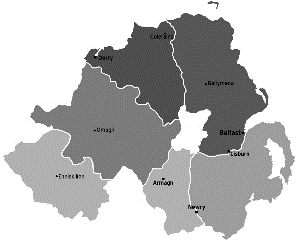
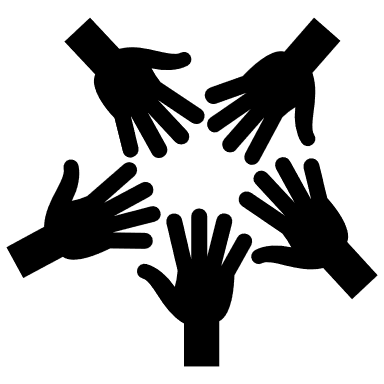
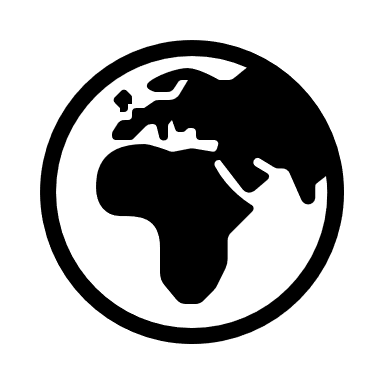


**Health needs assessment of Minority Ethnic populations in Northern Ireland – June 2025**



|  |
| --- |
| **Report completed by:**  Paul McGurnaghan, Specialty Registrar, Public Health Agency  **Joint project supervisors:**  Mr Paddy McEldowney (Health and Social Wellbeing Improvement Manager, PHA)  Dr Rachel Coyle (Consultant in Public Health Medicine, PHA)  **Title:**  Health needs assessment of Minority Ethnic populations in Northern Ireland, based primarily on data from the 2021 Census  **Date of report:**  May 2025  **Acknowledgements:**  Dr Diana Gossrau-Breen (Health Intelligence Manager, PHA)  Amy Dalglish (BSO) - GP registration data  Claire Hamilton (BSO) - BSO interpreting services data  Niamh Rowan (Law Centre NI) - Asylum seeker support data |

# **Executive Summary**

## Background

Some Minority Ethnic (ME) and migrant communities in Northern Ireland have been identified as being more vulnerable and experiencing poorer health outcomes.

A similar report was compiled using the 2011 Census to capture the health needs of Minority Ethnic and migrant communities (2014 PHA Health Intelligence Briefing on Minority Ethnic groups). This report aims to identify the health needs of Minority Ethnic and migrant communities in Northern Ireland using primarily the 2021 Census data and highlight any changes or trends compared with the 2011 Census data.

## Purpose

To share up to date health intelligence, focusing on ethnicity, within the Public Health Agency and with external partner organisations, with the purpose of informing priorities and the development of services for minority ethnic populations.

## Methods

The primary source of data for this paper is the 2021 Northern Ireland Census. Data was obtained with regard to demographics, health determinants, and health. Information is typically presented by both proportions and absolute numbers.

Data was accessed via the website of the Northern Ireland Statistics and Research Agency (NISRA) (NI Statistics and Research Agency, 2024). The data is anonymous and access is freely available to the public.

## Findings

Those born outside the UK / RoI represented 6.5% of the overall population, as compared with 4.5% in the 2011 Census. People who identify as of non-White ethnicity represented 3.2% of the population, as compared with 1.7% in 2011.

There is diversity in the health experience of people from minority ethnic backgrounds. Some groups of people were more likely to report good health than others. However, the health of those from minority ethnic backgrounds is a complex subject. As there exists between population subgroups, there is also significant diversity experienced by individuals within minority ethnic groups. Further details are contained within this paper.

The Census provides a valuable source of information on health experience. However, the availability of objective, standardised measures of health would be beneficial in developing a holistic understanding of the health need of minority ethnic populations.

Action to improve the health of those from minority ethnic backgrounds can have co-benefits that positively impact all those who live in Northern Ireland. Examples of such co-benefits are an expansion of the economically active population, and improved social integration. In turn, these can lead to both a stronger and more resilient NI economy and population, as a whole.

## Limitations

This paper is not exhaustive, and is intended to provide a broad overview only. Interpretation of the figures should be considered in context. Although the 2021 Census achieved a household return rate of 97.1% (compared with 93.6% in 2011), some populations will not have been represented such as those with language and literacy barriers.

The paper focuses on broad comparisons between ethnic minority populations. There is limited analysis of differences between age groups and genders. Comparison of age-standardised health metrics would further aid interpretations.

The onset of the Syrian war in 2011, Brexit in 2020, and the Ukraine invasion in 2022 continue to affect migration patterns. While these issues have impacted migration to NI, and continue to do so, a detailed consideration of these is beyond the scope of this paper.

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# **Glossary and acronyms**

|  |  |
| --- | --- |
| **Term** | **Description** |
| **Economically active**  **(Census definition)** | People aged 16 years and over are economically active if, between 15 March and 21 March 2021, they were:   * in employment (an employee or self-employed) * unemployed, but looking for work and could start within two weeks * unemployed, but waiting to start a job that had been offered and accepted |
| **Employment level** | Number of people aged 16 and over who are employed |
| **Employment rate** | Proportion of the population aged 16-64 who are in employment |
| **Unemployment level** | Number of people aged 16 and over who are unemployed |
| **Unemployment rate** | Proportion of the ‘economically active’ population aged 16 and over who are unemployed |
| **Economically inactive level** | Number of people aged 16-64 who are ‘economically inactive’ |
| **Economically inactive rate** | Proportion of people aged 16-64 who are ‘economically inactive’ |
| **Foreign-born individuals** | For the purposes of this paper, the term ‘foreign-born individuals’ refers to those born outside the UK, Ireland, Channel Islands, and Isle of Man |
| **Long-term health condition**  **(Census definition)** | A long-term health condition is one which has lasted, or is expected to last, at least 12 months. In census, this is a self-assessment question. |
| **Minority [ethnic group]** | A group of people who share common cultural, religious, or linguistic characteristics and are smaller in number than the largest ethnic group in that region. |
| **Multimorbidity** | The presence of two or more long-term health conditions. |
| **Person seeking asylum** | 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 (The Refugee Council, 2025). |
| **Racism** | The belief or ideology that ‘races’ have distinctive characteristics which gives some superiority over others. Also refers to discriminatory and abusive behaviour based on such a belief or ideology. In the UK, denying people access to good and services on the basis of their colour, nationality, ethnicity, religion etc is illegal and called racial discrimination (Institute of Race Relations, 2025). |
| **Anti-racism** | The practice that recognises pervasive racism in society and actively combats racial prejudice and discrimination in order to promote racial justice and equality (Faculty of Public Health, 2023). |
| **Refugee** | In the UK, a person becomes a refugee when Government agrees that an individual who has applied for asylum meets the definition in the Refugee Convention. They will be ‘recognised’ as a refugee and will be issued with refugee status documentation (The Refugee Council, 2025). |
| **Statelessness** | ‘A person who is not considered as a national by any State under the operation of its law. In simple terms, this means that a stateless person does not have the nationality of any country. Some people are born stateless, but others become stateless’ (United Nations, 2025). |
| **Acronym** | **Description** |
| **NI** | Northern Ireland |
| **NICR** | Northern Ireland Cancer Registry |
| **PAS** | Patient Administration System |
| **RoI** | Republic of Ireland |
| **VMS** | Vaccine Management System |

# **Introduction**

* 1. ‘There is no internationally agreed definition as to who is a minority. The existence of a minority is a question of fact and carries both objective factors (such as the existence of a shared ethnicity, language or religion) and subjective factors (including that individuals must identify themselves as belonging to a national or ethnic, religious or linguistic minority group)’ (United Nations).
  2. The Public Health Agency (PHA) has a statutory function in reducing health and social wellbeing inequalities in Northern Ireland (NI). Some Minority Ethnic (ME) and migrant communities have been identified as being more vulnerable and experiencing poorer health outcomes.
  3. Health intelligence relating to Minority Ethnic communities can be used to inform the approaches taken to act on health inequalities. This document is intended to support this by providing population-level information that relates to people from Minority Ethnic communities living in Northern Ireland.
  4. It is intended as a resource to support decision making and to prompt further questioning when considering the health needs of people in Northern Ireland from Minority Ethnic groups.
  5. The health of those from Minority Ethnic backgrounds is a complex subject and this is, by no means, an exhaustive document. As there exists between population subgroups, there is also significant diversity within groups. The scope of this paper is restricted to a high-level review of the Census 2021 data.
  6. The paper is designed to be shared both within PHA and with relevant external partners, such as SPPG and the community and voluntary sector.
  7. The document primarily uses information contained within the 2021 Census. However, other sources have been drawn upon.
  8. In addition to data available through the specific ‘ethnic group’ category used in the Census, ethnicity is otherwise considered here by country of birth and, to a less extent, language. Ethnicity is sufficiently complex that a range of other Census variables could be explored to capture information on minority populations. However, the consideration of these other variables (such as household language, religion, and national identity) are outside the scope of this paper.

# **Purpose of this paper**

* 1. For use by the PHA, primarily with the Health Improvement Teams and across the organisation, to share up to date Census data that focuses on ethnicity, in order to influence service development through PHA funded services.
  2. The information contained within the report can be used to directly inform Equality Impact Assessments for PHA commissioning.
  3. For sharing with external partner organisations (e.g. HSC Trusts, local councils, and the community and voluntary sector) who work with Minority Ethnic populations, in order to help shape their priorities and services in addressing disadvantage faced by these subpopulations.

# **Methodology**

* 1. The primary source of data for this paper is the 2021 Northern Ireland Census, which took place on 21st March 2021. The data is accessed via the website of the Northern Ireland Statistics and Research Agency (NISRA) (NI Statistics and Research Agency, 2024).
  2. The broad framework (and chosen variables) of the 2014 PHA Health Intelligence Briefing on Minority Ethnic groups (with regard to Census 2011) were used for this paper (Public Health Agency, 2014).
  3. The paper focuses on the available data on Minority Ethnic populations in Northern Ireland as defined by the Census variables, ‘Ethnic Group’ and ‘Country of Birth’.
  4. The paper focuses on populations of people born outside the UK and Ireland. For this reason, data on people born in the UK and Ireland has often been omitted in many of the data presentations. Data on people born in ‘Northern Ireland’, however, has been used to provide a reference point when referring to the ‘Country of Birth’ variable. While the ‘White’ ethnic group has been used as a reference point in the data presentations referring to the ‘Ethnic Group’ variable.
  5. Data was obtained with regard to demographics, health determinants, and health.
  6. Information was commonly presented in the paper by both proportions and absolute numbers. Absolute numbers may suggest the magnitude of an issue or of a need in Northern Ireland. However, describing a variable in terms of the proportion of an ethnic population that is affected provides a measure of the magnitude of the issue within the respective ethnic population. Furthermore, comparison of the proportions affected by an issue between ethnic populations provides a measure of the health inequalities between those groups.
  7. The relevant Census data was obtained using the online Flexible Table Builder on the NISRA website (NI Statistics and Research Agency, 2024).
  8. To preserve anonymity, small numbers <5 have been omitted from tables.
  9. Other sources of data that have been used are
* Home Office Immigration System Statistics (Home Office, 2024)
* Data provided by the Business Services Organisation (BSO) on face-to-face interpreting service activity and non-UK registrants to primary care.

# **Demographics**

* 1. **Migration**
     1. Since the early 2000s, NI had seen population growth which in recent years has reversed to population loss. In the year to mid-2020, 21,200 individuals came to NI whilst 24,500 left NI, resulting in a net out-migration of 3,300 people.

