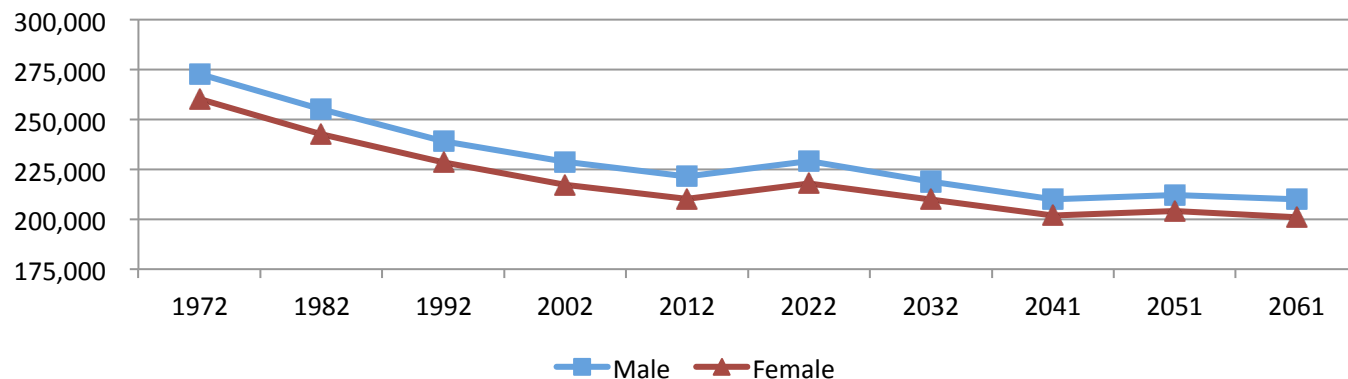
Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm>

Source: 2012-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp20.htm>. Projections are shown in units of thousands and therefore totals may not agree due to rounding

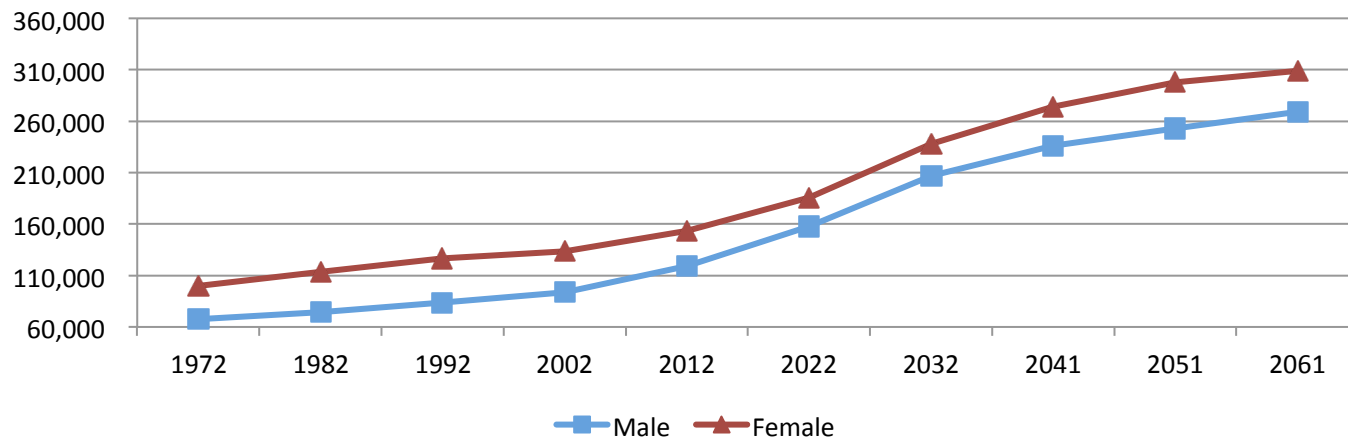
GENDER IDENTITY - TRENDS

11.3 Population growth and population projections by gender in children and older people, Northern Ireland, 1972 to 2061

Population growth and population projections by gender in those aged 0 to 17 years, Northern Ireland, 1972 to 2061 (non zero y axis)



Population growth and population projections by gender in those aged 65 and over, Northern Ireland, 1972 to 2061 (non zero y axis)



COMMENTARY

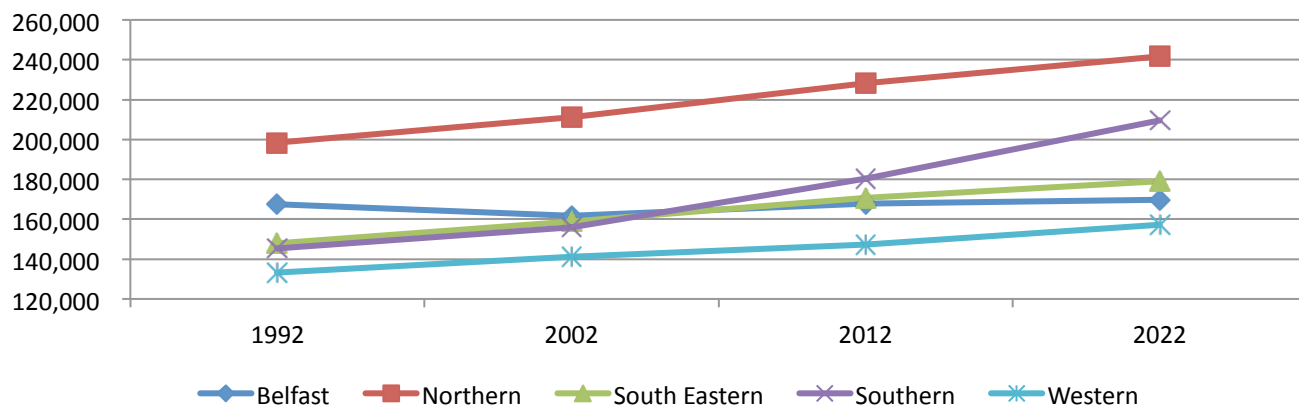
- The numbers for both males and females aged 0-17 is projected to increase slightly and then fall back and stabilise.
- The projected increases in those aged 65 and over apply to both males and females.

Source: 2012 mid year estimates of population, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp17.htm>
 Source: 2012-based population projections, NISRA (DMB) <http://www.nisra.gov.uk/demography/default.asp20.htm>.
 Projections are shown in units of thousands and therefore totals may not agree due to rounding

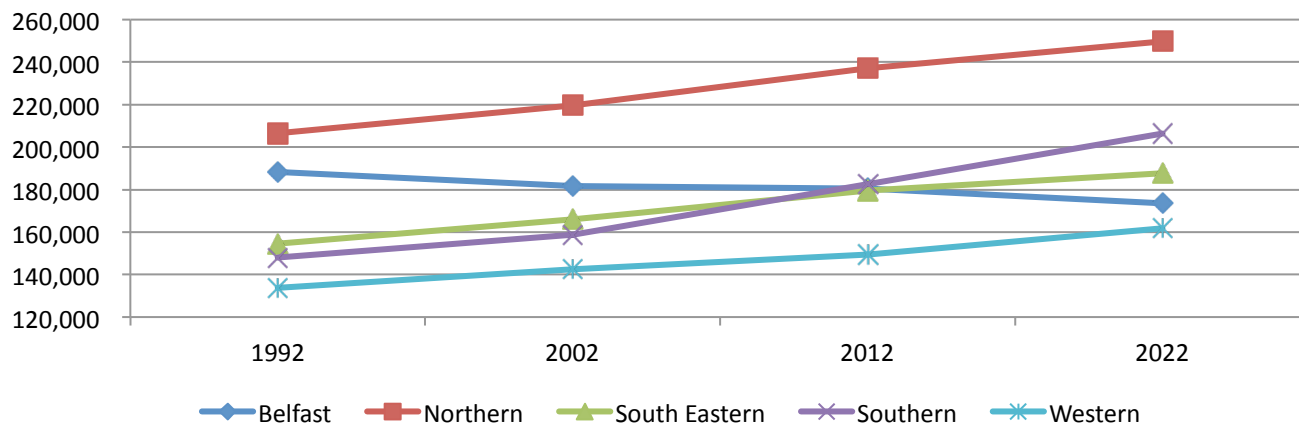
GENDER IDENTITY – GEOGRAPHICAL BASIS

11.4 Population growth and projected growth, by gender, Local Commissioning Groups, 1992 - 2022

MALES: Population growth and projected growth, by Local Commissioning Group, 1992 to 2022 (non zero y axis)



FEMALES: Population growth and projected growth, by Local Commissioning Group, 1992 to 2022 (non zero y axis)



