The Community Foundation for Northern Ireland

#VitalSignsNI

Vital Signs NI Report 2017

connecting people who care with causes that matter

Community Foundation
NORTHERN IRELAND

VITAL SIGNS NI 2017

Welcome

Welcome to the Community Foundation for Northern Ireland's **Vital Signs 2017**. Vital Signs reflects factual data and the voices of the community at local levels across Northern Ireland; sharing lived experiences about the challenges our communities are facing.

Vital Signs is a global project, run by community foundations, who want to listen to, understand and appreciate the communities in which they work. It takes the temperature of how our communities are faring, across 10 key quality of life areas and asks people across NI what is working and where we could prioritise our actions – be these personal, professional or philanthropic.

Last year we published our 2016 Vital Signs report which looked at ten themes mapping quality of life in Northern Ireland. Out of ten themes, **Health and Wellbeing** and **Education and Skills** were the areas of top concern. This year we provide a summary of our key findings in relation to these two themes.

Our Vital Signs research has several elements to it. We looked at statistical data, reports and consultations from government sources, statutory agencies and third sector organisations. Between June and August 2017 a survey was circulated through the community sector. We received 450 responses, with people choosing how they would spend £2000 on causes, actions or projects that aim to improve people's mental health and opportunities for education and learning. Ten focus groups and 27 meetings with experts were held facilitating approximately 179 people. Through our research, we spoke to 636 people in total. This yielded some fascinating insights into community priorities within these issues and through this report we present a snapshot of the feedback received in these vital conversations.

This is also a unique guide to giving for those who are charitably-minded and want to come together to act on priorities at community level. We have found that people are willing and eager to engage on issues that affect their lives most; so long as they can see how it might be of benefit to them, their families and their communities' lives. There is much to celebrate about life in Northern Ireland. But we have also heard of some particular challenges that people are facing within their area. We have been advised of practical steps that civic society could take, with support from philanthropic activities, to help make our communities' lives and areas more vibrant.

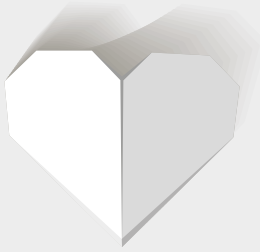
Of course, Vital Signs isn't the final word on the quality of life in Northern Ireland, but we hope that it allows the start of a wider conversation amongst the community and voluntary sector, public sector, public representatives and donors and philanthropists.

For more information or detail, please visit our website at: **www.communityfoundationni.org**

Vital Giving

We surveyed 450 people, with participants choosing how they would spend £2000 each on causes, actions or projects that aim to improve people's mental health and opportunities for education and learning. The results are as follows:

Out of **£450,000 for mental health causes** the following was spent:



£450,000*

Mental health and addiction issues:
£58,449.00

Community based services for vulnerable groups:
£57,451.00

Crisis intervention for those at risk of suicide:
£50,657.00

£450,000.00

*450 participants were asked how they would spend £1000. Totalling £450,000 for each theme.

The **top cause** for both **males** and **females** was to **provide support** for those with **mental health and addiction issues**

Females chose to support **community based counselling** services whereas **males** were keener to support **crisis intervention for those at risk of suicide***.

This is explored further on page 8

Under 30's more likely to support **community based mental health services for vulnerable groups**, such as elderly, trans people, those with disabilities, new mothers, etc.

Out of **£450,000 for education causes** the following was spent:

£450,000*

Learning activities for older people:
£92,532.00

Afterschool support for children who are underachieving:
£66,833.00

One to one support for children who are at risk in terms of literacy/numeracy:
£53,415.00

£450,000.00

The top 3 causes for both males and females were to support older people, after schools and literacy/ numeracy rates.