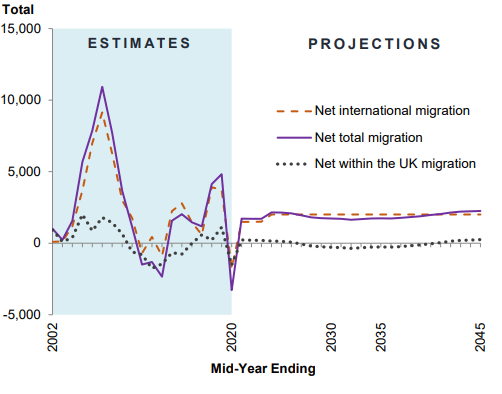


Figure 1 Net migration, year ending mid-2002 to year ending mid-2045. Source:www.nisra.gov.uk/system/files/statistics/NPP20-Bulletin.pdf

* + 1. Figure 1 illustrates that there was substantial net migration into Northern Ireland from the early 2000s, with a short decrease following the financial crisis in 2008 and a subsequently smaller peak. A further decline was observed during the COVID-19 pandemic, although a change to positive net migration can currently be noted, with a forecast to plateau over the next 25 years.
  1. **Country of birth**
     1. The 2021 Census counted an overall population of 1,903,175 people (936,132 males, 967,043 females) in Northern Ireland. Of these, 124,283 were born outside the UK, RoI, Channel Islands and Isle of Man (referred to as born outside the UK/RoI or foreign-born hereafter).
     2. Those born outside the UK/RoI represent 6.5% of the overall population. This reflects an increase in those born outside the UK/RoI compared to the 2011 Census when 81,453 were recorded as foreign-born, which represented 4.5% of the total population.
     3. Over half (67,451; 54.3%) of foreign-born individuals in 2021 were born in an EU member state (see Table 1).

Table 1 Country of birth (basic detail): changes from 2001 to 2021   
(Source: https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-country-of-birth

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Census year** | **NI total** | **Other EU countries** | | **Elsewhere** | |
| **N** | **%** | **N** | **%** |
| 2001 | 1,685,267 | 10,355 | 0.6 | 20,204 | 1.2 |
| 2011 | 1,810,863 | 45,407 | 2.5 | 36,046 | 2.0 |
| 2021 | 1,903,179 | 67,451 | 3.5 | 56,832 | 3.0 |

Figure 2 Proportion of country of birth by continent for foreign-born individuals, 2021. Source:<https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-country-of-birth>

* + 1. The foreign-born population originating from all non-EU countries has nearly trebled since the 2001 Census, rising from 20,204 people to 56,832. The largest group were 29,241 individuals born in the Middle East and Asia followed by 10,761 from Africa, 8,207 from North America and Caribbean, 3,689 from non-EU European countries, 3,076 from Antarctica, Oceania and Other, and fewer from South America (1,858). Figure 2 shows the distribution of country of birth by continents for all foreign-born individuals.

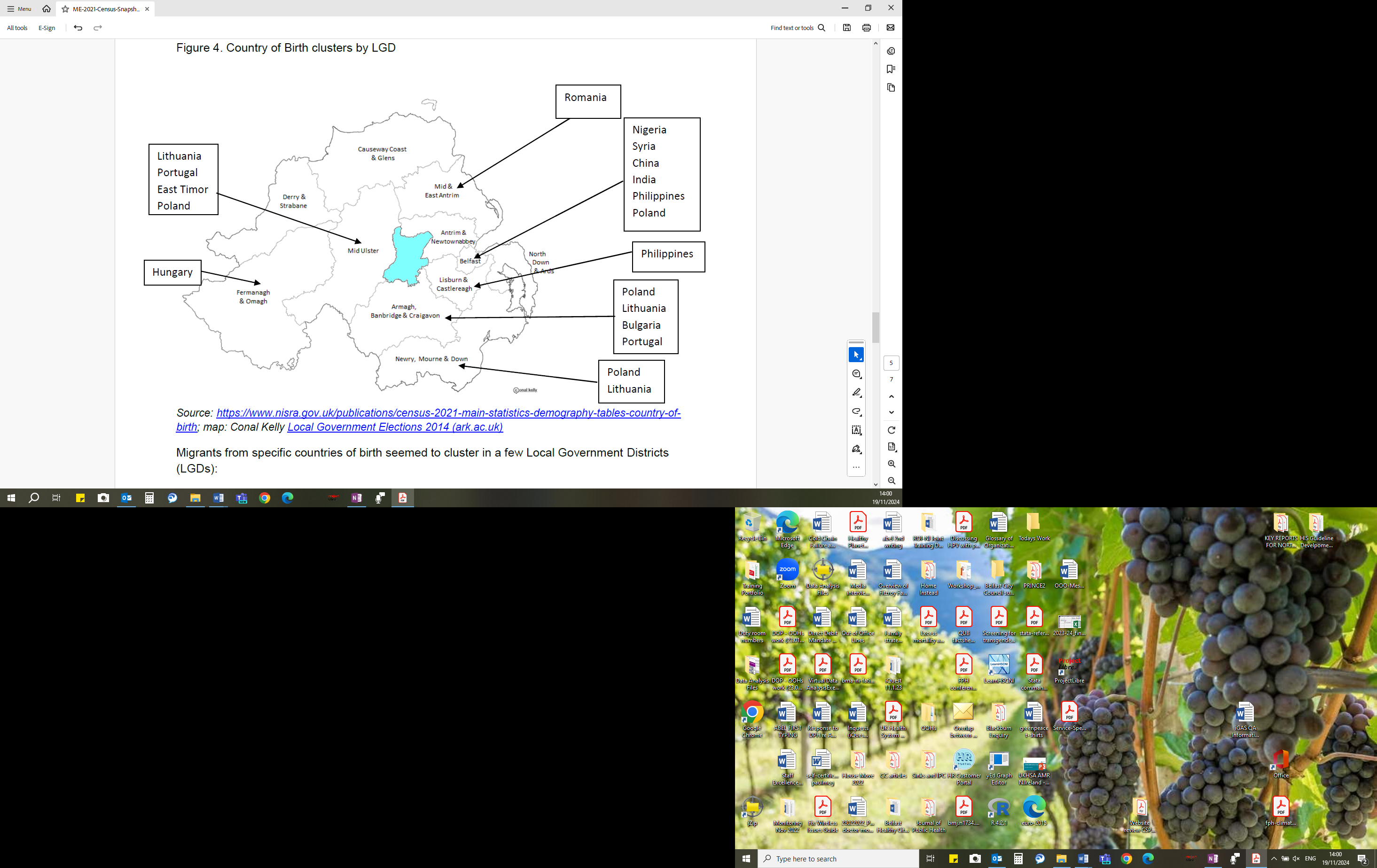


Figure 3 Country of Birth clusters by LGD. Source: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-demography-tables-country-of-birth>; map: Conal Kelly Local Government Elections 2014 (ark.ac.uk)

* + 1. Migrant populations from specific countries of birth seemed to cluster in a few Local Government Districts (LGDs):
* Poland: Belfast (4,453), Armagh, Banbridge & Craigavon (3,843), Mid Ulster (2,528) and Newry Mourne & Down (2,300)
* Lithuania: Mid Ulster (3,137) Armagh, Banbridge & Craigavon (2,997) and Newry, Mourne & Down (1,350)
* India: Belfast (3,300)
* Philippines: Belfast (1,337) and Lisburn & Castlereagh (589)
* China: Belfast (2,812)
* Portugal: Armagh, Banbridge & Craigavon (1,368) and Mid Ulster (1,212)
* East Timor: Mid Ulster (2,077)
* Syria: Belfast (648)
* Bulgaria: Armagh, Banbridge & Craigavon (1,658)
* Romania: Mid & East Antrim (1,784)
* Hungary: Fermanagh & Omagh (500)
* Nigeria: Belfast (862).
  1. **Ethnic Grouping (as per Census ‘ethnic’ group categories)**
     1. The 2021 Census also identified 61,466 individuals of non-White ethnic background, representing 3.23% of the population in NI. This was almost double the non-White ethnic population that was reported in the 2011 Census: 31,101 individuals representing 1.72% of the population (Table below).

Table 2 Ethnic group changes from 2001 to 2021 (Source: https://www.nisra.gov.uk/publications/census-2021-main-statistics-ethnicity-tables)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic group** | | **2001 Census** | **2011 Census** | **2021 Census** | **Increase from 2011 to 2021 (fold)** |
| ***All usual residents*** | | ***1,685,267*** | ***1,810,863*** | ***1,903,179*** |  |
| **White** | **Total** | **1,670,988** | **1,779,750** | **1,841,713** |  |
| White | **-** | 1,778,149 | 1,837,575 |  |
| White - Irish Traveller | **-** | 1,301 | 2,609 |  |
| White – Roma | **-** | 12 | 1,529 | 127.4 |
| **Asian & Middle East** | **Total** | **6,824** | **19,130** | **32,484** | **1.7** |
| Indian | 1,567 | 6,198 | 9,881 | 1.6 |
| Chinese | 4,145 | 6,303 | 9,495 | 1.5 |
| Filipino | - | 2,053 | 4,451 | 2.2 |
| Pakistani | 666 | 1,091 | 1,596 | 1.5 |
| Arab | - | 274 | 1,817 | 6.6 |
| Other Asian | 446 | 3,211 | 5,244 | 1.6 |
| **Black** | **Total** | **1,136** | **3,616** | **11,032** | **3.1** |
| African | 494 | 2,345 | 8,069 | 3.4 |
| Other | 642 | 1,271 | 2,963 | 2.3 |
| **Mixed** |  | **3,319** | **6,014** | **14,382** | **2.4** |
| **Other** |  | **1,290** | **2,341** | **3,568** | **1.5** |
| **Total non-white** | | **14,279** | **31,101** | **61,466** |  |
| **Total % non-white** | | **0.85** | **1.72** | **3.23** |  |

* + 1. Within the non-White ethnic groups, people from mixed background (14,382), Indian (9,881) and Chinese (9,495) formed the largest groups in 2021. This pattern is similar to 2011, although those from mixed backgrounds are now the largest non-White group. In 2011 they were the third largest grouping (after Chinese and Indian).
    2. The Roma ethnic group showed a large proportional increase since 2011 (almost 130-fold).
    3. The second largest proportional increase was seen within the Arab ethnic group, with an over six-fold increase since 2011. This is mainly driven by those born in Syria and moving to Northern Ireland under the Syrian Vulnerable Persons Resettlement Scheme. They were followed by Black African Minority Ethnic group who showed a 3.4-fold increase.

*Figure 4 Changes in ethnic groups from 2001-2021, excluding White category*

* 1. **Minority Ethnic populations by health and social care (HSC) Trust area**

Table 3 Ethnic group by HSC Trust area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnic group** | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| Roma | 318 | 793 | 55 | 320 | 43 | 1,529 |
| Pakistani | 538 | 315 | 239 | 351 | 156 | 1,599 |
| Arab | 988 | 231 | 225 | 215 | 158 | 1,817 |
| Irish Traveller | 270 | 311 | 201 | 1,301 | 527 | 2,610 |
| Black: Other | 522 | 399 | 307 | 1,565 | 170 | 2,963 |
| Other ethnicities | 1,049 | 647 | 567 | 943 | 362 | 3,568 |
| Filipino | 1,988 | 746 | 748 | 553 | 415 | 4,450 |
| Other Asian | 1,762 | 654 | 801 | 1,698 | 326 | 5,241 |
| Black: African | 4,182 | 1,082 | 719 | 1,712 | 370 | 8,065 |
| Chinese | 5,223 | 1,491 | 1,134 | 1,007 | 640 | 9,495 |
| Indian | 4,886 | 1,807 | 1,247 | 898 | 1,041 | 9,879 |
| Mixed | 4,365 | 2,763 | 2,742 | 2,964 | 1,548 | 14,382 |
| White | 337,297 | 468,027 | 358,942 | 377,447 | 295,860 | 1,837,573 |
| *Non-white total* | *26,091* | *11,239* | *8985* | *13,527* | *5756* | *65,598* |
| *Non-white proportion* | *7%* | *2%* | *2%* | *3%* | *2%* | *3%* |
| **Total** | **363,388** | **479,266** | **367,927** | **390,974** | **301,616** | **1,903,171** |

* + 1. Table 3 presents the population data for ethnic group by HSCT. Belfast HSCT area had the largest proportion of non-White ethnic groups with 26,091 individuals, representing 7% of its total population, which is more than a two-fold increase since the 2011 census data. Belfast Trust area reflects two to three times the non-White ethnic population compared to the other Trust areas. Belfast HSCT also had higher numbers across almost all ethnic groups, particularly people from Chinese, Indian, Mixed ethnicity, and Black African groups. People from the Irish Traveller and people from Black ‘Other’ groups were more likely to live in the Southern Trust area. While people from the Roma ethnic group were more likely to live in the Northern Trust area.
    2. In contrast, the Western HSCT area had the lowest number and proportion of non-White ethnic groups overall with 5756 people, representing 2% of the area’s population.
    3. However, the overall proportions of people reporting to be non-White are higher across all Trusts when comparing 2021 and 2011 census data.