COMMENTARY

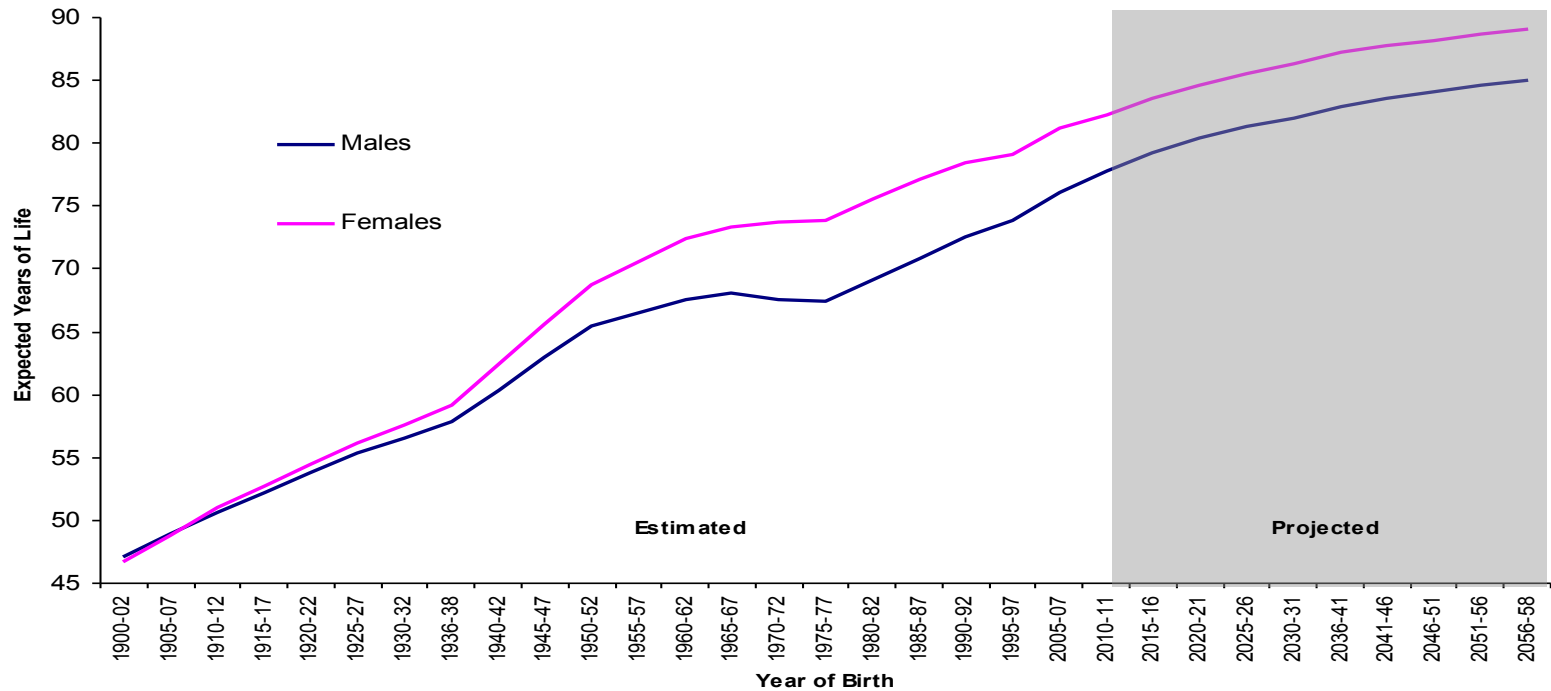
- For both males and females, the population has grown and is projected to grow in most LCGs.
- The exception is Belfast LCG where the population has declined or remained stable.
- LCGs with the most marked projected increases by 2022 are the South and North.

Source: 2012 mid year estimates of population, NISRA (DMB)
<http://www.nisra.gov.uk/demography/default.asp136.htm>
 Source: 2008-based population projections, NISRA (DMB)
<http://www.nisra.gov.uk/demography/default.asp47.htm>

GENDER IDENTITY - CHARACTERISTICS

11.5 Life expectancy, by gender, 1890-92 to 2056-58

Expectation of Life at Birth, by Sex (1890-92 to 2056-58)



COMMENTARY

- Based on current death rates, males born between 2010 and 2012 could expect to live until they are 77.7 years and females could expect to live until they are 82.1 years, with corresponding figures for men and women born around 1920-22 of 53.8 and 54.4 years respectively.
- While women aged 65 today could expect to live another 20.5 years, their male counterparts could expect to live another 17.8 years.

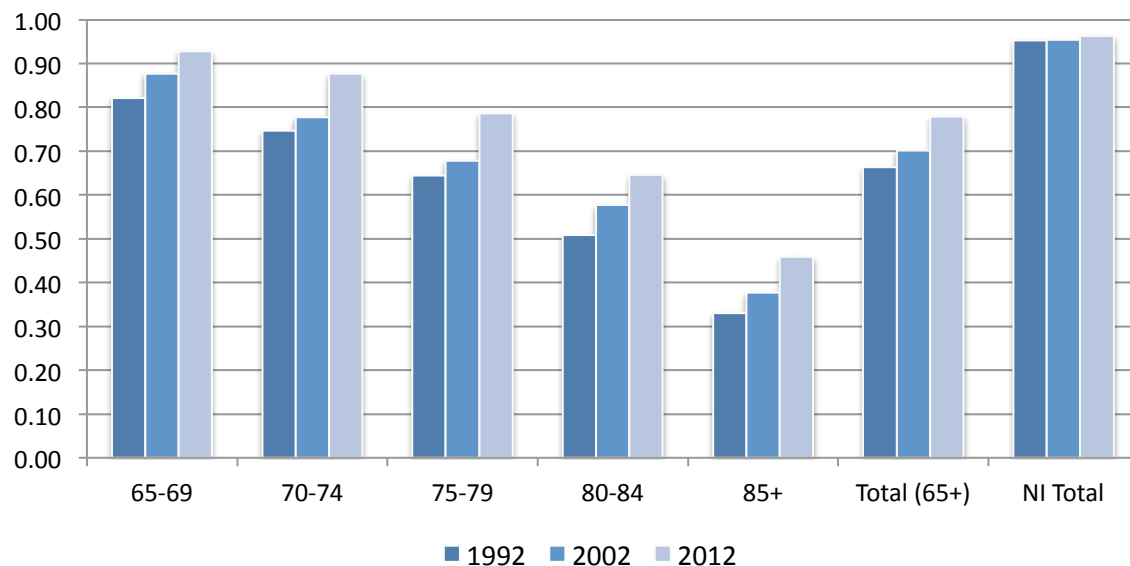
Source: NISRA, <http://www.nisra.gov.uk/demography/default.asp.htm>

GENDER IDENTITY - CHARACTERISTICS

11.6 Male to female ratio in Northern Ireland in those aged 65 and over, 1992, 2002 and 2012

Age band	Northern Ireland								
	1992			2002			2012		
	Male	Female	Male/Female ratio	Male	Female	Male/Female ratio	Male	Female	Male/Female ratio
65-69	29,628	36,072	0.82	31,005	35,365	0.88	41,410	44,642	0.93
70-74	23,750	31,837	0.75	25,312	32,548	0.78	30,383	34,671	0.88
75-79	16,199	25,119	0.64	19,045	28,072	0.68	22,790	28,990	0.79
80-84	9,476	18,663	0.51	11,610	20,145	0.58	14,604	22,616	0.65
85+	4,963	15,007	0.33	6,500	17,227	0.38	10,279	22,434	0.46
Total (65+)	84,016	126,698	0.66	93,472	133,357	0.70	119,466	153,353	0.78
NI Total	792,116	831,147	0.95	828,986	868,548	0.95	894,548	929,086	0.96

Male to female ratio, Northern Ireland, 1992, 2002 and 2012



COMMENTARY

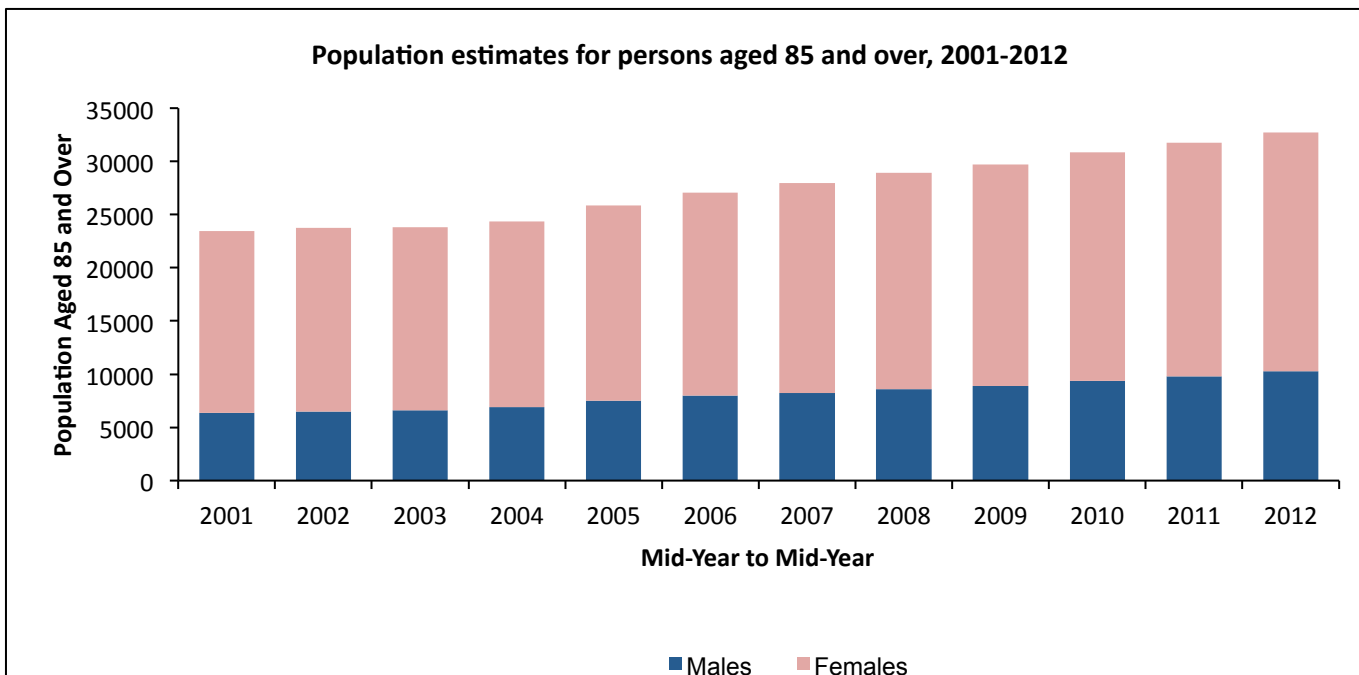
- The table shows that in all age groups over 65, in all years, there were more females than males across Northern Ireland. In the total population, the ratio was almost 1:1 i.e. 1 male to every female.
- The data indicates the ratio between male and female decreased with age i.e. there were fewer males to females as age increases. The decrease in this ratio is particularly noticeable in the older age bands.
- Whilst women still outnumber men particularly in the oldest age groups, more men are now surviving and the ratio of males to females in the older age groups has increased over the last twenty years.
- In the 85+ age group, in 1992 there were three females for every one male. By 2012 this had decreased to two females for every one male (0.46).

Source: NISRA, Mid Year Estimates, 1992, 2002 and 2012

<http://www.nisra.gov.uk/demography/default.asp17.htm>

GENDER IDENTITY - CHARACTERISTICS

11.7 Population aged 85 and over, by gender, 2001-2012



COMMENTARY

- Within the population aged 85 and over, women outnumber men, accounting for 69% of this population group.
- In 2012, the 85+ population was 32,713 and is projected to rise to 48,000 by 2022 and 76,000 by 2032.