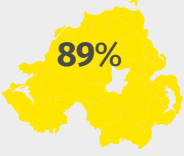
Under 30s were more keen to provide funding for **learning support for migrant/newcomer communities***

This is explored further on page 9

When asked "are any of these issues something you would be willing to personally support?" **375 (84%) of people said yes.**

Charitable Giving in general in Northern Ireland:

Our research backed up wider sectoral research into charitable giving in NI, which found that **89% of people donate money to charity.** Whilst percentages were high (over 75%) in all age categories, it also reaffirmed that **people under 30 are less likely to donate whilst over 50s are more likely.**



89% of people in Northern Ireland donate money to charity. People in NI are more likely to donate money to charity than in the rest of the UK.

£37.80

The average amount donated to charity over a four-week period is £37.80.

Health and Wellbeing

Much of the public and political discussion of health in Northern Ireland is about the healthcare system, and within that it often focuses more narrowly on hospitals and GP practices. The underlying state of health and wellbeing in the region is discussed less often.

In considering the state of public health more generally we must recognise the **uncomfortable truth that those who live in poorer areas suffer from a wider range of health issues.** The notion that poor public health is simply a product of individual poor lifestyles should be replaced by an understanding that people's health is affected by factors beyond their control.

A boy born in the most deprived areas could expect on average to **live 7 years less** than one born in the least deprived, while **for a girl the gap in life expectancy would be 4.4 years.**

Such factors can also affect how often people get sick with the more socially excluded becoming chronically ill earlier, more often, as well as dying younger.

Gaps in **healthy** life expectancy are even more stark than for life expectancy. **For males that gap currently stands at 12.2 years, and for females it is 14.6 years.**

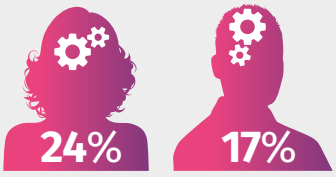
Despite some welcome advances, communities are telling us that mental health is inadequately addressed, even though there are internationally high levels of mental distress among sections of the population. It is apparent that this significant social need requires more focused support.

23%

Mental ill-health constitutes **23% of the burden on the NHS yet only 8% of health spending is devoted to it.**

1 Prevalence of Mental Health Issues

24% of women and 17% of men in NI were found to have a mental health problem - rates over 20% higher than in England or Scotland. And in particular, women aged 16-24 and women aged 45+ were affected. It has been suggested that the gap, between NI and the rest of the UK, is due to excess unemployment, social deprivation and the legacy of the Troubles.



24% of women and 17% of men in NI were found to have a mental health problem.

taking medication related to their mental health problem.

19%

think they have a nervous illness.

13%

12%

taking medication related to their mental health problem.

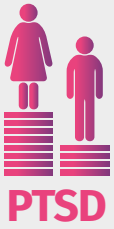
11%

think they have a nervous illness.

Those in the most deprived areas were twice as likely to score higher in terms of mental health issues at 27% than those in the least deprived areas at 13%.

2 Effects of The Conflict

39% have experienced a **conflict-related trauma** – with being unemployed making such an experience more than twice as likely.



Women are nearly twice as likely as men to be diagnosed with Post Traumatic Stress Disorder (PTSD) at some point in their lives. This highlights the need for gender specific interventions.

Lifetime incidences of anxiety, mood (principally depression) and substance-abuse disorders are amplified by the impact of the conflict.

And the continuing and considerable impact of the conflict can be remarkably enduring. Primary school children born after the Belfast Agreement presented with greater behavioural problems, including hyperactivity and emotionality, particularly among those whose parents had experienced a conflict-related trauma.

Of those who had experienced a conflict-related event, **46% of men and 55.9% of women reported at least one such disorder**, as compared with 27.2% and 31.1% of men and women respectively who had not.

3 Domestic and Sexual Violence

Domestic Violence will affect:

1 in **4** **women**

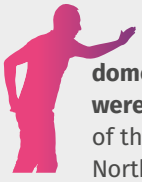
1 in **6** **men**

in their lifetime.

In the year **2014/15**:

00:19

The PSNI responded to a domestic incident **every 19 minutes of every day.**



13,426

domestic abuse crimes were reported (approx 13% of the overall crime in Northern Ireland).