Table 4 Ethnic group by LGD

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **Antrim, N'abbey** | **Ards, North Down** | **Armagh, Banbridge, Craigavon** | **Belfast** | **Causeway Coast and Glens** | **Derry City, Strabane** | **Fermanagh and Omagh** | **Lisburn and Castlereagh** | **Mid and East Antrim** | **Mid Ulster** | **Newry, Mourne and Down** | **NI Total** |
| Roma | 10 | 19 | 205 | 314 | 15 | 13 | 26 | 17 | 747 | 81 | 82 | 1,529 |
| Pakistani | 167 | 87 | 278 | 492 | 41 | 103 | 51 | 193 | 92 | 30 | 62 | 1,596 |
| Arab | 107 | 28 | 116 | 1,014 | 44 | 88 | 67 | 152 | 16 | 103 | 82 | 1,817 |
| Irish Traveller | 65 | 24 | 534 | 299 | 42 | 218 | 293 | 109 | 133 | 550 | 342 | 2,609 |
| Black Other | 119 | 135 | 519 | 513 | 53 | 89 | 66 | 150 | 55 | 1,155 | 109 | 2,963 |
| Other ethnicities | 219 | 266 | 506 | 1,032 | 150 | 189 | 146 | 225 | 194 | 338 | 303 | 3,568 |
| Filipino | 386 | 308 | 406 | 1,637 | 139 | 225 | 136 | 734 | 211 | 111 | 158 | 4,451 |
| Other Asian | 270 | 468 | 581 | 1,680 | 148 | 174 | 121 | 352 | 152 | 1,132 | 166 | 5,244 |
| Black African | 430 | 309 | 1132 | 4,127 | 176 | 208 | 144 | 408 | 225 | 709 | 201 | 8,069 |
| Chinese | 622 | 500 | 683 | 4,738 | 313 | 350 | 249 | 967 | 398 | 326 | 349 | 9,495 |
| Indian | 1,340 | 388 | 617 | 4,361 | 208 | 818 | 207 | 1,267 | 176 | 206 | 293 | 9,881 |
| Mixed | 1,049 | 1,236 | 1,652 | 4,159 | 721 | 933 | 495 | 1,292 | 691 | 1,257 | 897 | 14,382 |
| White | 140,880 | 159,892 | 211,429 | 321,053 | 139,696 | 147,349 | 114,810 | 143,240 | 135,902 | 144,294 | 179,030 | 183,7575 |
| *Non-white total* | *4,784* | *3,768* | *7,229* | *24,366* | *2,050* | *3,408* | *2,001* | *5,866* | *3,090* | *5,998* | *3,044* | *65,604* |
| *Non-white proportion* | *3%* | *2%* | *3%* | *7%* | *1%* | *2%* | *2%* | *4%* | *2%* | *4%* | *2%* | *3%* |
| **Total** | **145,664** | **163,660** | **218,658** | **345,419** | **141,746** | **150,757** | **116,811** | **149,106** | **138,992** | **150,292** | **182,074** | **190,3179** |

Table 5 Table demonstrating the change in 'foreign-born' people settled in Northern Ireland between 2011 and 2021 census data, by HSC Trust area. ‘Foreign-born’ refers to people whose country of birth is not within the UK or Ireland, for the purposes of this paper.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| All usual residents | 363,391 | 479,261 | 367,924 | 390,977 | 301,615 | 1,903,168 |
| Total foreign-born 2011 census data (% within Trust) | 21,148 (6%) | 17,135 (4%) | 11,664 (3%) | 21,817 (6%) | 8,857  (3%) | 80,621 (4%) |
| **Total foreign-born 2021 census data (% within Trust)** | 35,886 (10%) | 25,239 (5%) | 17,113 (5%) | 34,878 (9%) | 11,167 (4%) | 124,283 (7%) |

* + 1. There was variation in which HSCT area specific foreign-born individuals settled (see Table 5-8). Between Trusts, the Belfast Trust was the area with the greatest absolute number of people born outside UK and Ireland (35,886 people), closely followed by the Southern Trust (34,878 people). The within Trust proportions have increased for all Trusts between 2011 and 2021, with Belfast and Southern Trusts also demonstrating the greatest proportion increase between these census years: 6% rising to 10%, and 6% rising to 9%, respectively.

Table 6 African countries of birth, by HSC Trust

| **Country of birth** | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| --- | --- | --- | --- | --- | --- | --- |
| Zimbabwe | 351 | 308 | 278 | 166 | 61 | 1,164 |
| Nigeria | 907 | 229 | 163 | 128 | 128 | 1,555 |
| South Africa | 599 | 686 | 792 | 364 | 184 | 2,625 |
| Other Africa | 2,670 | 699 | 652 | 1,048 | 346 | 5,415 |
| ***Subtotal (within Trust proportions %)*** | ***4,527 (1.2%)*** | ***1,922 (0.4%)*** | ***1,885 (0.5%)*** | ***1,706 (0.4%)*** | ***719 (0.2%)*** | ***10,759 (0.6%)*** |
| **All usual residents** | **363,391** | **479,261** | **367,924** | **390,977** | **301,615** | **1,903,168** |

* + 1. The number of people born in Africa who settled in Northern Ireland almost doubled between 2011 and 2021, increasing from 5,581 to 10,759 people.
    2. Most people who were born in Africa reported to be settled in the Belfast Trust area (4,527 people; 1.2% of the area’s population), of which the majority are people from Nigeria (907 people) and people from ‘Other’ African countries (2,670 people). At the Northern Ireland level, the absolute numbers of settled people born in Zimbabwe, Nigeria, and South Africa has increased between 2011 and 2021 by 507, 1,012, and 778 people respectively.

Table 7 European countries of birth, by HSC Trust (not including UK and Ireland)

| **Country of birth** | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| --- | --- | --- | --- | --- | --- | --- |
| France | 531 | 189 | 197 | 185 | 99 | 1,201 |
| Italy | 652 | 166 | 181 | 163 | 95 | 1,257 |
| Spain (including Canary Islands) | 806 | 193 | 253 | 193 | 160 | 1,605 |
| Hungary | 443 | 296 | 173 | 608 | 588 | 2,108 |
| Slovakia | 836 | 993 | 249 | 647 | 198 | 2,923 |
| Latvia | 246 | 483 | 510 | 1,584 | 329 | 3,152 |
| Other Non-EU countries | 1,028 | 654 | 669 | 984 | 354 | 3,689 |
| Portugal | 517 | 701 | 235 | 2,194 | 96 | 3,743 |
| Other EU Countries | 1,264 | 894 | 747 | 629 | 375 | 3,909 |
| Germany | 915 | 948 | 1,182 | 538 | 470 | 4,053 |
| Bulgaria | 265 | 631 | 371 | 2,494 | 338 | 4,099 |
| Romania | 1,742 | 2,570 | 745 | 1,279 | 276 | 6,612 |
| Lithuania | 633 | 1,248 | 993 | 6,750 | 827 | 10,451 |
| Poland | 4,633 | 6,075 | 2,112 | 7,167 | 2,348 | 22,335 |
| ***Subtotal (within Trust proportions %)*** | ***14,511 (4)*** | ***16,041 (3.3)*** | ***8,617 (2.3)*** | ***25,415 (6.5)*** | ***6,553 (2.2)*** | ***71,137 (3.7)*** |
| **All usual residents** | **363,391** | **479,261** | **367,924** | **390,977** | **301,615** | **1,903,168** |

* + 1. The number of people born in European countries who settled in Northern Ireland rose by 50% between 2011 and 2021, increasing from 47,207 to 71,137 people.
    2. Most people in this broad group settled in the Southern Trust area (25,415 people; 6.5% of the area’s population). The top five countries represented in this Trust area are: Poland (7,167 people), Lithuania (6,750 people), Bulgaria (2,494 people), Portugal (2,194 people), and Latvia (1,584 people).
    3. The top five countries represented at a Northern Ireland level are: Poland (22,335 people), Lithuania (10,451 people) Romania (6,612), Bulgaria (4,099), and Germany (4,053 people)[[1]](#footnote-1). France is the country least represented in terms of country of birth.

Table 8 Middle East and Asian Countries of Birth, by HSC Trust

| **Country of birth** | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| --- | --- | --- | --- | --- | --- | --- |
| Pakistan | 430 | 235 | 202 | 225 | 142 | 1,234 |
| Syria | 570 | 320 | 411 | 323 | 189 | 1,813 |
| Hong Kong (Special Administrative Region of China) | 711 | 460 | 433 | 252 | 125 | 1,981 |
| East Timor | 54 | 259 | 20 | 2,479 | 63 | 2,875 |
| Philippines | 1,618 | 623 | 626 | 460 | 374 | 3,701 |
| China | 2,954 | 440 | 273 | 273 | 195 | 4,135 |
| Other | 3,157 | 1,043 | 1,125 | 741 | 530 | 6,596 |
| India | 3,677 | 1,207 | 806 | 573 | 647 | 6,910 |
| ***Subtotal***  ***(within Trust proportions %)*** | ***13,171***  ***(3.6)*** | ***4,587***  ***(1)*** | ***3,896***  ***(1.1)*** | ***5,326***  ***(1.4)*** | ***2,265***  ***(0.8)*** | ***29,245***  ***(1.5)*** |
| **All usual residents** | **363,391** | **479,261** | **367,924** | **390,977** | **301,615** | **1,903,168** |

* + 1. The number of people born in Middle Eastern and Asian countries who settled in Northern Ireland rose by 70% between 2011 and 2021, increasing from 17,293 to 29,245 people.
    2. Most people in this broad group settled in the Belfast Trust area (13,171 people; 3.6% of the area’s population). The top five countries represented in this Trust area are: India (3,677 people), ‘Other’ (3,157 people), China (2,954 people), Philippines (1,618 people), and Hong Kong[[2]](#footnote-2) (1,584 people). Of people born in Syria, most also settled in the Belfast Trust area (570 people of a total of 1,813 people).
    3. The Syrian war began in 2011 and people from this country are not represented in the 2011 census.
    4. At a Northern Ireland level, the top five countries represented are: India, ‘Other’, China, Philippine, and East Timor. The majority of people born in East Timor settled in Northern Ireland live in the Southern Trust area (2,479 people; 86%).
    5. Those born in Pakistan and Syria represent the two smallest populations overall at 1,234 and 1,813 respectively.

Table 9 North America, Central America, Caribbean, South America, Antarctica, and Oceania countries of birth, by HSC Trust

| **Country of birth** | **Belfast** | **Northern** | **South eastern** | **Southern** | **Western** | **NI total** |
| --- | --- | --- | --- | --- | --- | --- |
| Other: North America, Central America and Caribbean | 253 | 138 | 194 | 97 | 68 | 750 |
| Other: Antarctica, Oceania | 174 | 226 | 229 | 118 | 65 | 812 |
| Australia | 528 | 518 | 502 | 425 | 294 | 2,267 |
| Canada | 673 | 561 | 656 | 348 | 230 | 2,468 |
| South America | 673 | 283 | 283 | 485 | 132 | 1,856 |
| United States | 1,376 | 963 | 851 | 958 | 841 | 4,989 |
| ***Subtotal***  ***(within Trust proportions %)*** | ***3,677***  ***(1)*** | ***2,689***  ***(0.6)*** | ***2,715***  ***(0.7)*** | ***2,431***  ***(0.6)*** | ***1,630***  ***(0.5)*** | ***13,142***  ***(0.7)*** |
| **All usual residents** | **363,391** | **479,261** | **367,924** | **390,977** | **301,615** | **1,903,168** |

* + 1. There were modest proportion increases in people born in the United States, Canada, and Australia between 2011 and 2021. In absolute numbers these were increases of 738,145, and 517 people, respectively. However, the numbers of people settled in Northern Ireland who were born on the continent of South America doubled, increasing from 875 to 1,856 people.
  1. **Age structure by ethnic group**

Figure 5 Age groups by ethnicity (proportions)

* + 1. The ethnic group identifying as White has a larger older population (65+) than the other ethnic groups, followed by the Chinese ethnic group.
    2. The Chinese ethnic group also has the smallest population in the ‘0-15’ age group
    3. The Mixed ethnic group has the largest population in the younger age groups ‘0-15’ and ’16-39’.