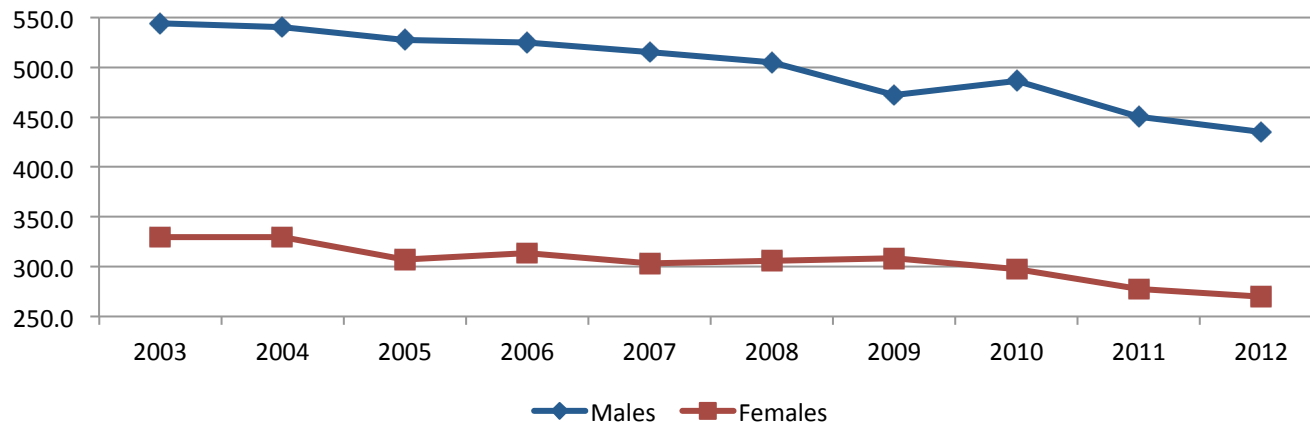
Source: NISRA, "Estimates of the Population aged 85 and over, Northern Ireland 2012 (& revised 2001-2011) – Statistical Report"

http://www.nisra.gov.uk/archive/demography/population/OldestOld/85_Report0112.pdf

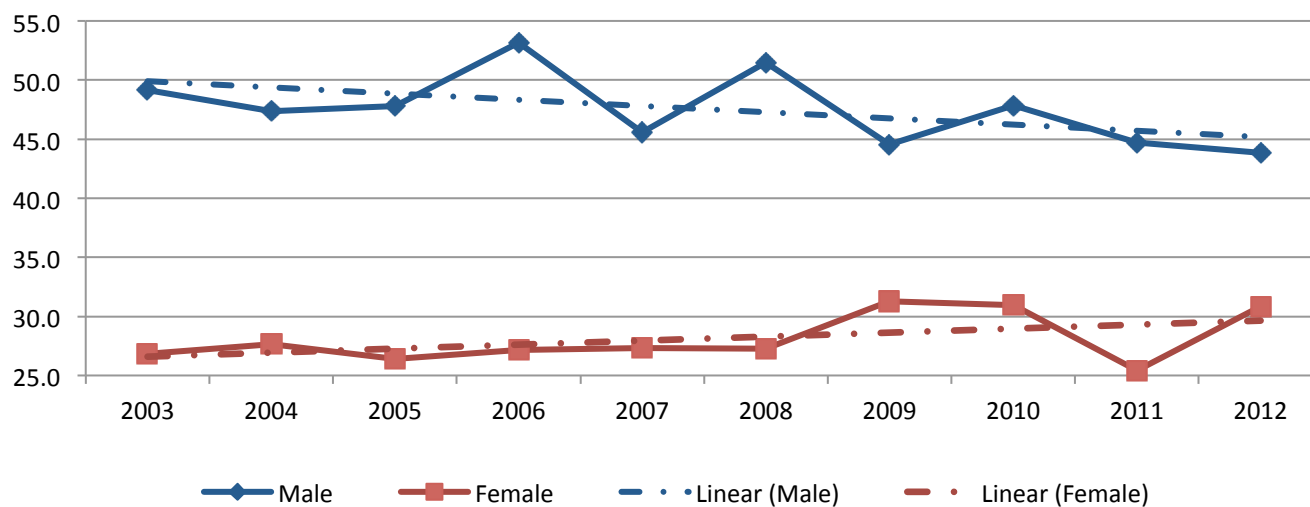
GENDER IDENTITY – HEALTH NEEDS

11.8 Mortality rates by gender, 2003-2012

Mortality rates (all causes) by gender, Northern Ireland, 2003-2012 (non zero y axis)



Mortality rate - lung cancer, by gender, Northern Ireland, 2003 to 2012 (non zero y axis)



COMMENTARY

Deaths – all causes

- Mortality rates in all years were higher for males than females.
- Rates for both genders are falling – more marked in males.

Deaths from lung cancer

- While there is variation in mortality rates by gender for certain diseases, death rates from lung cancer show a marked difference. In Northern Ireland death rates tend to be lower in females however the trend in the last ten years in females is showing a slight upward trend, whereas in males the death rates are generally falling.

Source: NISRA <http://www.nisra.gov.uk/>

Rates are per 100,000 population

Data refers to those aged 15 to 74 years

All rates are standardised to the revised 2001 home mid year estimate

ICD 10 codes for lung cancer: C33-C34

GENDER IDENTITY – HEALTH NEEDS

11.9 Potential Years of Life Lost (PYLL) in those aged 1 to 74 years, for selected causes of death, by gender, 2012

Condition	Males	Females
All causes	49,548	28,749
Mental disorders	1,477	733
Ischaemic heart disease	6,247	1,824
Cerebrovascular disease	1,262	936
Respiratory disease	2,708	1,660
Chronic liver disease	2,357	1,398
Road traffic accidents	2,081	681
Suicide and self-inflicted injury	5,713	1,276

Source: NISRA <http://www.nisra.gov.uk/>

ICD 10 codes:

Mental Disorders: F00-F99

Ischaemic Heart Disease: I20-I25

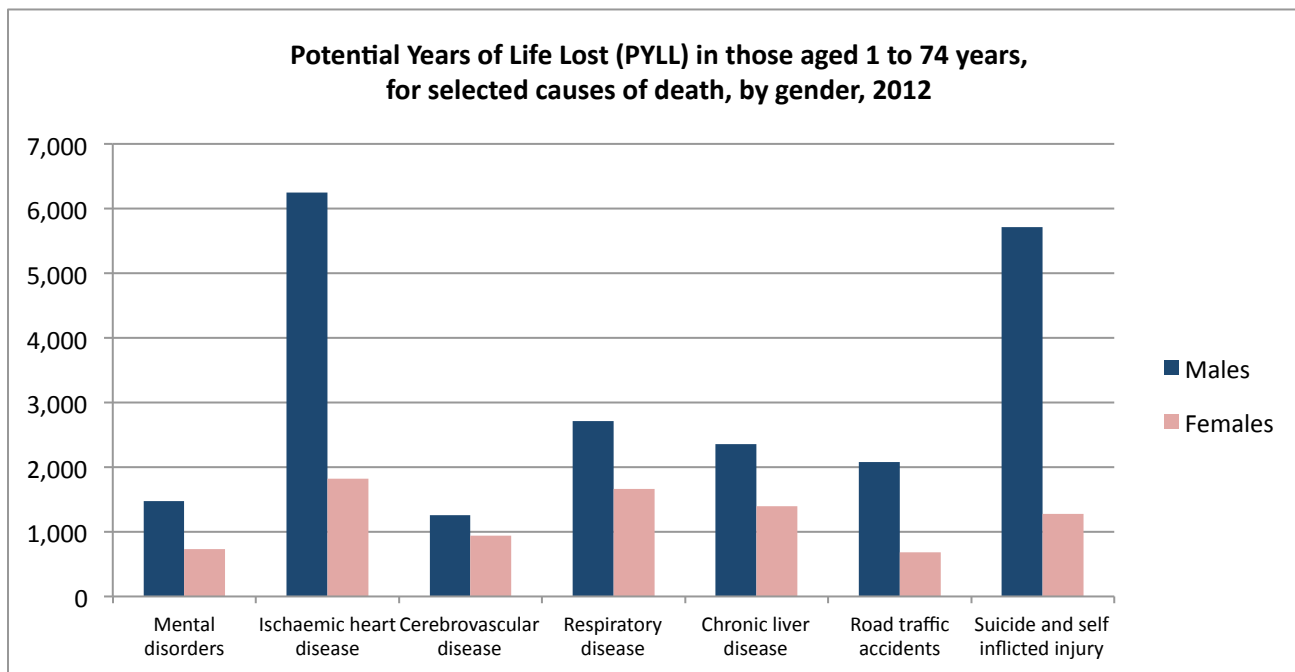
Cerebrovascular Disease: I60-I69

Chronic Liver Disease: K70, K73-K74

Respiratory Disease: J00-J99

Road Traffic Accidents: V01-V80, V87, V89, Y85

Suicide and Self Inflicted Injury: X60-X84, Y87.0



COMMENTARY

- Potential Years of Life Lost (PYLL) is a measure of premature death, measured as the number of years of life 'lost' from a death when a person dies before the age of 75. A death at age 25, for example, has lost 50 potential years of life.
- In 2012, the chart shows that for the selected causes of deaths males had a larger number of years of life lost than females.
- Years of life lost were much higher for males as a result of death due to ischaemic heart disease and suicide/self-inflicted injury.