2.5 times

as many domestic abuse crimes (13,426) as drug offences (5,048).

2,734

sexual offences recorded

including **offences of rape.**

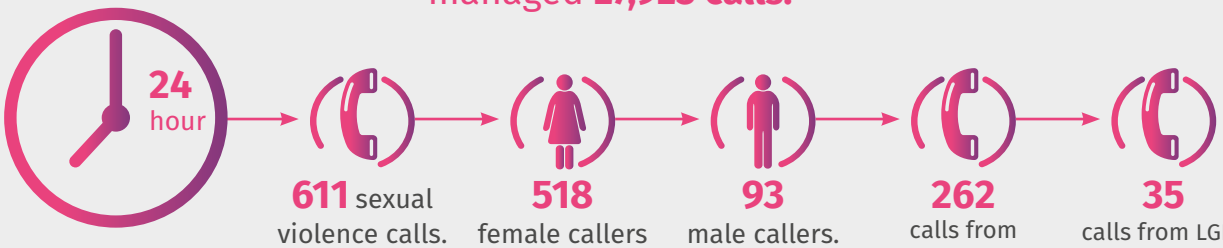
737

While domestic and sexual violence persists as a highly gendered problem across the globe, it is a particular and often hidden problem in societies emerging from conflict. Domestic and sexual abuse was prevalent during the conflict in NI and much of this is only now coming to light. **Domestic and sexual violence can affect all people but we know that it disproportionately affects women and girls.**

For women and girls living in Catholic/Nationalist/Republican areas, reporting a crime or contacting the police was not an option during the conflict meaning that many victims of these crimes had no recourse to support and safety. Since the peace process, women from these areas have been encouraged to contact the police to report such crimes. The opposite is true for women living in Protestant/Unionist/Loyalist areas where relationships with and trust in the Police Service have waned significantly. For women who are victims of domestic and sexual violence, avenues to seek support, safety and justice are often closed.

In both these contexts women and girls have been and are very vulnerable. Criminality (involving drugs and prostitution) has led to a huge and very worrying increase in the sexual exploitation of girls and young women in some communities. For some men, leaving prison has been difficult in terms of adjusting to 'normal' life and many have turned to drugs and alcohol to deal with the pressure. Women believe this has exacerbated the problem of domestic and sexual violence. Amnesty International said that victims of sexual violence and other gender-based violence related to the Northern Ireland conflict had been failed over many years, particularly in relation to investigation and remedy.

The 24 Hour Domestic & Sexual Violence Helpline managed **27,923 calls.**

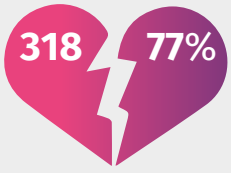


4 Suicide

For many there is a stigma attached to issues of mental health – particularly amongst men who won't ask for help due to a fear of being stigmatised as 'weak'.

Many men, including those under 18, would rather self medicate with drugs or alcohol, than approach a medical professional for mental health advice or treatment. This reluctance to seek help, which is undoubtedly informed by a sense of toxic masculinity - in terms of what it means to "be a man" - may contribute to the high suicide rates in Northern Ireland's male population.

A leading factor in suicide is economic insecurity with suicide rates in the most deprived areas of Northern Ireland being three times higher than the least. This sense of toxic masculinity tells men they need to conform to traditional roles within the household - such as having to be the "man of the house", the main breadwinner. When they are unable to do so due to external factors beyond their control – for example, lack of access to education, training or an economic downturn – they are then prevented from asking for help by this same sense of toxic masculinity.



318 suicides were registered in NI during 2015 - the highest annual death toll since records began in 1970. Of the suicide deaths registered, **77% (245) were male** and 132 were aged between 15 and 34.

VITAL ACTION

It is necessary that the political institutions at Stormont are reinstated to enable this group to operate. Once the institutions are reinstated, we would urge the Ministerial Coordination Group to prioritise these meetings.