# **Determinants of health**

* 1. **Educational qualifications**
     1. Those 16 and over were asked to report on the highest level of qualification achieved.

Figure 6 Proportion of highest qualification achieved by country of birth (%)

* + 1. People reporting to have attained ‘Level 4 qualifications and above’ were most likely to have been born in a country outside of Europe, followed by the Republic of Ireland (RoI), Great Britain, Europe (excluding RoI), and finally Northern Ireland.
    2. People reporting to have ‘No qualifications’ were most likely to have been born in Europe (other than RoI), followed by the RoI, Northern Ireland, countries outside Europe, and finally Great Britain.

Figure 7 Proportion of highest qualification achieved by ethnic group (%)

* + 1. People reporting to have attained ‘Level 4 qualifications and above’ were most likely to report to identify as Filipino, Indian, or Pakistani.
    2. People reporting to have ‘No qualifications’ were most likely to identify as Roma, Irish Traveller, and Black (Other).
  1. **Economic activity**

Table 10 Economic activity by country of birth: selected countries

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NI** | **Africa (Other)** | **Canada** | **China** | **Germany** | **India** | **Pakistan** | **Philippines** | **Poland** | **South Africa** | **Syria** | **USA** |
| **Population aged ≥ 16 (n)** | 1,283,864 | 4,754 | 2,269 | 4,027 | 3,839 | 6,063 | 1,135 | 3,509 | 20,511 | 2,385 | 1,291 | 4,210 |
| **Population aged 16-64 (n)** | 991,763 | 4,408 | 1,946 | 3,921 | 3,541 | 5,606 | 1,060 | 3,428 | 20,015 | 2,153 | 1,243 | 3,767 |
| **Employment level (n)** | 708,802 | 2,579 | 1,406 | 1,538 | 2,486 | 4,127 | 613 | 2,870 | 15,850 | 1,631 | 155 | 2,489 |
| **Employment rate (%)** | 71 | 59 | 72 | 39 | 70 | 74 | 58 | 84 | 79 | 76 | 12 | 66 |
| **Unemployment level (n)** | 33,401 | 297 | 91 | 143 | 136 | 354 | 68 | 95 | 858 | 119 | 119 | 209 |
| **Unemployment rate (%)** | 5 | 10 | 6 | 9 | 5 | 8 | 10 | 3 | 5 | 7 | 43 | 8 |
| **Economically inactive level (n)** | 280,640 | 1,585 | 491 | 2,254 | 972 | 1,170 | 391 | 503 | 662 | 443 | 974 | 1131 |
| **Economically inactive rate (%)** | 28 | 36 | 25 | 58 | 27 | 21 | 37 | 15 | 22 | 21 | 78 | 30 |
| Economically inactive: Long-term sick or disabled (n) | 85831 | 204 | 110 | 32 | 309 | 38 | 34 | 21 | 607 | 88 | 147 | 172 |
| Economically inactive: Looking after home or family (n) | 57476 | 504 | 113 | 313 | 262 | 371 | 159 | 140 | 1139 | 144 | 377 | 248 |
| Economically inactive: Other (n) | 35923 | 376 | 48 | 151 | 144 | 147 | 64 | 91 | 578 | 85 | 171 | 134 |
| Economically inactive: Retired (n) | 35413 | 82 | 100 | 50 | 84 | 42 | 14 | 17 | 82 | 19 | 23 | 75 |
| Economically inactive: Student (n) | 65997 | 419 | 120 | 1708 | 173 | 572 | 120 | 234 | 993 | 107 | 256 | 502 |

Table 11 Economic activity by Census Ethnic Group categories

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **White** | **Arab** | **Black African** | **Black Other** | **Chinese** | **Filipino** | **Indian** | **Pakistani** | **Asian Other** | **Irish Traveller** | **Roma** | **Other Ethnicities** | **Mixed** |
| **Population aged ≥ 16 (n)** | 1468670 | 1264 | 5722 | 2139 | 8049 | 3646 | 7446 | 1210 | 4071 | 1679 | 1051 | 2837 | 6953 |
| **Population aged 16-64 (n)** | 1144486 | 1216 | 5581 | 2066 | 7271 | 3559 | 7046 | 1146 | 3964 | 1543 | 1022 | 2642 | 6723 |
| **Employment level (n)** | 822598 | 354 | 3305 | 1495 | 3471 | 2923 | 5059 | 661 | 2335 | 306 | 713 | 1679 | 4196 |
| **Employment rate (%)** | 69% | 29% | 59% | 71% | 46% | 81% | 71% | 57% | 58% | 20% | 69% | 63% | 62% |
| **Unemployment level (n)** | 39570 | 76 | 404 | 98 | 281 | 102 | 431 | 61 | 217 | 57 | 66 | 145 | 415 |
| **Unemployment rate (%)** | 5% | 18% | 11% | 6% | 7% | 3% | 8% | 8% | 9% | 16% | 8% | 8% | 9% |
| **Economically inactive level (n)** | 316720 | 792 | 1909 | 491 | 3614 | 573 | 1621 | 433 | 1435 | 1185 | 246 | 843 | 2130 |
| **Economically inactive rate (%)** | 28% | 65% | 34% | 24% | 50% | 16% | 23% | 38% | 36% | 77% | 24% | 32% | 32% |
| *Economically inactive: Long-term sick or disabled (n)* | 95365 | 85 | 156 | 67 | 100 | 25 | 81 | 36 | 95 | 457 | 29 | 138 | 358 |
| *Economically inactive: Looking after home or family (n)* | 67183 | 234 | 459 | 122 | 559 | 145 | 455 | 151 | 479 | 347 | 76 | 218 | 433 |
| *Economically inactive: Other (n)* | 41040 | 112 | 459 | 149 | 330 | 99 | 199 | 65 | 275 | 273 | 99 | 214 | 268 |
| *Economically inactive: Retired (n)* | 39807 | 10 | 64 | 13 | 224 | 16 | 55 | 10 | 30 | 12 | 8 | 47 | 46 |
| *Economically inactive: Student (n)* | 73325 | 351 | 771 | 140 | 2401 | 288 | 831 | 171 | 556 | 96 | 34 | 226 | 1025 |

* + 1. Country of birth
       1. ‘Economic inactivity’ includes those who are retired, long-term sick or disabled, looking after the home or family, and non-employed students.
       2. The proportion of all people in NI who were unemployed fell from 7.5% to 4.7%, comparing the 2011 and 2021 Censuses.
       3. Populations from five countries showed employment rates that were higher than for people born in NI: Canada, India, Philippines, Poland, and South Africa.
       4. The highest economic inactivity rates were reported for Syria, China (most of these were students), Pakistan, Africa (Other), and USA (many of these were students). The population of people from Syria is likely to be largely comprised of people who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people of ill health and greatest need. Subsequently, this is believed to be the primary reason for the high rates of economic inactivity in this population.
    2. Ethnic Group
       1. High employment rates were seen in: Black (Other) 71%, Filipino 81%, Indian 71%, and Roma 69%. The employment rate for people of White ethnicity was 69%.
       2. With respect to Economic Inactivity, the highest rates were in Irish Traveller people (77%), Arab people (65%), and Chinese people (50%). The population of Arab ethnicity comprises a significant proportion of people from Syria. The Syrian Vulnerable Persons Resettlement Scheme focused on people with ill health and it is likely that this is an important reason for the high economic inactivity rates reported by this group of people. A large proportion of economically inactive people of Chinese ethnicity were students. Within the Irish Traveller population, long term sickness or disability was reported most often as the cause of economic inactivity. For each of these subpopulations, ‘looking after home or family’ is also a significant factor contributing to ‘economic inactivity’. However, it’s important to note that such activities are likely to indirectly support the NI economy by reducing the health and social care demand that is otherwise being provided through informal, family social support networks.
       3. Unemployment rates were highest in those who report as being of Arab ethnicity (18%), followed by Irish Travellers (16%), and Black African ethnicity (11%). The figure for those who reported within White ethnicity was 5%. See note in 6.2.2.2 regarding people of Arab ethnicity and the Syrian Vulnerable Persons Resettlement Scheme.
  1. **Occupations**

Table 12 Occupation by region of birth, for people aged 16 – 74 years: absolute numbers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **All usual residents** | **NI** | **Africa** | **Euro: EU countries (excl. RoI)** | **Euro: Other non-EU countries** | **M. East & Asia** |
| 1 Managers, directors and senior officials | 75290 | 64085 | 421 | 1922 | 167 | 989 |
| 2 Professional occupations | 171689 | 142564 | 1675 | 4341 | 381 | 5214 |
| 3 Associate professional and technical occupations | 81587 | 67894 | 587 | 2767 | 200 | 851 |
| 4 Administrative and secretarial occupations | 93984 | 82972 | 396 | 2234 | 151 | 545 |
| 5 Skilled trades occupations | 107166 | 91811 | 355 | 6793 | 285 | 1880 |
| 6 Caring, leisure and other service occupations | 87927 | 74504 | 822 | 3964 | 260 | 1371 |
| 7 Sales and customer service occupations | 78618 | 68181 | 429 | 2967 | 173 | 816 |
| 8 Process, plant and machine operatives | 63967 | 48420 | 494 | 9395 | 199 | 1109 |
| 9 Elementary occupations | 83804 | 63768 | 684 | 10950 | 325 | 2197 |

Figure 8 Occupation by region of birth, for people aged 16 – 74 years: proportions of those employed within each region of birth

* + 1. People born in countries outside of the UK and Ireland contribute a wide range of skills to the workforce.
    2. The proportions of ‘Professional Occupations’ are highest within the populations of those born in Africa (29%), and the Middle East and Asia (35%). This compares with 20% for those born in Northern Ireland.
    3. The proportion of those working in the ‘Elementary’ and ‘Process, Plant and Machine Operatives’ is highest within the population of those born in the EU, 24% and 21% respectively. This compares with 9% and 7% for those born in Northern Ireland, which is the subpopulation undertaking these categories of work in the least proportion.
    4. The population of people born in the EU show a similar proportion of ‘Level 4 qualifications and above’ as those born in Northern Ireland. However, there is a notable difference in the proportions working in Professional Occupations, comparing those born in NI with those born in Europe (aside from RoI). Reasons that could account for this include non-recognition of European qualifications and / or language barriers.