GENDER IDENTITY – HEALTH NEEDS

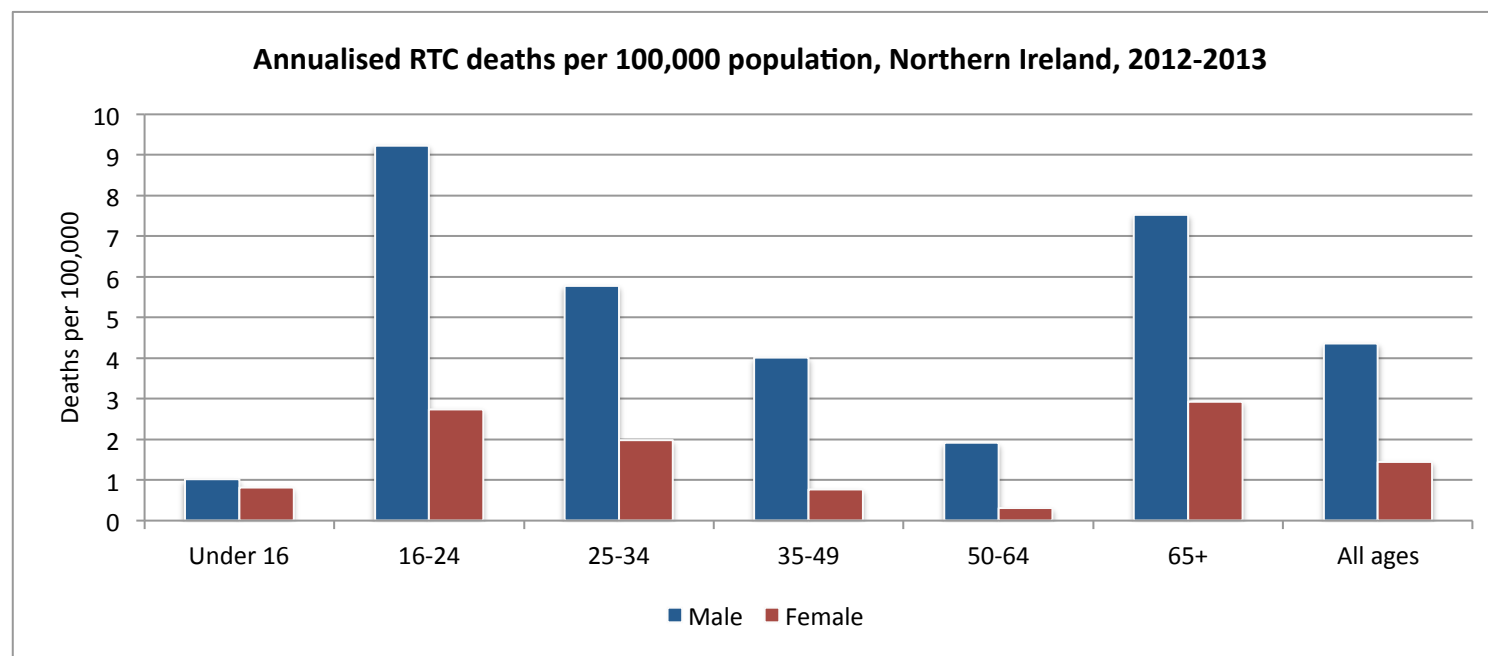
11.10 Mortality – suicides and road traffic collisions

Suicides

- In 2012, there were 278 suicide deaths registered in Northern Ireland, of which 215 were males and 63 were females i.e. for every 1 female suicide, there were 3 male suicides.

Source: NISRA, Registrar General Northern Ireland Annual Report 2012 <http://www.nisra.gov.uk/demography/default.asp50.htm>

Road Traffic Collisions



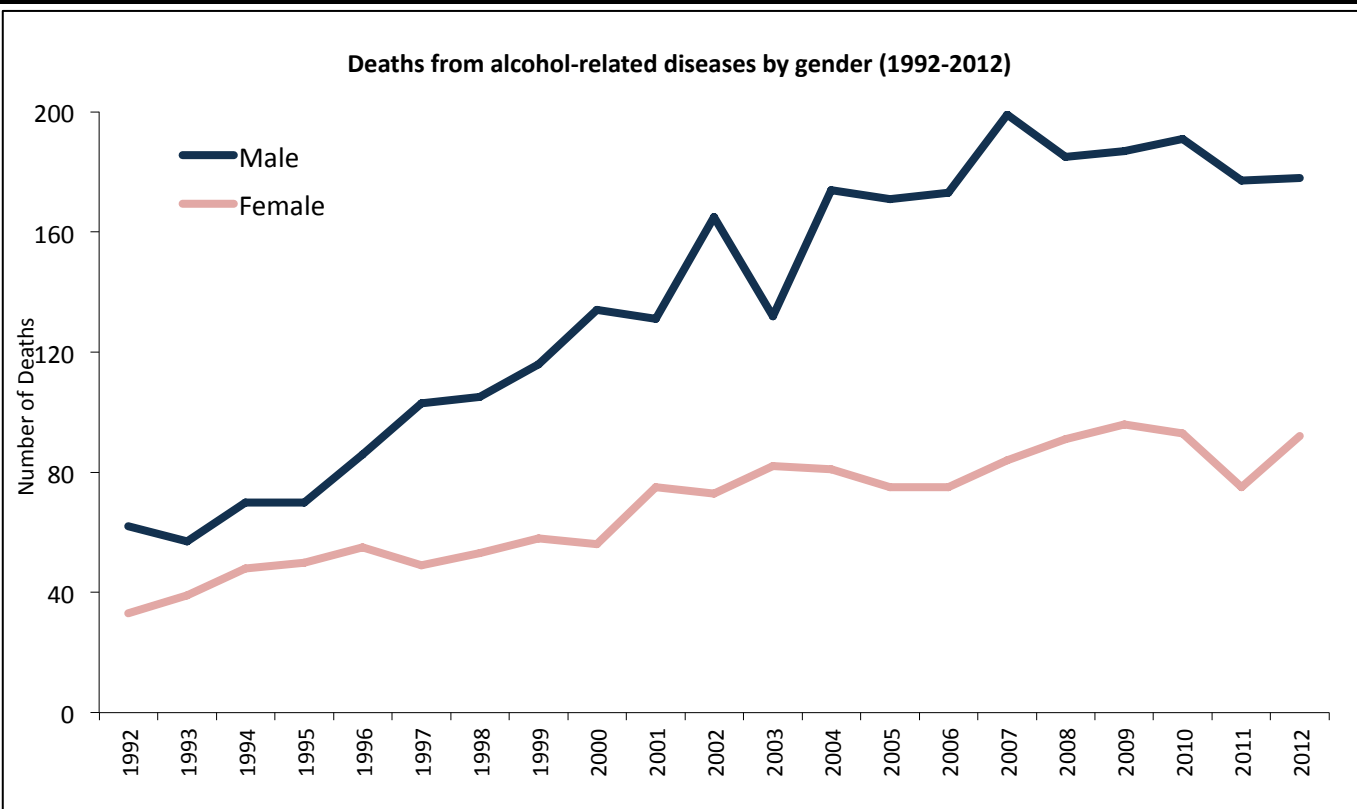
Source: PHA analysis of Police Service of Northern Ireland data http://www.psnl.police.uk/index/updates/updates_statistics.htm

COMMENTARY

- Analysis of the number of RTC deaths in Northern Ireland from 2012-2013 shows that males have over three times the death rate of females (4.36 vs. 1.45 per 100,000 respectively).
- The gender difference is less pronounced in children under 16 but is then markedly higher in males aged 16-24 compared with their female counterparts and this persists across all older age groups.
- It is of note that deaths rates for those aged over 65 have increased in recent years with female death rates in women over 65, higher than females aged 16-24 (2.93 vs 2.74 per 100,000 respectively).

GENDER IDENTITY – HEALTH NEEDS

11.11 Mortality – Alcohol related



COMMENTARY

- In 2012, a total of 270 people died from alcohol related deaths¹; 178 males and 92 females. The equivalent 2011 figure is 252 deaths (177 males and 75 females).
- The number of alcohol related deaths in 2012 is 13% higher than the 238 deaths registered in 2002.

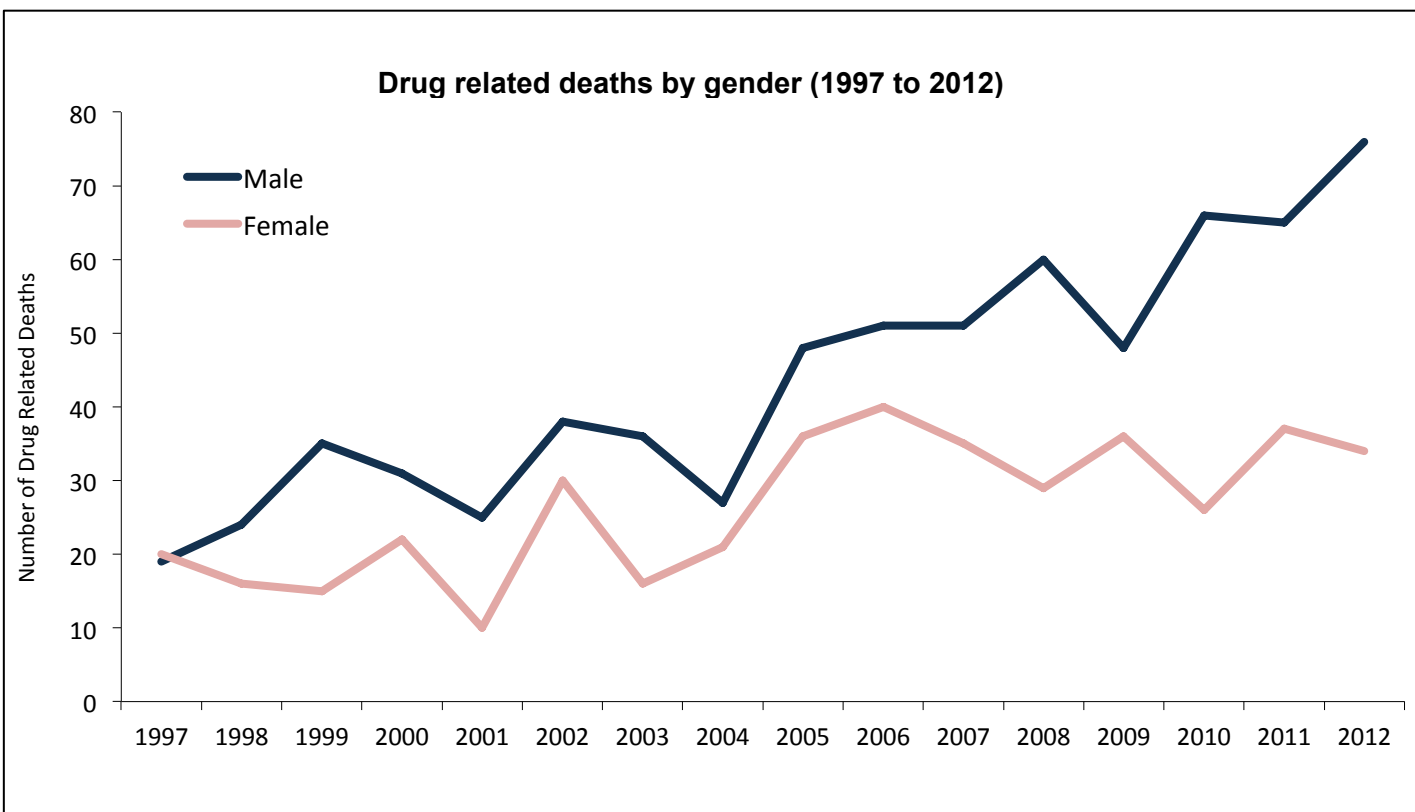
Source: NISRA, Registrar General Northern Ireland Annual Report 2012 <http://www.nisra.gov.uk/demography/default.asp50.htm>