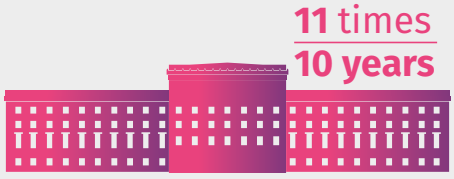
There is also the wider and highly concerning phenomenon of **self-harm, affecting all genders, with 6000 cases presented in 2013/14**. Again, this disproportionately affects the young and is particularly apparent in Derry, where 6**23 cases per 100,000** individuals **aged 15 or over** were registered.

6,000
cases of self-harm in 2013/14, affecting all genders.

In Derry, 623 cases per 100,000 individuals aged 15 or over were registered.

With such devastating figures, we should ask:

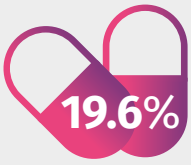
Why the Ministerial Coordination Group on Suicide Prevention at Stormont has met just 11 times in a decade?



5 Medication - A Sticking Plaster

There are substantial gaps in interventions, for example counselling, behavioural and alternative therapies. These are more often filled merely by prescription medication.

Many reported that GP's go-to response to mental health consultations is to prescribe medication rather than finding alternative therapies for mental trauma. Those with mental health issues also noted that when they talked to their GP about mental health issues, other medical conditions tend to be taken less seriously.



The rate of prescribing antidepressants is much higher in Northern Ireland than elsewhere in the UK. **Usage of prescription drugs was generally higher among those who had experienced a traumatic event, at 19.6%** and notably peaked among 50-64 year-olds, whose adult lives would have been most defined by the Troubles.

14.9% **have used medication in the previous 12 months**, with 6% taking more than one.

Antidepressants were the most common, with women almost twice as likely to be taking them as men.

More than a quarter of the population in the most deprived areas are in receipt of prescriptions relating to mental ill health.

6 Minority Groups

In terms of perceived wellbeing, Northern Ireland paints itself a relatively positive picture with wellbeing ratings and life satisfactions scores higher than those in the rest of the UK. However this could be concealing a much more negative picture for the experiences of a minority of groups. **Whilst we appreciate that mental health affects large swathes of the population, our research highlighted a number of minority groups that could be disproportionately affected.**

LGBT Community

The high levels of homophobia in Northern Ireland - reflected in hate crime statistics, the five-year delay in removing the ban on gay blood donations and the fact that it is now the only region of these islands without marriage equality – mean that the **rates of mental ill-health referred to previously are significantly worse among members of the LGBT community.**

35% **had experienced self-harm**

26% **had experienced a suicide attempt**

47% **a suicidal ideation**

71% **had experienced depression**

Persistent hate crime statistics show a marked growth in reported crimes against targeted minorities. **Between 2011/12 and 2015/16 the level of reported homophobic crimes increased by 75%.**

It is also worth noting the particular challenges faced by the Transgender community that are not necessarily faced by the wider LGB community, particularly in relation to access to medical support and interventions. Referrals to the health service have increased massively in recent years with **waiting lists for the two gender identity clinics stretching beyond 14 months in some cases.**

Whilst there is not much documented evidence for this particular community, our consultation told us that the available gender identity services falls far short of international good practice, with high levels of gatekeeping reported. Trans individuals are required to show a high degree of stability in their mental health during assessment pre transition. This disproportionately affects trans people with autism, learning disabilities, addiction issues, personality disorders or other mental health issues and creates a class differential in access to transition care, because those better-off are able to pay privately for treatment. Good practice should involve a streamlined assessment, with prompt treatment based on informed consent – which would actually free up the under-pressure NHS caseload.

> Because I have autism and am a trans person, I am not deemed capable of speaking for myself about my own issues, even though I know more about it than the person assessing me.

The trans community also endure high levels of everyday discrimination for example when using public toilets or in the language of those working in frontline services. Such discrimination, used in arguments against gender neutral public toilets, is often based on the misguided notion that trans people are sexual predators. Such stigmas, disadvantage and discrimination was described as “chinese torture; like 1000 drops every minute and it takes a long time to build a wall to cope with that level of discrimination”.