Table 13 Occupations by ethnic group, in people aged 16 - 74 years: absolute numbers

|  | **All usual residents** | **White** | **Arab** | **Black African** | **Black Other** | **Chinese** | **Filipino** | **Indian** | **Pakistani** | **Other Asian** | **Irish Traveller** | **Roma** | **Other ethnicities** | **Mixed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Managers, directors and senior officials | 75290 | 73587 | 24 | 117 | 50 | 310 | 109 | 403 | 59 | 139 | 28 | 30 | 121 | 313 |
| 2 Professional occupations | 171689 | 163760 | 147 | 896 | 121 | 745 | 1355 | 2691 | 260 | 401 | 58 | 44 | 279 | 932 |
| 3 Associate professional and technical occupations | 81588 | 79542 | 55 | 196 | 97 | 264 | 115 | 307 | 62 | 159 | 24 | 21 | 184 | 562 |
| 4 Administrative and secretarial occupations | 93983 | 92708 | 11 | 125 | 65 | 180 | 83 | 177 | 28 | 105 | 20 | 15 | 112 | 354 |
| 5 Skilled trades occupations | 107168 | 104339 | 22 | 177 | 147 | 1011 | 116 | 320 | 67 | 337 | 49 | 114 | 179 | 290 |
| 6 Caring, leisure and other service occupations | 87926 | 85249 | 20 | 588 | 72 | 142 | 579 | 445 | 29 | 175 | 35 | 45 | 159 | 388 |
| 7 Sales and customer service occupations | 78616 | 76735 | 27 | 225 | 109 | 250 | 137 | 253 | 71 | 131 | 29 | 44 | 118 | 487 |
| 8 Process, plant and machine operatives | 63967 | 61768 | 20 | 412 | 349 | 87 | 80 | 135 | 40 | 354 | 23 | 192 | 224 | 283 |
| 9 Elementary occupations | 83804 | 79864 | 29 | 562 | 482 | 478 | 352 | 321 | 42 | 534 | 40 | 208 | 305 | 587 |
| No code required | 521164 | 502360 | 907 | 2400 | 625 | 4259 | 713 | 2243 | 525 | 1720 | 1325 | 323 | 1095 | 2669 |
| Grand total | 1365195 | 1319912 | 1262 | 5698 | 2117 | 7726 | 3639 | 7295 | 1183 | 4055 | 1631 | 1036 | 2776 | 6865 |
| **Total employed people ['total' minus 'no code required']** | **844031** | **817552** | **355** | **3298** | **1492** | **3467** | **2926** | **5052** | **658** | **2335** | **306** | **713** | **1681** | **4196** |

Figure 9 Occupations by ethnic group, in people aged 16 - 74 years: proportions by those employed in each ethnic group

* + 1. There are notable differences in occupation by ethnic group
    2. Professional occupations were the least proportion within the Roma ethnic group (6.2%) and the Black-Other ethnic group (8.1%). They were the greatest proportion within the Indian (53.3%), Filipino (46.3%), and Arab (41.4%) ethnic groups.
    3. Process, plant, and machine operatives, and elementary occupations combined were reported in the greatest proportion within the ethnic groups of Black-Other (55.7%), Other-Asian (38.1%), and Roma (56.1%) ethnic groups.
    4. Irish Traveller ethnic group: The occupations reported in the greatest proportions were the professional category (19%), skilled trades (16%), and elementary occupations (13.1%).
  1. **Main language and English proficiency**
     1. The 2021 Census requested information on ‘main language’ spoken. The table below shows the main languages (non-English) spoken by those in Northern Ireland. The most widely spoken language after English is Polish, followed by Lithuanian.

*Table 14 Main Language Spoken (non-English) and NI percentage – 2021 and 2011 (Source: https://www.nisra.gov.uk/publications/census-2021-main-statistics-language-tables)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main Language (Non-English)** | **Number (NI)**  **2021** | **NI %**  **2021** | **Number (NI)**  **2011** | **NI %**  **2011** |
| Polish | 20,134 | 1.10 | 17,731 | 1.02 |
| Lithuanian | 8,978 | 0.49 | 6,250 | 0.36 |
| Irish | 5,969 | 0.32 | 4,130 | 0.24 |
| Romanian | 5,627 | 0.31 | 791 | 0.05 |
| Portuguese | 4,982 | 0.27 | 2,293 | 0.13 |
| Arabic | 3,627 | 0.20 | 549 | 0.03 |
| Bulgarian | 3,572 | 0.19 | 535 | 0.03 |
| Chinese  (not otherwise specified) | 3,329 | 0.18 | 2,214 | 0.13 |
| Slovak | 2,333 | 0.13 | 2,257 | 0.13 |
| Hungarian | 2,172 | 0.12 | 1,008 | 0.05 |
| Spanish | 1,860 | 0.10 | 918 | 0.05 |
| Latvian | 1,700 | 0.09 | 1,273 | 0.07 |
| Russian | 1,605 | 0.09 | 1,191 | 0.07 |
| Tetun | 1,576 | 0.09 | 429 | 0.02 |
| Malayalam | 1,478 | 0.08 | 1,174 | 0.07 |
| Tagalog/Filipino | 1,339 | 0.07 | 1,895 | 0.11 |
| Cantonese | 1,247 | 0.07 | 966 | 0.06 |
| Other Languages | 13,578 | 0.74 | 9,331 | 0.54 |

* + 1. In terms of regional spread, the following language clusters were observed by LGD:
* Polish is most commonly spoken across all LGDs, but particularly in Armagh, Banbridge & Craigavon and Mid Ulster (above the NI%).
* Lithuanian and Portuguese are most commonly spoken in Mid Ulster LGD.
* Bulgarian and Romanian show substantial growth since 2011 and are most commonly spoken in Armagh, Banbridge & Craigavon and Mid & East Antrim respectively.
* Arabic also shows substantial growth and is spoken mainly in Belfast LGD.
  + 1. The 2021 Census also requested information on self-assessed English proficiency among usual residents aged 3 years and older (table below). There were 85,106 individuals whose main language was not English (this includes 5,969 Irish speakers). Of those who did not have English as their main language, 23.7% had poor English.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NI** | **All usual residents: Aged 3+** | **Main language is not English (aged 3+)** | | | | | |
| ***All*** | **Can speak English very well** | **Can speak English well** | **Cannot speak English well** | **Cannot speak English** | **% Poor English** |
| ***2021*** | *1,836,616* | ***85,106*** | *35,519* | *29,412* | *16,275* | *3,900* | *23.7* |
| **2011** | *1,735,711* | ***54,540*** | *20,260* | *19,811* | *11,802* | *2,667* | *26.5* |

*Table 15 English proficiency among all usual residents whose main language is not English (aged 3+) by Census year (Source:* [*https://www.nisra.gov.uk/publications/census-2021-main-statistics-language-tables*](https://www.nisra.gov.uk/publications/census-2021-main-statistics-language-tables)*). Note: Poor English is defined as those who cannot speak English well or cannot speak English. Figures include those who speak Irish as their main language.*

* + 1. Among those whose main language was not English, the proportion who could not speak English well or at all varied by LGD, with highest being in Mid & East Antrim (29.3%) and in Armagh, Banbridge & Craigavon (28.6%). Less than one-fifth (17.8%) reported poor English in Lisburn & Castlereagh.

Figure 10 English proficiency among those whose main language is not English (aged 3+) by LGD. Source: <https://www.nisra.gov.uk/publications/census-2021-main-statistics-language-tables>

* + 1. Of those reporting unable to speak English well or at all, the highest proportions are in those whose main language is Bulgarian (44.2%), followed by Cantonese (44%) and Arabic (38.1%).

Table 16 English proficiency among residents whose main language is not English (aged 3+): main languages with 1000+ speakers
 
Table 16 English proficiency among residents whose main language is not English (aged 3+): main languages with 1000+ speakers

* 1. **People seeking asylum in Northern Ireland**

Figure 11 Chart illustrating number of people seeking asylum in Northern Ireland who are in receipt of Asylum Support, by quarterly reporting dates between 2014 – 2024 (data from Home Office Immigration System Statistics)

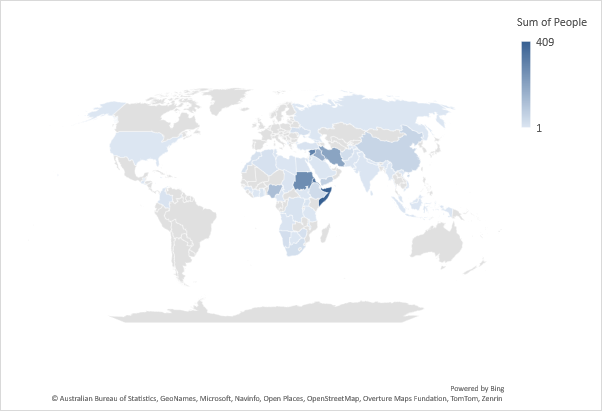


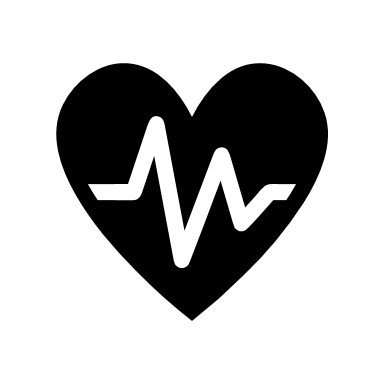
Figure 12 Map illustrating the nationality of people in Northern Ireland who are in receipt of Asylum Support as at 30th June 2024

Table 17 Table showing nationalities of people in Northern Ireland in receipt of Asylum Support as at 30th June 2024. The top ten most frquent nationalities represented in June 2024 are shown. See appendix for full list reported for June 2024.

|  |  |  |
| --- | --- | --- |
|  | **Nationality** | **Sum of People** |
| 1 | Somalia | 409 |
| 2 | Eritrea | 348 |
| 3 | Syria | 309 |
| 4 | Sudan | 273 |
| 5 | Iran | 203 |
| 6 | Iraq | 164 |
| 7 | Nigeria | 122 |
| 8 | Occupied Palestinian Territories | 70 |
| 9 | Yemen | 68 |
| 10 | Kuwait | 59 |
|  |  |  |
|  | *Ukraine: included for reference, but not within top ten* | *19* |

* + 1. The data has been obtained from Home Office Immigration System Statistics, and is presented here in a condensed form. The figures are based on quarterly reports that illustrate the numbers of people in receipt of Asylum Support at the respective point in time.
    2. The figure shows a noticeable rise in those in receipt of Asylum Support between the fourth quarter 2021 and the first quarter 2023. The exact reason for this increase is unknown and is likely to be multifactorial. For example, in 2019, the UK Government abandoned its 6-month asylum processing target which may have slowed the rate at which people were exiting the asylum support system.
    3. Table 16 shows the top ten most frequent nationalities in receipt of Asylum Support as of 30th June 2024. Four of the countries are from Africa and six countries are from the Middle East.
    4. Once people are granted refugee status, they may not choose to settle in Northern Ireland.
    5. There are a limited number of routes for people to come to Northern Ireland for humanitarian reasons: The Syrian Vulnerable Persons Resettlement Scheme, which ended in 2021, and the Afghan Resettlement Scheme, including the Afghan Relocations and Assistance Policy (ARAP) and the Afghan Citizens Resettlement Scheme (ACRS). Some refugees also arrive via Refugee Family Reunion or Refugee Community Sponsorship.
    6. There are two nationality-specific immigration visa routes, the Ukraine visa schemes and the British Nationals Hong Kong residents (Overseas) visa scheme.
    7. People who come through UK government sanctioned Resettlement or Immigration Visa Schemes are usually granted refugee status or other form of protection by the UK while they are abroad and prior to arrival. They arrive in the UK with status: they do not go through the UK asylum process.
    8. People from each of the countries supported through the Refugee Resettlement schemes and Immigration visa schemes continue to apply through the asylum process as well.

Reference: [LCNI-briefing-refugee-statistics-December-2024.pdf](https://www.lawcentreni.org/wp-content/uploads/2024/12/LCNI-briefing-refugee-statistics-December-2024.pdf)

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# **Health**

* 1. The Census collected data on a range of factors relating to health. Four metrics were selected for inclusion in this paper. The first two of these metrics were included in the 2014 report and were subsequently included for comparison. It was perceived that mental ill health could be an important condition for some from Minority Ethnic populations e.g. related to involuntary migration or social issues, and thus it was felt this would be useful metric to include. The fourth metric was included due to the association of multimorbidity (the presence of two or more chronic health conditions) with quality of life and its impact on health systems. Respective figures for each of the health metrics for the population of people born in Northern Ireland and for the White ethnic population have been included for reference. For some of the tables below, the top five countries / ethnic groups are shown for clarity. However, the full list of countries / ethnic groups (by absolute numbers), and as distributed by HSC Trust, are shown in the Appendices.