¹ The figures are based on the UK-wide harmonised definition of alcohol related deaths. The definition of alcohol related deaths includes those causes of death regarded as most directly due to alcohol consumption. It does not include other diseases where alcohol has been shown to have some causal relationship, such as cancers of the mouth, oesophagus and liver. The definition includes all deaths from chronic liver disease and cirrhosis (excluding biliary cirrhosis), even when alcohol is not specifically mentioned on the death certificate. Apart from deaths due to poisoning with alcohol (accidental, intentional or undetermined), this definition excludes any other external causes of death, such as road traffic deaths and other accidents. Further detail on the definition can be found at:

<http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-29395>

GENDER IDENTITY – HEALTH NEEDS

11.12 Mortality – Drug related



COMMENTARY

- In 2012, there were 110 drug related deaths: 76 males and 34 females. This is an 8% increase from the equivalent 2011 figure of 102 deaths (65 males and 37 females).
- The number of drug related deaths in 2012 is 62% higher than the number registered in 2002 when there were 68 drug related deaths.

Source: NISRA, Registrar General Northern Ireland Annual Report 2012 <http://www.nisra.gov.uk/demography/default.asp50.htm>

A death is considered to be a drug related death if the underlying cause of death recorded on the death certificate is drug poisoning, drug abuse or drug dependence. These deaths can be identified using the ICD10 codes below:

F11-F16, F18-F19: Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)

X40-X44: Accidental poisoning by drugs, medicaments and biological substances

X60-X64: Intentional self-poisoning by drugs, medicaments and biological substances

X85: Assault by drugs, medicaments and biological substances

Y10-Y14: Poisoning by drugs, medicaments and biological substances, undetermined intent

GENDER IDENTITY – KEY POINTS

11.13 Key Points

Life expectancy

- Based on current death rates, males born between 2010 and 2012 could expect to live until they are 77.7 years and females until they are 82.1 years. See Section 11.5.
Source: NISRA (DMB), <http://www.nisra.gov.uk/demography/default.asp130.htm>

Information from the DHSSPSNI Health Survey Northern Ireland, 2012/13

Source: Health Survey Northern Ireland 2012/13 (adults aged 16+), DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Satisfaction with life

- Across all ages except 75+, women are slightly more inclined to describe themselves as 'very satisfied' with life as men.

Lifestyle

- Males are 50% more likely to describe their lifestyle as 'unhealthy' than females (15% v 10%). This rises to 23% of males in the most deprived areas and 15% of women. The higher proportion of males describing their life as 'unhealthy' is apparent in all age groups except those aged 75+.

Ways to make their own life healthier

- When asked about ways to make their own life healthier, men were much more likely to identify stopping or reducing their alcohol consumption than women.

Conditions

- Males are more likely to have and to die early from cardiovascular problems than females.
Source: Health Survey NI 2012/13 and PHA Director of Public Health Core Tables <http://www.publichealth.hscni.net/publications/director-public-health-annual-report-2012-and-core-tables-2011>

Long standing illness

- In the younger age groups women are more likely to report long standing illness than men. From 45 to 64 years, men are more likely to report long standing illness than women and after 65 years there is little difference between the two genders.

Smoking

- Whilst current smoking rates overall for males and females are similar (males 25%, females 23%), there is however a marked difference in the percentage who used to smoke (32% v 24%). Women, particularly older women are much less likely to have ever smoked than men.

GENDER IDENTITY – KEY POINTS

11.13 Key Points

Information from the DHSSPSNI Health Survey Northern Ireland, 2012/13 (continued)

Source: Health Survey Northern Ireland 2012/13 (adults aged 16+), DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

Alcohol

- Males are more likely to report drinking alcohol than females. Seventy-six percent of males drink alcohol v 65% of females and 6% of males drink alcohol occasionally v 11% of females. Nearly 1 in 5 women report never drinking alcohol compared to just over 1 in 10 men.

Obesity

- Higher proportions of men are overweight or obese with 43% of men overweight v 33% of women, and 26% of men obese/morbidly obese v 24% of women.

Amount of physical activity

- Women are less likely to meet recommended levels of physical activity than men (51% v 41%) particularly those who are overweight or obese.

Childhood obesity

- Amongst children aged 2-10, females are slightly more inclined to be overweight or obese compared to males (27% v 22%).

Carers

- Women are more likely to be caring for a sick, disabled or elderly person and of those who are, tend to be providing longer hours per week of caring.

Sun protection

- Men are much less likely to take protective measures against the sun than women with 1 in 5 men saying that they take no protective measures compared to 1 in 10 women.

Older women

- Age UK reported that in a study of those aged 85+, women were ten times more likely than men to have rheumatoid arthritis and six times more likely to have osteoporosis. They also showed higher prevalence of cataract, renal impairment, osteoarthritis, anaemia and joint replacement.

Source: Oldest Old in the United Kingdom, March 2013 Age UK [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20\(8%203%2013\).doc?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Oldest%20Old%20in%20the%20UK%20fact%20sheet%20(8%203%2013).doc?dtrk=true)

GENDER IDENTITY – KEY POINTS

11.14 Transgender population

Definition

- Trans (or Transgender) is an umbrella term used by people whose gender identity and/or gender expression differs from their birth sex. The term includes, but is not limited to, transsexual people and others who define as gender-variant.

Source: Equality and Human Rights Commission <http://www.equalityhumanrights.com/>

Negative attitudes towards transgender population

- The Equality Awareness Survey (Equality Commission for NI) measures attitudes amongst the general public in Northern Ireland towards specific equality groups including transgender people. In 2011 the survey found that around a fifth (22%) of respondents held negative attitudes towards transgender people, with 30% indicating neutral and 48% positive views. Over a third (35%) of respondents would mind having a transgender person as a work colleague, while 40% would mind having a transgender person as a neighbour and 53% would mind having a transgender person as an in-law.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Hate crimes

- A 2010 study on the experiences of transgender people in Northern Ireland reported a high level of concern about personal safety with two thirds (12 out of 18) reporting that they 'always' or 'frequently' worry. None reported 'never' worrying. Thirteen respondents revealed that they had suffered from a transphobic incident.

Source: "The luck of the draw". A report on the experiences of trans individuals reporting hate incidents in Northern Ireland", Institute for Conflict Research, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Domestic abuse

- Domestic abuse is defined as 'behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) inflicted on one person by another were they are or have been intimate partners or family members, irrespective of gender or sexual orientation'.

Source: Police Service of Northern Ireland via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- In 2012, a large UK study found that over 16% of trans respondents had experienced domestic abuse.

Source: "Trans mental health study 2012", Scottish Transgender Alliance, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- A 2010 Scottish report on transgender people's experience of domestic abuse found that:
 - Eighty percent of transgender respondents indicated that they had experienced some form of emotional, sexual or physical abuse from a partner.
 - Only 6 out of 45 respondents had contact with the police regarding their experience of domestic abuse.
 - Ninety-eight percent of 45 respondents experienced negative impacts due to the domestic abuse, most commonly psychological/emotional problems (76%), stopped trusting people / difficulty in other relationships (73%) and isolation from family or friends (49%).

Source: "Out of sight, out of mind? Transgender people's experiences of domestic abuse", Scottish Transgender Alliance, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

GENDER IDENTITY – KEY POINTS

11.14 Transgender population

Mental health

- Qualitative research in 2011 to explore healthcare issues for transgender people living in Northern Ireland found that many experience mental health concerns, particularly depression. Participants linked poor mental health with experience of social stigma, prejudice and discrimination, alienation from family and friends and social isolation.

Source: "Healthcare issues for transgender people living in Northern Ireland", Institute for Conflict Research, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Gender Recognition

- The Gender Recognition Act 2004 was passed on 1 July 2004 and established a Gender Recognition Panel that will issue Gender Recognition Certificates to those who have satisfactorily proved that they have been living in their new gender. The Gender Recognition Regulations (Northern Ireland) 2005 that came into operation from 1 April 2005 will allow the Registrar General, on receipt of a Gender Recognition Certificate, to re-register a birth, showing the new gender, in the Gender Recognition Register. In 2012 there were two births re-registered in this way.

Source: NISRA, Registrar General Northern Ireland Annual Report 2012 <http://www.nisra.gov.uk/demography/default.asp50.htm>

**SECTION 12:
- SEXUAL ORIENTATION -**

SEXUAL ORIENTATION - PREVALENCE

12.1 Prevalence

Definition

Sexual orientation is defined as the general attraction you feel towards people of one sex or another (or both). Most people are generally attracted to people who are the same sex as them, people who are the opposite sex to them, or people of both sexes.

Source: Equality and Human Rights Commission <http://www.equalityhumanrights.com/>

Prevalence

Estimates of the adult Lesbian, Gay and Bisexual population in Northern Ireland are as high as 5-7% (65,000-90,000) (based on the UK government estimate of between 5-7% LGB people in the population for the purposes of costing the Civil Partnerships Act). More recently the Office of National Statistics estimate 1.5-2% which would be closer to 20,000-30,000 adults.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – TRENDS AND GEOGRAPHICAL BASIS

12.2 Trends

- Due to the variation and unreliability of estimates, trend data or geographical spread is not available.