VITAL ACTION

The Community Foundation will actively engage and have conversations with the LGBT community to find out how we can best support them.

Refugees and Asylum Seekers

There are **200 - 300 new refugees in Northern Ireland each year**

A person who has requested protection in the UK is an asylum seeker. If protection is granted, the asylum seeker becomes a refugee as do any family members.

The Northern Ireland New Entrants Service (NINES) is the first point of contact to the health service for new migrants, asylum seekers and refugees, offering health promotion advice and information on how to register with a GP and access other services they may need.

With communities changing as a result of refugee crises across Europe there is an increase in the level of people seeking asylum in NI. We have recognised this undeniable need, particularly as there is little access to other forms of help, in a system that is designed for them to be at a disadvantage.

The mental health spotlight has failed to adequately highlight the issues faced by refugees and asylum seekers, who may have suffered high levels of trauma in their country of origin.

The Northern Ireland New Entrants Service, established by the Belfast Trust focuses more on the screening of new arrivals to identify diseases such as TB, rather than identifying mental health issues. Very few medical professionals in Northern Ireland have the necessary skills and capacities to engage effectively with refugees and asylum seekers and there is a definite need for a network of doctors trained in the use of the guidelines developed by Freedom from Torture, a UK-wide charitable organisation that works to rebuild the lives of torture survivors living in the UK.

It should not be assumed that professional experience with trauma counselling for those affected in Northern Ireland is transferable to all those with trauma related mental health issues. Account should be taken, not only of any trauma which had forced a refugee to flee their home country, but also the traumatic nature of their journey to their destination (during which many women are victims of sexual abuse), and also of coping with the limbo of the asylum process itself. This is all in a context where many of these individuals come from countries where mental ill-health is even more of a taboo topic than here.

600

There were approximately **600 asylum seekers living in asylum support accommodation in August 2015.** However, because some asylum seekers are not entitled to any support and therefore are not reflected in these figures, the total number is higher. The majority of asylum seekers live in Belfast.

Northern Ireland has less than **1%** of the UK's asylum applications

Just **3% of the world's refugees live in UK**

Whilst **70% of the world's refugees live in live in Africa and Asia**

VITAL ACTION

The Community Foundation will make funds available to provide bursaries for Destitute Asylum Seekers.

Education and Skills

Northern Ireland's academic performance, as measured by international benchmarks, emerges as only a little above the average. Elsewhere in western Europe, post-primary education offers different curricula for pupils deemed more 'academic' or 'vocational'; nowhere else does selection take place at the end of the primary school, which in effect is social sorting into higher– or lower–status schools, with all the associated stigmas; especially when all pupils receive generally the same curriculum regardless.

The unavoidable truth is that the main factor which influences the selection of children is their social background and the system is designed to measure performance in this way. Social class is much more of a factor than religious background, which has attracted periodic attention. It is no coincidence that this fits the wider political narrative in Northern Ireland.

1 A Broken System?

> "In effect, the taxpayer pays grammar schools to transmit deprivation through generations"

Our A-level results are trumpeted each year when compared with the rest of the UK, yet:

2 in 5 school-leavers do not secure 5 or more GCSEs, including English and Mathematics, at A*-C grades.

2 in 3 This rises to 2 in 3 of those entitled to free school meals.

An incoherent system, dominated by a process of social sorting with no education merit and divided by sustained sectarian control is evident, even as NI becomes a more diverse region.

There is no point in trying to fix educational underachievement in disadvantaged areas when the system is propping up that underachievement. To tackle education issues in deprived communities a whole system overhaul is essential.

Our education system is fragmented along the lines of class and religion. We have controlled and predominantly Protestant schools, maintained and overwhelmingly Catholic schools, integrated schools, voluntary-grammars and Irish-medium schools - most of which are run by different authorities; this paints a pretty confusing picture to the outside eye.