Table 18 Health variables for which Census data was selected for this paper

|  |  |  |
| --- | --- | --- |
| **Variable** | **Description** | **Categories** |
| **Health in general** | A self-assessment of a person's general health. This assessment is not based on a person's health over any specified period of time. | Very good, good, fair, bad or very bad health. |
| **Emotional or mental health** | A self-assessment of whether a person has a long-term emotional, psychological or mental health condition. Long-term is defined as lasting, or expecting to last, at least 12 months. | Has / has not an emotional, psychological or mental health condition. |
| **Health Problem or Disability (Long-term)** | A self-assessment of whether a person has a health problem or disability which limits their daily activities and which has lasted, or expected to last, at least 12 months. This includes problems that are due to old age. | Day-to-day activities limited or not. |
| **Number of health conditions** | The number of long-term health conditions reported by a person. A long-term health condition is one which has lasted, or is expected to last, at least 12 months. In census, this is a self-assessment question. The presence of two or more health conditions is considered multimorbidity. | Has / has not two or more long-term health conditions. |

* 1. **General health: people who reported bad or very bad health**

Table 19 Self-assessed general health by place of birth (proportions)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Proportions reporting health status within each place of birth %* | **Very good** | **Good** | **Fair** | **Bad** | **Very bad** | **Total N** |
| **All usual residents** | **50.0** | **28.7** | **13.7** | **5.7** | **1.9** | **1903179** |
| Northern Ireland | 50.4 | 27.9 | 13.9 | 5.8 | 2.0 | 1646276 |
| Europe: Other EU countries | 49.8 | 37.8 | 8.4 | 3.2 | 0.8 | 67451 |
| Europe: Other Non-EU countries | 49.7 | 35.8 | 10.3 | 3.2 | 1.1 | 3689 |
| Africa | 54.7 | 31.6 | 9.7 | 3.3 | 0.7 | 10760 |
| Middle East and Asia | 53.3 | 34.9 | 8.9 | 2.2 | 0.7 | 29244 |
| North America, Central America and Caribbean | 54.4 | 30.3 | 10.0 | 4.1 | 1.2 | 8206 |
| South America | 57.3 | 33.4 | 6.8 | 2.0 | 0.5 | 1862 |
| Antarctica, Oceania and Other | 62.2 | 25.5 | 8.5 | 3.0 | 0.8 | 3078 |

* + - 1. Table 18 shows that, in the total population, about four in five stated their health was very good or good (78.7%), while 13.7% reported their health was fair.
      2. 7.6% reported it to be bad or very bad, which has increased from 5.6% compared with the 2011 Census.
      3. Overall, bad or very bad health was reported less commonly in people born outside the UK and Ireland. The figure was 3.8%, which is increased when compared with the same statistic from the 2011 Census of 2.2%.
      4. There was some variation between different regions of birth. Those from the combined North America, Central America, and Caribbean region reported the highest proportion of bad / very bad health of foreign-born people (5.3%). Whereas those from South America reported the lowest proportion of people in the bad / very bad category (2.5%).

Table 20 The countries of birth and ethnicities in which poor health was reported with most relative frequency (top five by %), with the absolute numbers reporting the condition within the population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **% (N within group)** | **By ethnicity** | **% (N within group)** |
| *Northern Ireland* | *7.9 (129252)* | *White* | *7.8 (143,718)* |
| Syria[[3]](#footnote-3) | 13.9 (251) | Irish Traveller | 20.8 (543) |
| Germany | 8.4 (342) | Arab[[4]](#footnote-4) | 7.5 (136) |
| Canada | 6.8 (169) | Other Ethnicities | 6.7 (241) |
| Slovakia | 5.8 (170) | Pakistani | 4 (63) |
| Pakistan | 5.1 (63) | Roma | 4 (61) |

Figure 13 Chart showing the proportions of people in each ethnic group reporting poor general health

Table 21 The countries of birth and ethnicities in which poor health was reported with most frequency (top five by absolute numbers), with the proportion reporting the condition within the respective population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **N (% within group)** | **By ethnicity** | **N (% within group)** |
| *Northern Ireland* | *129,252 (7.9)* | *White* | *143,718 (7.8)* |
| Poland | 895 (4) | Irish Traveller | 543 (20.8) |
| Germany | 342 (8.4) | Mixed ethnicities | 403 (2.8) |
| Lithuania | 321 (3.1) | Chinese | 270 (2.8) |
| Africa: Other | 271 (5) | Other ethnicities | 241 (6.7) |
| Syria | 251 (13.9) | Black: African | 176 (2.2) |

* + 1. The proportion of people identifying as being in the White ethnic group who reported bad / very bad health was 7.8%, compared with 5.7% in the 2011 Census.
    2. The Irish Traveller ethnic group reported the highest proportion of bad / very bad health (20.8%). The second highest proportion in this category was the White ethnic group, followed by the Arab ethnic group.
    3. People from the Filipino ethnic group reported the lowest proportion of bad / very bad health (0.8%).
    4. Figure 14 shows the proportion of people in the typical working age (16 - 64 years) reporting very good / good health. The lowest proportion is again reported in the Irish Traveller ethnic group (48.2%). This is contrasted with the next lowest proportion which was reported in the White ethnic group but is significantly higher at 80.4%.
    5. Proportions of people reporting health in the very good / good category for working age people is above 80% for all other ethnicities. The highest proportion is reported by people in the Indian and Filipino ethnic groups, 91.9% and 94.5%, respectively.
    6. Perceived general health needs to be considered with caution for a number of reasons in addition to the self-reported nature of this health assessment. It may reflect selective migration (only the healthiest migrated; the ‘healthy migrant effect’) as well as cultural bias of what makes good or bad health. The ratings of perceived health may also reflect the younger age structure of migrants, since the reporting of worse health increases with age.

Figure 14 Proportion of ‘Very good / good health’ by ethnic group, in adults aged 16-64 years (typical working age)

Table 22 Self-assessed general health by ethnic group: absolute numbers and proportions

Table 22 Self-assessed general health by ethnic group: absolute numbers and proportions

* 1. **Emotional, psychological, or mental health**

Table 23 The countries of birth and ethnicities in which a long-term emotional, psychological, or mental condition was reported with most relative frequency (top five by %), with the absolute numbers reporting the condition within the population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **% (N within group)** | **By ethnicity** | **% (N within group)** |
| *Northern Ireland* | *8.8 (145011)* | *White* | *8.8 (162, 052)* |
| Germany | 12.9 (522) | Irish Traveller | 24.3 (633) |
| Canada | 10.6 (261) | Other Ethnicities | 7.4 (264) |
| United States | 10.0 (501) | Mixed Ethnicities | 6.5 (934) |
| South Africa | 8.6 (227) | Arab | 4.6 (83) |
| EU Countries: Other | 8.3 (325) | Pakistani | 4.1 (66) |

Figure 15 Proportion of each ethnic group that reported having an emotional, psychological, or mental health condition.

Table 24 The countries of birth and ethnicities in which a long-term emotional, psychological, or mental condition was reported with most frequency (top five by absolute numbers), with the proportion reporting the condition within the respective population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **N (% within group)** | **By ethnicity** | **N (% within group)** |
| *Northern Ireland* | *145011 (8.8)* | *White* | *162, 052 (8.8)* |
| Poland | 1103 (4.9) | Mixed Ethnicity | 934 (6.5) |
| Germany | 522 (12.9) | Irish Traveller | 633 (24.3) |
| United States | 501 (10) | Chinese | 293 (3.1) |
| EU Countries: Other | 325 (8.3) | Other Ethnicities | 264 (7.4) |
| Middle East and Asia: Other | 305 (4.6) | Black: African | 248 (3.1) |

* + 1. For the whole population, the proportion of people who reported having an emotional, psychological, or mental health condition was 8.7%. The proportion reported to be affected in the White ethnic group was similar (8.8%).
    2. The highest proportion of people reporting these conditions were in the Irish Traveller ethnic group (24.3%). The second highest proportion was in people from the White ethnic group (8.8%), which was followed by people in the Other Ethnicities group (7.4%).
    3. People in the Roma, Filipino, and Indian ethnic groups reported this condition in the lowest proportions - 1.8%, 1.8%, and 1.9%, respectively.
    4. This metric was not available from the 2011 Census and thus cannot be compared.
  1. **Long term health problems or disability that limits activities of daily living**

Table 25 The countries of birth and ethnicities in which a long-term health problem or disability which limited peoples’ daily activities was reported with most relative frequency (top five by %), with the absolute numbers reporting the condition within the population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **% (N within group)** | **By ethnicity** | **% (N within group)** |
| *Northern Ireland* | *24.9 (410215)* | *White* | *24.8 (455,005)* |
| Syria | 28.7 (520) | Irish Traveller | 43 (1123) |
| Germany | 24.5 (993) | Roma | 23.1 (353) |
| Canada | 23.4 (578) | Other Ethnicities | 17.9 (637) |
| United States | 17.5 (871) | Arab | 16.8 (305) |
| EU Countries: Other | 17.1 (669) | Mixed Ethnicities | 12.6 (1815) |

Figure 16 Proportions of people who reported having a long-term health problem or disability that limits their day-to-day activities, by ethnic group.

Table 26 The countries of birth and ethnicities in which a long-term health problem or disability which limited peoples’ daily activities was reported with most frequency (top five by absolute numbers), with the proportion reporting the condition within the respective population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **N (% within group)** | **By ethnicity** | **N (% within group)** |
| *Northern Ireland* | *410215 (24.9)* | *White* | *455,005 (24.8)* |
| Poland | 2656 (11.9) | Mixed Ethnicities | 1815 (12.6) |
| Lithuania | 1008 (9.6) | Irish Traveller | 1123 (43) |
| Germany | 993 (24.5) | Chinese | 1034 (10.9) |
| Africa: Other | 873 (16.1) | Black: African | 754 (9.3) |
| United States | 871 (17.5) | Indian | 745 (7.5) |

* + 1. For the whole population, the proportion of people who reported having a long-term health problem or disability that limits their day-to-day activities was 24.3%. The proportion reported to be affected in the White ethnic group was similar (24.8%). These figures are higher than those reported in the 2011 Census which were 20.7% and 20.9%, respectively.
    2. The highest proportion of people who reported this condition were within the Irish Traveller group (43%), followed by the White ethnic group (24.8%), the Roma ethnic group (23.1%), Other Ethnicities (17.9%), and the Arab ethnic group (16.8%)[[5]](#footnote-5).
    3. Comparing available data between 2011 and 2021 Census years, some notable increases in proportions reporting this condition were seen. One reason may be that the age distribution of some more established Minority Ethnic groups may be showing an increasing proportion of people in older years. Some increases that were seen in different ethnic groups include the following:
       - People in the Black African ethnic group, from 6.1% to 9.3%
       - People in the Chinese ethnic group, from 7.2% to 10.9%
       - People in the Indian ethnic group, from 6% to 7.5%
       - People in the Other Asian ethnic group, from 4.3% to 9.6%
    4. The age distributions of all subpopulations have not been analysed in this report but such would further aid interpretations.
  1. **Multimorbidity: two or more health conditions**

Table 27 The countries of birth and ethnicities in which multimorbidity (two or health conditions) was reported with most relative frequency (top five by %), with the absolute numbers reporting the condition within the population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **% (N within group)** | **By ethnicity** | **% (N within group)** |
| *Northern Ireland* | *17.0 (280029)* | *White* | *16.9 (310,523)* |
| Syria[[6]](#footnote-6) | 17.4 (316) | Irish Traveller | 31.6 (825) |
| Canada | 17.4 (430) | Other Ethnicities | 10.8 (386) |
| Germany | 16.7 (675) | Arab[[7]](#footnote-7) | 10.1 (184) |
| United States | 12.9 (646) | Pakistani | 8.3 (133) |
| EU Countries: Other | 11.3 (440) | Mixed Ethnicities | 8.1 (1165) |

Figure 17 Proportions of ethnic groups who report multimorbidity. Absolute numbers shown in callouts for selected ethnicities.

Table 28 The countries of birth and ethnicities in which multimorbidity (two or health conditions) was reported with most frequency (top five by absolute numbers), with the proportion reporting the condition within the respective population group provided in brackets.

|  |  |  |  |
| --- | --- | --- | --- |
| **By place of birth** | **N (% within group)** | **By ethnicity** | **N (% within group)** |
| *Northern Ireland* | *280029 (17)* | *White* | *310,523 (16.9)* |
| Poland | 1363 (6.1) | Mixed Ethnicities | 1165 (8.1) |
| Germany | 675 (16.7) | Irish Traveller | 825 (31.6) |
| United States | 646 (12.9) | Chinese | 496 (5.2) |
| Africa: Other | 497 (9.2) | Indian | 407 (4.1) |
| Middle East and Asia: Other | 478 (7.2) | Black: African | 391 (4.8) |

* + 1. For the whole population, the proportion of multimorbidity is reported to be 16.6%. Between Trusts, this figure ranges from 14.3% in the Southern HSC Trust to 18.3% in the Belfast HSC Trust.
    2. The Irish Traveller ethnic group reported the highest proportion of people with this condition (31.6%). Most of these people resided in the Southern HSC Trust area. The next highest proportion reporting within ethnic groups who reported this condition was the White ethnic group (16.9%), followed by people in the Other Ethnicities group (10.8%), people in the Arab ethnic group (10.1%), and people in the Pakistani ethnic group (8.3%).
    3. People in the Filipino ethnic group reported the smallest proportion of people with this condition (2.9%).
    4. This metric was not available from the 2011 Census and thus cannot be compared.