SEXUAL ORIENTATION - CHARACTERISTICS

12.3 Characteristics of those identifying as lesbian, gay or bisexual

Younger population

- The Office of National Statistics summarised the characteristics of those identifying as lesbian, gay or bisexual in the UK overall as having a younger age distribution than heterosexuals.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Socio-economic classification

- The Office of National Statistics also reported that those who identified as gay or lesbian were more likely to be in managerial or professional classifications, employed and qualified to a higher degree.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – HEALTH NEEDS

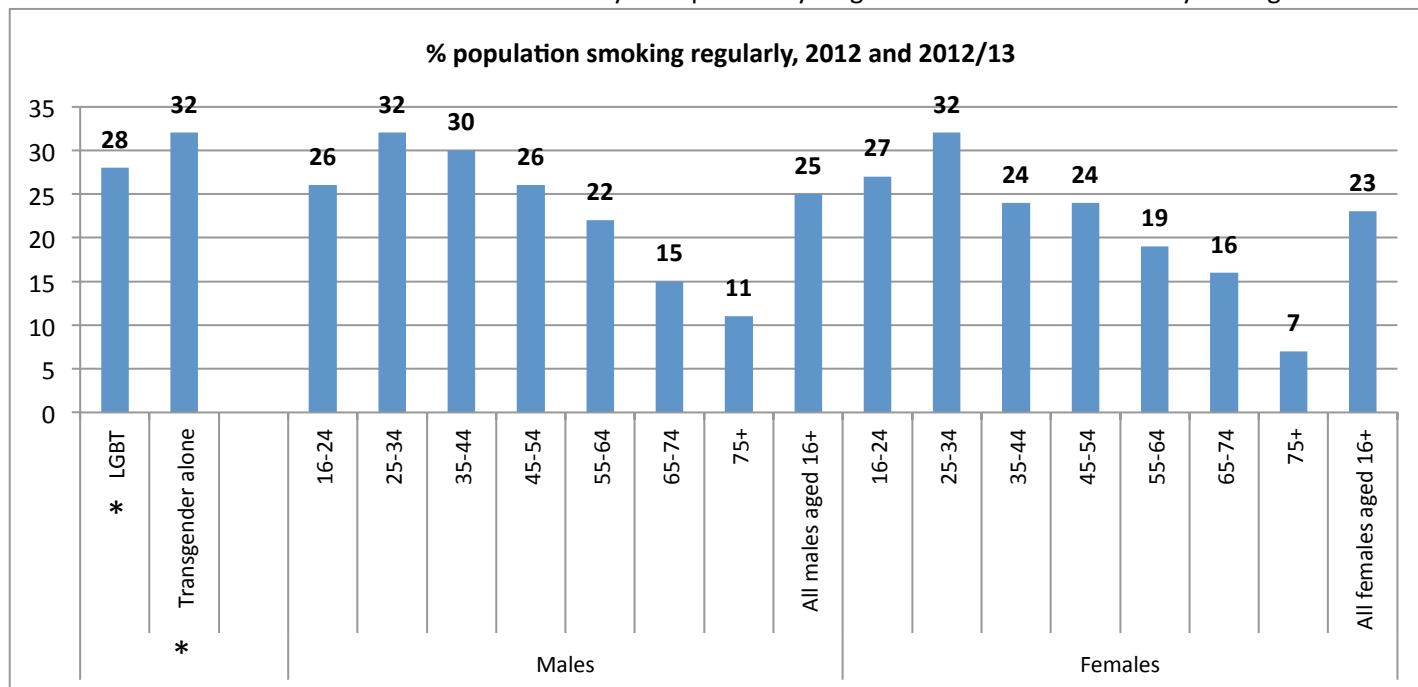
12.4 Health needs of those identifying as lesbian, gay or bisexual

Smoking

- In 2012 a Northern Ireland survey of substance use among LGB&T people found that 44% of respondents smoked (28% regularly and 16% occasionally) and that transgendered respondents were the most likely to be regular smokers (32%). These levels are higher than those for the NI population in general where 24% of respondents smoke – 25% of males and 23% of females (2012/13).

Source: "All partied out? Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender community", Rainbow Project, and Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

- Risk factors associated with increased smoking among the general population may be more common among LGB population, for example, stress, depression, alcohol use and victimisation. However, internalised homophobia and reaction to disclosure of sexual orientation have also been identified as specific factors for sexual minorities.
- Historically, bars and club culture have provided an important setting for socialising in the LGB&T community and this may have contributed to higher smoking rates.
- There is also evidence that the tobacco industry has specifically targeted the LGB&T community through advertisements, sponsorships, and promotional events.



Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

And
Source: Health Survey Northern Ireland 2012/13, DHSSPSNI http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

*Note the different source and survey methodology here

SEXUAL ORIENTATION – HEALTH NEEDS

12.4 Health needs of those identifying as lesbian, gay or bisexual

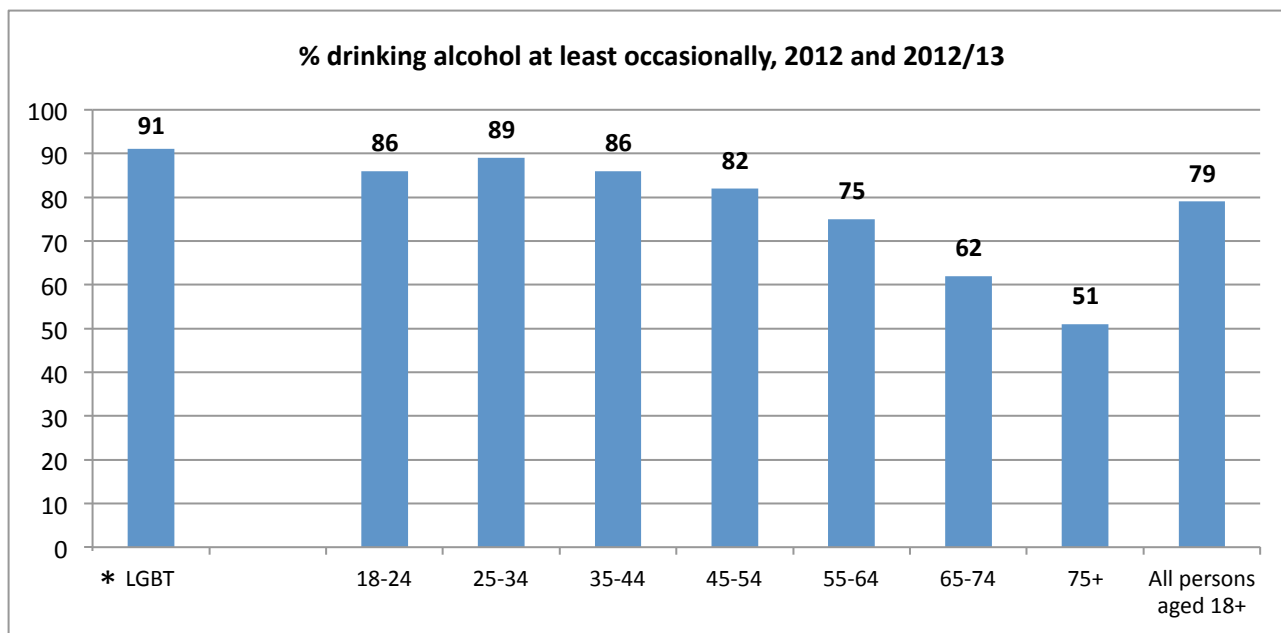
Drug/alcohol abuse

- Studies have suggested that the levels of alcohol and drug use among LGB&T communities may be higher than those for the general population.

In 2012 a Northern Ireland study found that:

- Ninety-one percent of LGB&T reported that they drink alcohol; 93% of women and 89% of men. In 2012/13, the Health Survey Northern Ireland reported that 79% of respondents aged 18 and over drink alcohol, 82% of males and 76% of females.
- Fifty-seven percent of LGB&T people who responded to the survey drink at hazardous levels.
- Thirty-seven percent of survey respondents reported using any illegal drug in the last year, with 28% reporting drug use in the last month; the level of last year drug use among those who identified as Transgender was 53%.
- For those who reported drug use in the last year, the most commonly used drugs were opiates (30%), cannabis (27%), poppers (25%), sedatives (22%) and anti-depressants (22%).
- One quarter (25%) of survey respondents provided an indication of abusing drugs within the last year with 6% showing symptoms of severe drug abuse. Approximately one half (52%) of transgendered people displayed a sign of drug abuse within the last year and 10% indicated severe drug abuse.

Source: "All partied out? Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender community", Rainbow Project, and Health Survey Northern Ireland 2012/13, DHSSPSNI
http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm



*Note the different source and survey methodology here

SEXUAL ORIENTATION – HEALTH NEEDS

12.4 Health needs of those identifying as lesbian, gay or bisexual

Sexual health

- Gay, bisexual, and other men who have sex with men (MSM) represent a diverse community. However, these men are disproportionately impacted by syphilis, HIV, and other sexually transmitted infections (STIs).
- Surveillance data from Genitourinary Medicine (GUM) clinics in Northern Ireland shows that in 2012 MSM accounted for 65% of new episodes of male diagnoses for uncomplicated gonorrhoea, 90% of new Syphilis infections and 58% of new HIV diagnoses.