It has been widely evidenced that this long tale of underachievement is largely a product of selection. Free school meal entitlement shows how middle- and working-class pupils are disproportionately sorted into grammar and other secondary schools respectively.

VITAL THINKING

How does the Community and Voluntary sector coming together with funders to affect change in and fix this broken system?

VITAL ACTION

The Community Foundation supports the UN Committee on the Rights of the Child's call urging authorities to abolish the current practice of unregulated admission tests.

102,000 school pupils (3 in 10) are entitled to free school meals - nearly double the level of 2008-09, albeit with extended entitlement to the working poor.

In certain areas there is a disconnect between families and schools, with schools at times being very insular in their decision making. In some, school teachers lacked personal experience of the communities in which they were placed meaning that they can have limited understanding of how poverty affects and impacts families.

Schools complained of children arriving without basic abilities, such as how to speak properly, but it is very difficult for families with limited resources and low aspiration to 'bootstrap' themselves out of their situation. There is perhaps a need for 'family learning', supporting parents to build up their skills and confidence so they can help their children learn at home.

More than 76,000 (22%) have some form of recognised special educational need - up by half since 2003-04.

Studies show a vicious circle linking lack of a warm and supportive family environment, neighbourhood sectarianism and violence, with behavioural problems and low expectations at school.

Despite many efforts to end selection, the Grammar lobby has been successfully able to resist all moves to come into line with the rest of Europe - even at the expense of now having separate and unregulated 'Protestant' and 'Catholic' selection tests. In June 2016, the United Nations Committee on the Rights of the Child urged the authorities to abolish the current practice of unregulated admission tests.

2 Integrated Education

Of the 341,257 children and pupils enrolled in the education system

50,000 come from households of another Christian or non-Christian religion or no religion.

Yet only 22,600, (7%), of pupils attend integrated primary or post-primary schools.

This is despite data that shows that integrated education tends to moderate traditional tribal affiliations, particularly for individuals of Protestant background, allowing for a more generally integrationist attitude, outside of the school setting.

VITAL THINKING

Should the Community Foundation prioritise support for family learning opportunities that enable parents to build up their skills and confidence?

> "If you are talking about community division, the system is turning out people who never meet each other. This isn't normal."

VITAL THINKING

Should the Community Foundation provide support for a network of teachers to share best practice in relation to newcomer and bilingual children.

VITAL ACTION

The Community Foundation will call for pilot projects that support newcomer and bilingual children who are starting primary school.

The UN Committee also called on NI to ***'actively promote a fully integrated education system and carefully monitor the provision of shared education, with the participation of children, in order to ensure that it facilitates social integration'***. This committee also called for children to have the right to opt out of collective worship in school.

325 schools are actively involved in shared education, engaging 17,000 pupils. This clearly is progress, but in perspective it means that 2/3 of schools do not collaborate with others at all while 1/3 do so with some of their pupils some of the time.

3 Newcomer or Bilingual Children

13,300 pupils (3.9%) are 'non-white' and almost 14,000 (4.1%) are 'newcomer' pupils, and are defined as lacking satisfactory English-language skills.

80+
1st languages now spoken by pupils, Polish and Lithuanian most common after English.

Some are not school-ready having had no previous experience of being away from their family or of school routines. Some children are placed in classes to match their age, regardless of their educational level and readiness.

Teachers feel there is a need for specialist support. Strong social relationships all round, among teachers, children and parents, are key to successful integration and performance.

With regards to government interventions, funding from the Inclusion and Diversity Services, recently subsumed into the Intercultural Education Service, in the Department of Education only comes to those enrolled at the beginning of the academic year, not those who happen to arrive in the middle of it. Funding provided to schools for these children is also not ring-fenced for that child and thus could be used for whatever the school decides.

In the absence of more effective and practical government interventions, a number of community initiatives have emerged: some organisations run homework clubs and others have organised basic adult English-language classes for those not yet ready to attend the now-free courses for refugees and asylum seekers at formal institutions like Belfast Metropolitan College.