# **Exploration of other health data sources**

* 1. **Health surveys**
     1. Separate to the ten-yearly Census, is the Health Survey Northern Ireland. This is commissioned by the Department of Health and operates annually, on a continuous basis. A wide range of health areas are covered including lifestyle factors such as alcohol, smoking, diet, and physical activity. While the survey does capture information on ethnic group, analysis is limited due to the small numbers in some categories.
  2. **Immunisations and communicable disease surveillance**
     1. For immunisations recorded on the Vaccine Management System (VMS) (mainly COVID-19 and influenza), ethnicity is only recorded where the person booked their appointment through the online booking platform, and where they have chosen to complete the relevant information field (non-mandatory). The majority of these are unrecorded. General practitioners are the main provider of the seasonal campaigns (approximately 80% of all immunisations). Therefore, ethnicity data is not recorded in the majority of cases for immunisations.
     2. Ethnicity data is captured in surveillance systems for sexually transmitted infections (STIs), blood borne viruses (BBVs), Tuberculosis (TB), and COVID-19. At the time of writing, this information was not available but could be obtained for a future iteration of this report.
     3. Surveillance for other communicable diseases does not typically capture ethnicity data. However, work is ongoing to consider how such information could be incorporated into these systems.
  3. **Cancer**
     1. Ethnicity is a core data item collected by cancer registries but unfortunately Northern Ireland Cancer Registry (NICR) has been unable to secure an accurate source for this data. Currently, NICR’s only source of ethnicity data is Patient Administration System (PAS) in-patient data, but this is sparsely completed and consequently of little use.
     2. Cancer registries in the UK and Republic of Ireland compile performance indicators of key variables (‘United Kingdom and Ireland Association of Cancer Registries Performance Indicators (UKIACR PIs), of which ethnicity is one. Although NICR performs consistently well across most PI measures, ethnicity is an exception with completion rates of less than 3%, while, for example, England reports over 90% completeness.
     3. Ethnicity is an essential data item for cancer registries, in terms of evaluating inequalities and also assessing why there may be higher rates of cancers in particular ethnic groups.
     4. The NI Cancer Registry has actively explored accessing sources of ethnicity data, but has yet to find a suitable source. NICR is continuing to monitor the availability of ethnicity data – especially with the ongoing regional healthcare IT implementation projects.

# **Healthcare Services in Northern Ireland: Support for People from Minority Ethnic Groups**

* 1. There are a range of services available for Minority Ethnic groups delivered by HSC and in partnership, or independently, by the community and voluntary sector. Some of these vary geographically. A comprehensive description of these is beyond the scope of this paper. Two components of healthcare that are consistently available on a regional basis are, however, outlined below.
  2. **Eligibility for access to healthcare**

This is set out in Northern Ireland law: ‘The Provision of Health Services to People Not Ordinarily Resident Regulations (Northern Ireland) 2015’. A patient guide to entitlement and lawfulness is available on Business Services Organisation (BSO) website: <https://bso.hscni.net/directorates/operations/family-practitioner-services/access-to-health-and-social-care-team/patient-guide-to-entitlement-and-lawfulness/>

* 1. **Interpreting services**
     1. BSO interpreting service

The BSO Interpreting Service is commissioned by Department of Health / SPPG to provide face-to-face interpreting for the health service. Language support is available to all Patients/Clients who do not have sufficient proficiency in English language. The Service is managed and administered by BSO to provide region-wide foreign language interpreting services to the five HSC Trusts, Primary Care practices, and other approved HSC providers in NI. The Service operates 24 hours per day and seven days per week. The Belfast Trust Call Management Centre processes out of hours requests on behalf of SPPG/BSO.

9.3.2 The Big Word interpreting service

The Big Word is separate function interpreting service commissioned by the Department for Communities that can also be used within healthcare in Northern Ireland. Activity data for this service are not provided in this report.

# **Health activity data**

* 1. **Patients registering with Primary Care as a Non-UK registrations**

Table 29 Patients registering with Primary Care as a Non-UK registration, by place of birth / country of origin, for the last 5 financial years (showing the ten most frequent places of birth / countries of origin of registrants, each year). Total represents all non-UK registrations and not only the ten countries shown.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019-20** |  | **2020-21** |  | **2021-22** |  | **2022-23** |  | **2023-24** |  |
| **Country** | **N** | **Country** | **N** | **Country** | **N** | **Country** | **N** | **Country** | **N** |
| RoI | 1,727 | RoI | 1,374 | India | 2,672 | India | 4,408 | India | 3,779 |
| Poland | 1,647 | India | 1,146 | RoI | 2,131 | Ukraine | 2,465 | Nigeria | 1,411 |
| Romania | 1,354 | Romania | 862 | Poland | 1,080 | RoI | 1,698 | RoI | 1,373 |
| India | 1,283 | Poland | 808 | China (exc. Taiwan) | 1,048 | Nigeria | 1,140 | Philippines | 1,153 |
| China (exc. Taiwan) | 1,092 | Bulgaria | 689 | Romania | 839 | Philippines | 934 | Ukraine | 839 |
| Bulgaria | 985 | China (exc. Taiwan) | 500 | Bulgaria | 726 | Poland | 797 | Poland | 691 |
| Lithuania | 778 | USA | 394 | Syria | 552 | Bulgaria | 736 | Zimbabwe | 625 |
| Syria | 615 | UK | 386 | Nigeria | 542 | Romania | 732 | Romania | 524 |
| UK | 493 | Lithuania | 369 | USA | 529 | China (exc. Taiwan) | 722 | Bulgaria | 521 |
| USA | 486 | Philippines | 288 | Lithuania | 502 | Syria | 614 | Syria | 504 |
| *Total* | *18,075* |  | *12,386* |  | *19,469* |  | *23,856* |  | *19,400* |

* + 1. The following countries have appeared in the top ten of registrants over the past five years: India, RoI, Poland, Romania, and Bulgaria.
  1. **Activity data for the BSO Face-to-Face Interpreting Service**

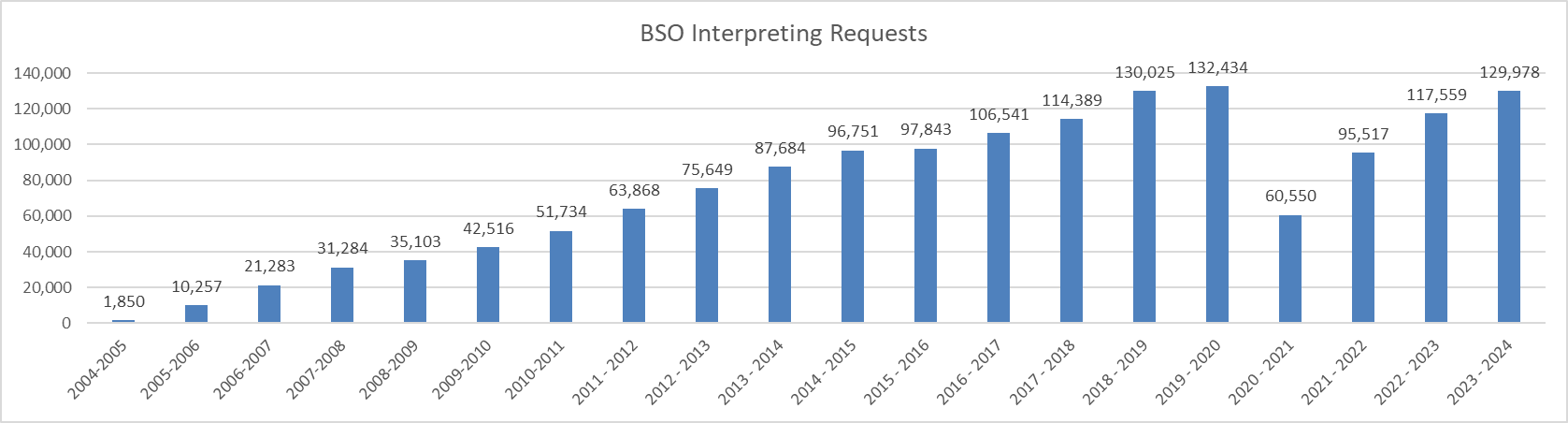


Figure 18 BSO interpreting service requests 2004 - 2024

Table 30 BSO interpreting service requests April 2023 to March 2024, by HSC Trust

|  |  |  |
| --- | --- | --- |
| **HSC Organisation** | **Number of Requests** | **Out of Hours** |
| Southern Trust | 49848 | 723 |
| Belfast Trust | 47402 | 846 |
| Northern Trust | 16958 | 211 |
| South Eastern Trust | 8448 | 137 |
| Western Trust | 7161 | 49 |
| Other | 161 | 2 |
| Total | 129978 | 1968 |

Table 31 Top 20 languages for which BSO interpreting services were requested April 2023 to March 2024

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Requests** | **Language** | **Requests** |
| 1. Polish | 24746 | 11. Russian | 3229 |
| 2. Arabic | 19212 | 12. Cantonese | 2880 |
| 3. Lithuanian | 11167 | 13. Hungarian | 2822 |
| 4. Romanian | 11088 | 14. Ukrainian | 2710 |
| 5. Bulgarian | 9584 | 15. Farsi | 2014 |
| 6. Tetum | 7705 | 16. Latvian | 1654 |
| 7. Portuguese | 7562 | 17. Tigrinya | 1451 |
| 8. Slovak | 5561 | 18. Urdu | 1324 |
| 9. Somali | 4199 | 19. Bengali | 1072 |
| 10. Mandarin | 3373 | 20. Czech | 1021 |

* + 1. Figure 18 shows the numbers of face-to-face interpreting requests over the past two decades. A steady increase in requests is observed until 2019-2020 when the observed sudden decline in 2020-2021 was a function of the COVID-19 pandemic. Since then, the numbers of requests have been steadily rising again and have returned to levels seen before the pandemic.
    2. Table 29 and table 30 correspond to the last bar in figure 18 (i.e. the period April 2023 to March 2024) and show the number of requests by HSC Trust and the twenty most frequently requested interpreting languages, respectively.
    3. During this period, the Southern HSC Trust recorded the greatest number of requests, followed by the Belfast, Northern, South Eastern, and Western HSC Trusts.
    4. The five most frequently requested interpreting languages were Polish, Arabic, Lithuanian, Romanian, and Bulgarian. These 2023-24 figures for interpreting requests can be compared with 2021 Census data describing the English proficiency among NI residents whose main language is not English (tables 13 and 15).

1. **Populations reporting the poorest health combined across the four selected Census health metrics**
   1. For the purpose of this paper, we defined these as subpopulations that featured three or more times within the top five reporters across the four metrics, by country of birth and Census ethnicity category, and by total numbers and proportions.
   2. Countries of birth from which people reported poorest health across the four metrics, by total numbers and by proportions, are shown in the tables below, together with information on selected social determinants.

Table 32 Countries of birth from which people reported poorest health cumulatively across the four studied Census health metrics, by total numbers. The subpopulations have also been described by three selected social determinants of health (%). Figures for people born in Northern Ireland are stated first to serve as a reference.

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of birth self-reporting poorest health (by total numbers)** | **No qualifications[[8]](#footnote-8) %** | **Unemployment rate %** | **Cannot speak English or cannot speak English well %** |
| *Northern Ireland* | *18.7* | *5* | *0.1* |
| \*Poland | 24.3 | 5 | 19.7 |
| Germany | 13.2 | 5 | 0.2 |
| United States | 8.2 | 8 | 0.1 |
| Africa (Other) | 27.1 | 10 | 17.5 |

Table 33 Countries of birth from which people reported poorest health cumulatively across the four studied Census health metrics, by proportions. The subpopulations have also been described by three selected social determinants of health (%). Figures for people born in Northern Ireland are stated first to serve as a comparison.