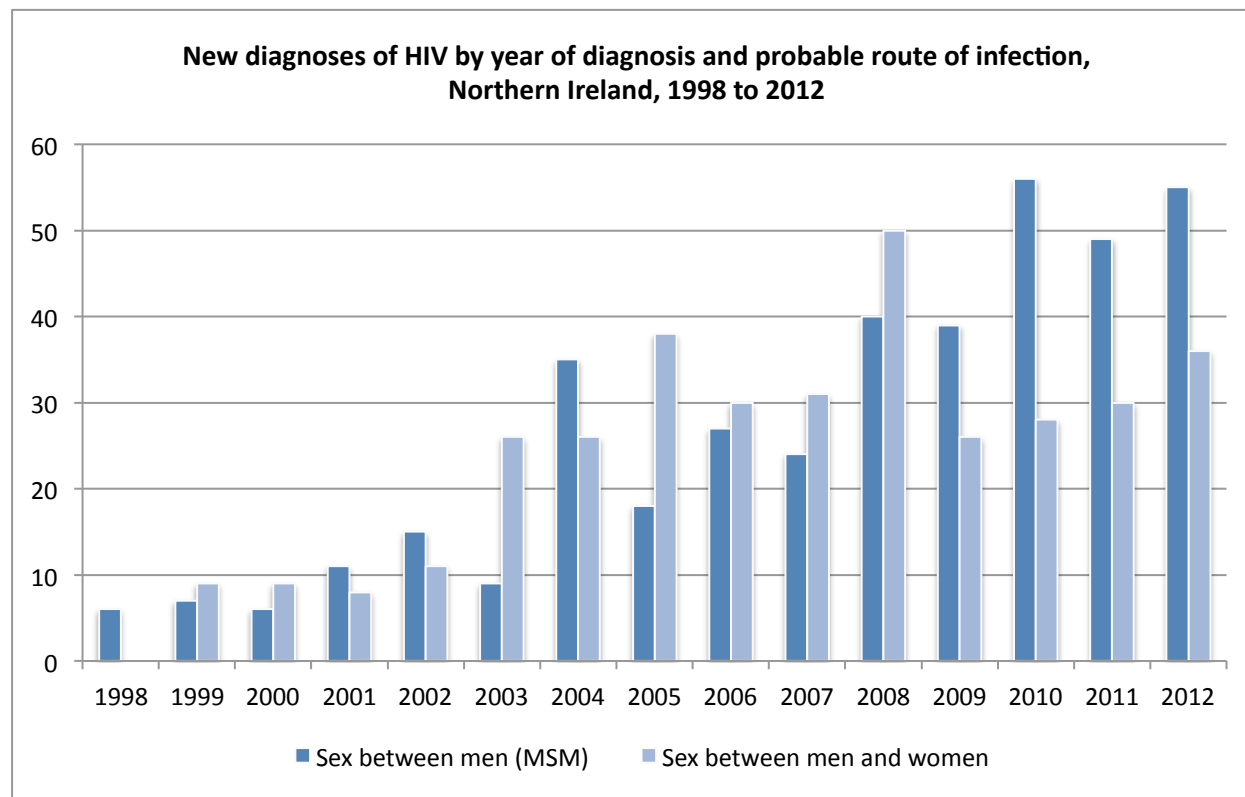
Source: "Sexually transmitted infection surveillance in Northern Ireland 2013. An analysis of data for the calendar year 2012", and "HIV surveillance in Northern Ireland 2013. An analysis of data for the calendar year 2012", Public Health Agency via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- Traditionally many health care providers have perceived women who have sex with women (WSW) to be at low risk of STIs. This perception also exists among women themselves and may lead to less frequent use of barrier methods to prevent STIs or fewer or less frequent health screenings. However there is evidence that STIs can be passed between female partners.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- In 2012, a survey of LGB people in the UK found that nearly half of lesbian and bisexual women respondents (n=1,204) had never had a sexual health screening and of these, 43% said "I do not think I need one because I have never had unprotected sex". Forty-three percent (n=620) said they usually go for a sexual health screening every 1-5 years, but a quarter (25%) wait until they have symptoms before going for a screening.

Source: "I Exist", Survey of lesbian, gay and bisexual people in the UK, The Lesbian & Gay Foundation via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014



Source: "HIV surveillance in Northern Ireland 2013 - An analysis of data for the calendar year 2012", PHA
<http://www.publichealth.hscni.net/publications/hiv-surveillance-northern-ireland-2013-analysis-data-calendar-year-2012>

SEXUAL ORIENTATION – HEALTH NEEDS

12.4 Health needs of those identifying as lesbian, gay or bisexual

Domestic abuse

- Domestic abuse is defined as ‘behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation’.

Source: Police Service of Northern Ireland via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- Although there are no official statistics on the levels of domestic abuse against LGB&T people in Northern Ireland, some UK studies provide evidence that domestic abuse is an issue for LGB&T people.

In 2011, a survey of gay and bisexual men’s health issues reported that:

- Forty-nine percent have experienced at least one incident of domestic abuse from a family member/partner since the age of 16 (compared to 17% of men in general).
- Forty percent have experienced domestic abuse from a partner compared to 14% of men in general.
- Seventy-eight percent who experienced domestic abuse never reported incidents to police. Of those who did, 53% were unhappy with how police dealt with the situation.

Source: "Gay and bisexual men’s health survey", Stonewall via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

In 2008, a survey of lesbian and bisexual women’s health issues reported that:

- One in four of all lesbian/bisexual women have experienced domestic violence in a relationship. Two thirds of those say the perpetrator was a woman, a third a man.
- Eight in ten lesbian and bisexual women who have experienced domestic violence have never reported incidents to the police.

Source: "Prescription for change", Stonewall via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Mental health issues

- Evidence suggests that LGB&T people are at high risk of experiencing anxiety, depression, self-harm and suicidal behaviour. The reasons are complex, however studies have indicated that factors such as stigma, homophobic or transphobic bullying, isolation, rejection by family or friends, discrimination or harassment and a lack of or limited access to services/support may have a negative impact on individuals’ mental health and wellbeing.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

In 2013, a study to explore the experiences and perceptions of emotional health and wellbeing among LGB&T people in Northern Ireland had 571 responses (including 179 from LGB women and 29 transgender individuals):

- Nearly two thirds (64.7%) of respondents had personal, emotional, behavioural or mental health problems for which they needed professional help. However, only 39% had asked for professional help.
- One in five (40.5%) respondents reported an episode of self-harm within the last year.
- The most common reasons given by those who reported self-harm were depression (19.6%), low self-worth (14.7%), stress/anxiety (12.3%) and wanting to die (12.3%).
- 46.9% of respondents indicated ever having experienced suicidal ideation; of these, 35.5% indicated that they have experienced suicidal ideation within the last month.
- Over a third (34.4%) of respondents ‘did not know’ or were ‘unsure’ about how to access advice or support in relation to emotional health and wellbeing.
- Just over half of respondents (51.3%) had accessed advice or support in relation to emotional health and wellbeing; of these 77.5% disclosed their sexual orientation and/or gender identity to the service provider.

Source: "Through our minds. Exploring the emotional health and wellbeing of lesbian, gay, bisexual and transgender people in Northern Ireland", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Access to health care

- A review of research on LGB experience of healthcare suggests that LGB people may experience barriers to accessing healthcare services. These include homophobia, heterosexism, misunderstandings and lack of knowledge, poor confidentiality and the absence of LGB&T-friendly resources. A number of studies highlight that LGB&T people may not be out to their GP. GPs are the first point of contact for the majority of people accessing health care.
- A 2013 survey to explore the emotional health and wellbeing of LGB&T people in Northern Ireland found that around two fifths (42.6%) of LGB&T people reported being 'out' to their doctor, 35.8% reported that their doctor is not aware and 21.6% said they were unsure.

Source: "Through our minds. Exploring the emotional health and wellbeing of lesbian, gay, bisexual and transgender people in Northern Ireland", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- Another study conducted by The Rainbow Project in 2013 to explore the health of aging LGB&T people in Northern Ireland found that one in five (19.9%) felt they had been treated differently by health professionals because they were LGB&T. Nearly eight out of ten (79.4%) agreed with the statement 'In my opinion, healthcare professionals need more awareness of the needs and issues faced by LGB&T people'.

Source: "The health of aging LGB&T people in Northern Ireland", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Discrimination

- Over one third (34.7%) of LGB&T respondents in a 2013 survey reported that they had experienced discrimination in accessing goods, facilities or services on at least one occasion.

Source: "Through our minds. Exploring the emotional health and wellbeing of lesbian, gay, bisexual and transgender people in Northern Ireland", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

- Over half (53%) of LGB people considered that they had been subject to some form of unfair treatment. LGB people were more likely to report unfair treatment when trying to access public services (21%), or when trying to use shops, bars or restaurants (26%), when trying to buy or rent a house, business premises or land (21%), or being harassed because they belonged to a particular group (38%) than heterosexual respondents (7%, 7%, 10% and 13%, respectively).

Source: "Do you mean me? Discrimination: attitudes and experience in Northern Ireland", Equality Commission for Northern Ireland, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Hate crimes

An individual may be the target of homophobic or transphobic hate crime due to their perceived or actual sexual orientation or gender identity. Hate crime takes many forms including assault, intimidation/harassment or criminal damage.

Recorded incidents and crimes with a homophobic/transphobic motivation have been collated by PSNI. The most recent figures report increases in the number of:

- Homophobic incidents from 200 in 2011/12 to 246 in 2012/13 (23%), the highest level recorded since 2004/05.
- Homophobic crimes from 120 in 2011/12 to 149 in 2012/13 (24.2%); crimes classified as violence against the person accounted for 69% of crimes with a homophobic motivation; 23% criminal damage, 5% theft (including burglary) and 3% other.
- Gay men are particularly vulnerable to homophobic hate crime; in relation to the gender of victims of homophobic crimes, between 14% and 26% are female, and between 73% and 86% are male.

Source: "Trends in hate motivated incidents and crimes recorded by the police in Northern Ireland 2004/05 to 2012/13", Police Service of Northern Ireland, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014. Violence against the person includes a wide range of offences from minor assaults such as pushing and shoving that result in no physical harm to murder.

In addition to PSNI statistics, evidence on the issue of homophobic and transphobic harassment/violence is available from a number of studies in Northern Ireland:

- In 2013, two thirds (65.8%) of LGB&T respondents reported having been verbally assaulted at least once and 43.3% had been threatened with physical violence at least once.