2/3's of Newcomer or bilingual children felt scared starting primary school because of **difficulty of interacting and making friends due to the language barrier.**

VITAL ACTION

The Community Foundation urges the Department of Education to review and revise their Inclusion and Diversity policy with refugee children in mind. The Department should also make funding available for all newcomer children, regardless of the time of year they arrive in Northern Ireland. This funding should also be ring-fenced to ensure it benefits children who need it most.

4 Travelling Community

Some of the most socially marginalised children in Northern Ireland are Traveller kids. Not only do the travelling community face day to day discrimination, stigmatisation and stereotyping, but:

Traveller Children are **10** times **more likely to die by the age of 10** than their settled counterparts.

While expecting Traveller children to assimilate to the dominant system is unreasonable, the alternative of segregated education is unsatisfactory too. Many Traveller children of primary age will go to what is considered locally as the de facto Travellers' school, for example St Mary's Primary in inner west Belfast, ill-preparing them for integrated secondary education. Investing seriously in support for individual Traveller children's education within an integrated context, especially in their early years, is a better approach. Some organisations have pursued such an approach with Roma youngsters by having a designated outreach worker developing relationships between the school and individual families; 46 Roma pupils were attending the school at time of writing.

It is a complex picture for traveller children as their aspirations to succeed at school coexist with particular gender assumptions and specific cultural attitudes that tend to favour early withdrawal from schools. This is compounded by wider societal stigmas, bullying and perceptions that they receive less than favourable treatment from teachers.

5 Training and Employment

< **1** in **10**

Fewer than 1 in 10 leavers go into training from school. **This route is even more closed off to girls, with only 1 in 20.**

1 in **20**

The largest single component of the economically inactive in Northern Ireland are women constrained by unshared domestic care responsibilities.

While our unemployment rate is relatively modest at 5.3%, **this conceals those detached from the labour market through economic inactivity, estimated at 27.7% and by far the highest of any UK region.**

Visit our Website:

www.communityfoundationni.org

Join the Conversation on Twitter:
@CFNIreland #VitalSignsNI

On our Website you can:

- Read more of our Vital Signs research
- Find out how to get in touch and give us your views
- Get the latest news on Northern Ireland's Vital Signs
- Connect to the national and international Vital Signs movement

METHODOLOGY

The Community Foundation for Northern Ireland have compiled this research using publicly available data, statistics and research and original research and case studies from their own grant making. A compendium of the data and sources used will be fully available on our website or by request. All information is considered accurate as of August 2017.

The information included here should be considered a snapshot and only analyses a limited amount of the available data. If you have any queries or believe any information provided in this report to be incorrect, please contact us and we will do our best to undertake corrections.

Any quotes or opinions from individuals have been obtained via an open community consultation conducted by the Community Foundation. The identity of any individual(s) quoted within this report has been anonymised to protect their privacy.

ACKNOWLEDGEMENTS

Lead author and researcher: Sara Houston

Vital Issues Report: Robin Wilson

With thanks to: **CFNI Vital Signs steering group**: Fred Bass, Orla Black, Paul Braithwaite, Michele Canning, Laura Darragh, Siofra Healy, Michael Hughes, Rachel Leitch, Andrew McCracken, Dawn Shackels, UK Vital Signs Steering Group, **CFNI Senior Management Team**: Siofra Healy, Andrew McCracken, Fiona O'Toole and Dawn Shackels.

For further information on the sources used, original research or analysis or to request a hard copy of the report, please contact:

Sara Houston, Policy Officer:
shouston@communityfoundationni.org

For any media queries, please contact:

Laura Darragh, Communications Officer:
ldarragh@communityfoundationni.org

Community Foundation for Northern Ireland

Community House,
Citylink Business Park,
6a Albert Street,
Belfast, BT12 4HQ

T 028 9024 5927

Registered Charity Number: NIC105105

UK Community Foundations
for thriving communities

COMMUNITY FOUNDATIONS OF CANADA
all for community.

Community Foundation
NORTHERN IRELAND