Source: "Through our minds. Exploring the emotional health and wellbeing of lesbian, gay, bisexual and transgender people in Northern Ireland", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Prejudice

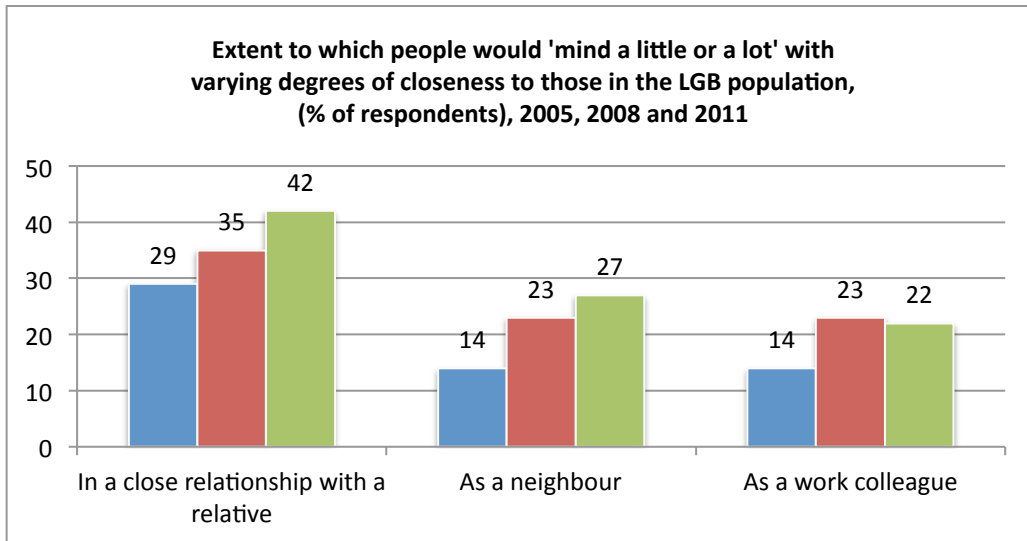
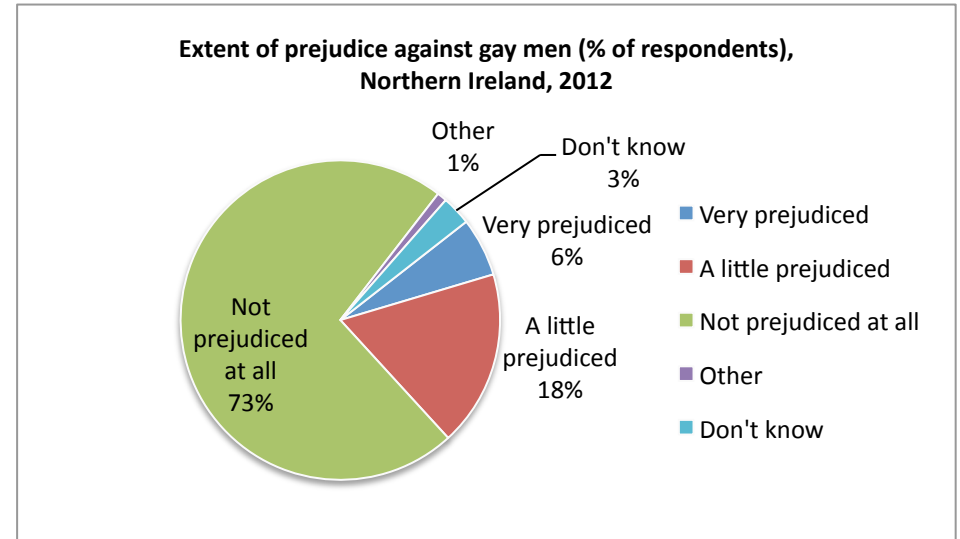
Prejudice against lesbians and gay men, Northern Ireland, 2012

- Respondents to the NI Life and Times Survey 2012 were asked how prejudiced they were towards lesbians. 5% indicated that they were 'very prejudiced', 15% were 'a little prejudiced', 76% were 'not prejudiced at all', 1% answered 'Other' and 3% answered 'Don't know'.
- Similarly, 6% were 'very prejudiced' towards gay men, 18% were 'a little prejudiced', 73% were 'not prejudiced at all', 1% stated 'Other' and 3% 'Don't know'.

Source: NI Life and Times Survey (ESRC) <http://www.ark.ac.uk/nilt/results/>

Negative attitudes towards LGB population

- The Equality Awareness Survey (Equality Commission for NI) measures attitudes amongst the general public in Northern Ireland towards specific equality groups including lesbian, gay or bisexual persons and transgender people. Compared with the 2008 survey, results from 2011 reported a decline in negative attitudes towards lesbian, gay or bisexual persons, from 21% in 2008 to 15% in 2011. However, this was mainly



due to an increase in those holding 'neutral' views 22% to 28% rather than an increase in positive views (57% in 2008 and 2011).

- Respondents to the survey were also asked a series of 'social distance' questions to examine the extent to which people feel comfortable with varying degrees of closeness to a member of a 'different' group. The survey found that more than two-fifths (42%) of respondents would mind if an LGB person was in a close relationship with a relative, while 27% minded having an LGB person as a neighbour and 22% minded having an LGB person as a work colleague.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Experiences of LGBT in workplaces

- Around 1 in 4 respondents from the private sector (26.9%) and the public sector (24.5%) conceal their sexual orientation in the workplace.
- LGB people working in the private (31.7%), public (26.3%) and community (21.4%) sectors believe that their sexual orientation will have a negative impact on their chances of progressing in work.
- One in five (19.9%) of respondents from the private sector, 17.9% from the community, voluntary and non-governmental sector and 15.1% from the public sector have been subjected to negative comments about their sexual orientation from colleagues in the workplace.
- Almost one third (32.7%) of respondents across all workplace sectors would not, or do not know if they would, feel comfortable approaching management for support if they were the victim of homophobic bullying at work.
- Over 10% of transgender people experienced verbal abuse at work and 6% were physically assaulted.

Source: "Through our eyes. Experiences of Lesbian, Gay and Bisexual People in the Workplace", Rainbow Project, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Younger LGBT people

- Young people coming to terms with their sexual orientation may experience feelings of confusion, shame and isolation. Young transgender people report feeling confused, scared and abnormal; feelings of isolation and disempowerment fuel self-loathing, particularly during puberty when the young person's body is undergoing unwanted changes.
Source: "Avoiding shame: young LGBT people, homophobia and self-destructive behaviours". Culture, Health and Sexuality and "Grasping the nettle: the experiences of gender variant children and transgender youth living in Northern Ireland", Institute for Conflict Research via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014
- In 2008, the Young Life and Times survey reported that young same sex attracted people were more likely to report feeling stressed (60%, very often/often) compared to heterosexual young people (38%), self-harm (37% vs. 8%), feel pressurised to drink alcohol (82% vs 77%), smoke tobacco (61% vs 38%), lose weight (57% vs 30%), have sex (37% vs 22%) or take illegal drugs (22% vs 14%).
Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014
- Most young people realise that they are LGB&T at an age where they are still attending school. A study of young LGB&T people in Northern Ireland found that over half (52%) realised that they were LGB&T by the time they were 13 years old, with the majority (89%) knowing by the age of 17. Young transgender people in Northern Ireland report being aware that their gender identity is different as early as 3-5 years old, however, due to a lack of information and understanding may not have been able to discuss their feelings until later.
- Negative attitudes and stigma towards those who are, or are perceived to be, LGB&T place these young people at increased risk for bullying. Homophobic or transphobic bullying can include verbal, physical and/or emotional abuse by an individual or group.
- The Young Life and Times survey (2008) found that seven out of ten same-sex attracted young men and over six out of ten (62%) same-sex attracted young women reported school bullying; this compared to 37% of all respondents.

Source: PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Younger LGBT people (cont'd)

- In 2008, in a study exploring homophobia and homophobic bullying, pupils reported being aware of homophobic language (87%), physical assault (37%) and deliberate exclusion (43%) of someone due to their sexuality or perceived sexuality. Nearly one quarter (23%) of pupils indicated it was, or might be acceptable to hit, punch, kick or spit on young gay people. The study also found that teachers were aware of verbal bullying (85%), physical bullying (12%) and exclusion of young people (35%) where the young person was LGB (or perceived to be).due to their sexuality or perceived sexuality.

Source: "PRIDE evaluation". Save the Children, The Rainbow Project and shOut via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

The School Report (2012) found that LGB pupils who experience homophobic bullying:

- skip school (44%); 13% skip school more than six times
- have symptoms consistent with depression (46%)
- deliberately harm themselves (41%)
- attempt or think about taking their own life (41%) directly because of the bullying.

Source: "The school report. The experiences of gay young people in Britain's schools in 2012". Stonewall and University of Cambridge Centre for Family Research via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

Older LGBT people

- Many older LGB&T people have lived through a time when same sex relationships were pathologised and, for gay and bisexual men, illegal (in Northern Ireland, homosexuality was decriminalised in 1982).
- While in recent years, progress has been made to protect the rights of LGB&T people, older LGB&T people may have experienced prejudice or discrimination and as a result may be less open about their sexual orientation or gender identity than younger age groups. Concealment of their sexual identity as a result of victimisation or internalised stigma, may impact on opportunities for LGB&T people to make or strengthen social relationships or access healthcare, increasing the risk of poor mental or physical health.

Source: "The physical and mental health of lesbian, gay male and bisexual (LGB) older adults: the role of key health indicators and risk and protective factors", Gerontologist and "Visible lives. Identifying the experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland", The Gay and Lesbian Equality Network via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

SEXUAL ORIENTATION – KEY POINTS

12.5 Key points

Older LGBT people (cont'd)

In 2011, Stonewall commissioned a survey of 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 across Britain.

Key findings from the survey report that LGBT people over 55 years:

- Are more likely to be single. Gay and bisexual men are almost three times more likely to be single than heterosexual men, 40% compared to 15%.
- Are more likely to live alone. Forty-one percent of LGBT people live alone compared to 28% of heterosexual people.
- Are less likely to have children. Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women.
- Are less likely to see biological family members on a regular basis. Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people.
- Drink alcohol more often. Forty-five percent drink alcohol at least 'three or four days' a week compared to just 31% of heterosexual people.
- Are more likely to take recreational drugs. Nine percent have taken drugs within the last year compared to 2% of heterosexual people.
- Are more likely to have a history of mental ill health and have more concerns about their mental health in the future.
- Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety – two fifths have been diagnosed with depression, one third with anxiety.
- Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men.

Source: "Lesbian, gay and bisexual people in later life", Stonewall, via PHA Health Intelligence Briefing "Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues - 2014 update", February 2014

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