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of birth self-reporting poorest health (by proportions)** | **No qualifications8 %** | **Unemployment rate %** | **Cannot speak English or cannot speak English well %** |
| *Northern Ireland* | *18.7* | *5* | *0.1* |
| \*Syria[[9]](#footnote-9) | 47.2 | 43 | 50.2 |
| Germany | 13.2 | 5 | 10 |
| Canada | 11.3 | 6 | 0.1 |
| United States | 8.2 | 8 | 0.1 |

* 1. Ethnicities (as per Census category) from which people reported poorest health across the four metrics, by total numbers and by proportions, are shown in the tables below, together with information on selected social determinants.

Table 34 Ethnicities from which people reported poorest health cumulatively across the four studied Census health metrics, by total numbers. The subpopulations have also been described by three selected social determinants of health (%). Figures for those identifying as of White ethnicity are stated to serve as a comparison.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicities self-reporting poorest health (by total numbers)** | **No qualifications[[10]](#footnote-10) %** | **Unemployment rate %** | **Cannot speak English or cannot speak English well %** |
| *White* | *19* | *5* | *0.7* |
| \*Mixed ethnicities | 8 | 9 | 2.7 |
| Irish Traveller | 43 | 16 | 0.7 |
| Chinese | 27 | 7 | 21.7 |
| Black African | 15 | 11 | 11.6 |

Table 35 Ethnicities from which people reported poorest health cumulatively across the four studied Census health metrics, by proportions. The subpopulations have also been described by three selected social determinants of health (%). Figures for those identifying as White are stated to serve as a comparison.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicities self-reporting poorest health (by proportions)** | **No qualifications10 %** | **Unemployment rate %** | **Cannot speak English or cannot speak English well %** |
| *White* | *19* | *5* | *0.7* |
| \*Irish Traveller | 43 | 16 | 0.7 |
| Arab[[11]](#footnote-11) | 24 | 18 | 29.2 |
| Mixed Ethnicity | 8 | 9 | 2.7 |
| Pakistani | 14 | 8 | 4.2 |

Table 36 Details for the Roma community are shown here as this population have been identified as experiencing significant disadvantage in social determinants

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No qualifications10 %** | **Unemployment rate %** | **Cannot speak English or cannot speak English well %** |
| *White* | *19* | *5* | *0.7* |
| Roma | 54 | 8 | 39.5 |

* 1. **Overlapping inequality in social determinants and self-reported health for populations with poorest health**
     1. By country of birth -
        1. Poland, Syria, and Africa (Other) reported inequality across the two available determinants in comparison with Northern Ireland.
        2. Almost one-quarter of people from Poland reported not having qualifications, and one fifth reported not being proficient in English.
        3. For people from Syria, almost a half reported not having qualifications, and a half reported not being proficient in English.
        4. For people from Africa (Other), almost 30% reported not having qualifications, while almost one fifth reported not being proficient in English.
        5. 10% of people from Germany reported not being proficient in English
        6. Unemployment rates higher than NI were seen for Syria, Africa (Other), USA, Canada.
     2. By Census Ethnicity category -
        1. The Chinese and Arab communities reported inequality across the three determinants in comparison with Northern Ireland.
        2. Almost 30% of people of Chinese ethnicity reported not having qualifications. 12% of people reporting to have ‘no qualifications’ were students while the remainder was mainly comprised of retired people, those looking after home / family, and people in employment. More than one-fifth reported not being proficient in English.
        3. Almost one-quarter of people of Arab ethnicity reported not having qualifications, and almost 30% reported not being proficient in English
        4. Almost 12% of people of Black (African) ethnicity reported not being proficient in English.
        5. All of the above ethnic subpopulations, showed higher unemployment in comparison to people identifying as of White ethnicity.
     3. Separately, the Roma community showed inequality across all three social determinants. Over a half of this population reported having no qualifications, and 40% reported not being proficient in English.
  2. **The** **four Minority Ethnic populations (asterisked in the tables above) most associated with combined poor health were as follows -**
     1. By total numbers: Poland and Syria
     2. By proportions: Mixed Ethnicities and Irish Travelling communities
     3. All of the population living in Northern Ireland (both minority and majority populations) experience degrees of ill-health. See above ‘Health’ section and also Appendices for further detail.
     4. **Poland**
        1. People from Poland reported overall poor health in terms of total numbers. However, it’s important to note that this was proportionally less - across the four health metrics - than reported by the population of people born in NI.
        2. The age-sex distribution of the population born in Poland shows the largest proportion in the middle age, with decreasing proportions of people in both younger and older age bands. The pattern is suggestive of the economic migration of a mainly working-age population. However, the chart below only shows people who were actually born in Poland. This means that the children born in NI to Polish parents will be missing from this chart.
        3. Poland is the most populous (22,335) of all the Minority Ethnic populations in NI and subsequently the absolute number of people reporting poor health is high relative to the numbers of other Minority Ethnic populations.
        4. Combined inequality, in comparison with people born in NI, was seen across two of three selected social determinants (table 32).
        5. A high proportion reported to not speak English well (almost 20%).
        6. The size of the population of people born in Poland may be the most significant factor in this being the Minority Ethnic group with the most people reporting poor health.
        7. The majority of this population live in the Southern Trust area, followed by the Northern Trust. Healthcare providers in primary and secondary care may need to ensure ready access to interpreters and to consider the availability of healthcare literature in the Polish language in all Trust areas but especially in Southern and Northern Trust.

Figure 19 Population structure of people born in Poland, living in NI. Important note: this chart only shows people born in Poland. Therefore, children born to Polish parents in NI will be missing from this chart.

* + 1. **Syria**
    2. Immigration of people to NI from Syria was mostly a consequence of the Syrian war.
    3. Most people arrived through the UK’s Syrian Vulnerable Persons Resettlement Scheme which began in 2014 and ended in February 2021. This scheme aimed to ‘help those in the greatest need, including people requiring urgent medical treatment, survivors of violence and torture, and women and children at risk’ (Gov.UK, 2021).
    4. The Syrian population in NI had therefore an increased likelihood of being a people experiencing ill health. Subsequently it is not surprising that this is one of the populations to have reported the worst overall poor health, proportionally. It is however somewhat surprising that the rates reporting an emotional or mental health condition were not proportionally high.
    5. Significant combined inequality, in comparison with people born in NI, was seen across three of the social determinants (table 33).
    6. Around half reported not having qualifications and a half reported to not speak English well. The unemployment rate was the highest reported in the Census (43%).
    7. The age-sex distribution of the population born in Syria shows the largest proportion in the 10-20 age bands, followed by 35-45. However, it is important to note the chart below only shows people who were actually born in Syria. This means that any children born in NI to Syrian parents will be missing from this chart.
    8. The majority of this population live in the Belfast Trust area, followed by the South Eastern Trust areas. Healthcare providers in primary and secondary care may need to ensure ready access to interpreters and to consider the availability of healthcare literature in Arabic and other languages spoken in Syria (Sorani, Kurmanji). This is important in all Trust areas but especially in the areas noted as having the greatest numbers of people born in Syria. There could be benefit in training for healthcare professionals in providing holistic care to those who have experienced war, trauma and other forms of persecution, and Cultural Competence training.

Figure 20 Population structure of people born in Syria, living in NI. Important note: this chart only shows people born in Syria. Therefore, children born to Syrian parents in NI will be missing from this chart.

* + 1. **Mixed Ethnicities**
       1. People identifying as Mixed Ethnicity reported overall poor health in terms of total numbers. However, it’s important to note that this was proportionally less - across the three health metrics this population featured in - than reported by the population of people born in NI.
       2. At over 14,000 people, Mixed Ethnicity represented the most populous group of people within the Census Ethnicity category. The is an increase of 2.4-fold since the previous Census in 2011.
       3. The age-sex distribution shows the largest proportions in the 0-14 age bands, which may reflect an increase birth rate of people of Mixed Ethnicity in NI during the preceding decade and a half.
       4. Inequality was seen across two of the social determinants, in comparison with people born in NI. Around 3% of people are unable to speak English well. The unemployment rate was 9%.
       5. The size of the population of people of Mixed Ethnicity was perhaps the most significant factor in this being the Minority Ethnic group with the most people reporting poor health in terms of total numbers.
       6. The majority of this population live in the Belfast Trust area.

Figure 21 Population structure of those identifying as Mixed Ethnicity, living in NI

* + 1. **Irish Travellers**
    2. Irish Travellers reported, proportionally, significantly poorer overall health, across the four health metrics.
    3. The age-sex distribution of those identifying as Irish Travellers shows a broad base, with a larger young population.
    4. The most significant social determinant inequality was with regard to over 40% reporting no qualifications. The unemployment rate was 16%, and the economic inactivity rate was high. However, significant proportions of people not economically active were either not able to work due to sickness / disability or were involved in caring for others. With respect to ‘economic inactivity’ due to looking after family, it’s important to note that such activities are likely to indirectly support the NI economy by reducing the health and social care demand that is otherwise being provided through informal, family social support networks.
    5. The majority of this population live in the Southern Trust area, followed by the Western Trust area. Healthcare providers in primary and secondary care may benefit from guidance / training on working well to support patients from the Irish Travelling community, for example in the context of cultural competence or literacy challenges.

Figure 22 Population structure of those identifying as Irish Traveller ethnicity, living in NI

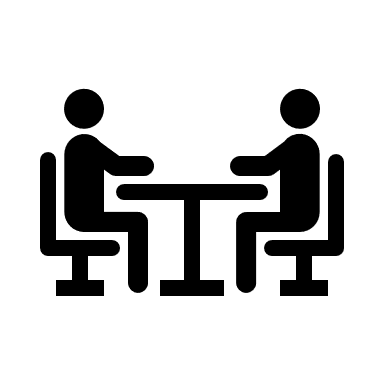
# **Consideration of need and targeting of resources**

* 1. Addressing the healthcare needs of people from Minority Ethnic populations is in harmony with the legislative functions and strategic objectives of the Public Health Agency.
  2. As a means of focus for this report, four Minority Ethnic populations were selected (below) to highlight need. However, this paper shows that there is in fact health need right across the spectrum of diverse communities living here in NI.
  3. The table below summarises the four Minority Ethnic populations most associated with poor health, as were discussed above, with indicative need by HSC geography, self-reported health, and social inequality.

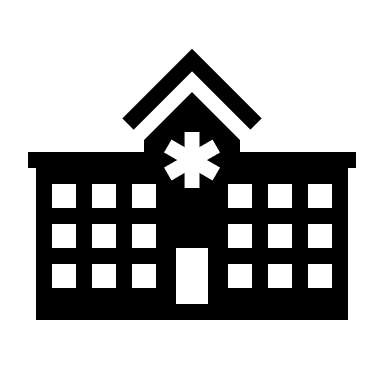
Table 37 Minority Ethnic populations reporting most poor health overall, together with the information on HSC Trust geographies, health metrics, and social determinant status. Where an icon appears for a social determinant, an inequality has been demonstrated for the particular population and subsequently consideration should be given to addressing these areas. # population attributed to most poor health by total numbers; ^ population attributed to most poor health as a proportion of the particular ethnic subpopulation. Reference population referred to is variably ‘population born in Northern Ireland’ and the ‘population identifying as of White ethnicity’. While HSC Trusts where most of the respective populations reside are stated, Minority Ethnic groups from all subpopulations reside across all five Trust regions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Minority Ethnic population** | **HSC Trust regions where most of the respective populations reside** | **Health metric reported as poor in > proportion than reference population** | **Language**  **Speech with solid fill** | **Qualifications**  **Diploma roll with solid fill** | **Employment**  **Coins with solid fill** |
| Poland# | All HSC Trusts; esp. Southern and Northern | None | Bullseye | Bullseye |  |
| Syria^ | All HSC Trusts; esp. Belfast and South Eastern | General health  Limitation on ADLs  Multimorbidity | Bullseye | Bullseye | Bullseye |
| Mixed Ethnicity# | All HSC Trusts; esp. Belfast | None | Bullseye |  | Bullseye |
| Irish Traveller^ | All HSC Trusts; esp. Southern and Western | General health  Mental health  Limitation on ADLs  Multimorbidity |  | Bullseye | Bullseye |

* 1. For Poland and people identifying as Mixed Ethnicities, health inequalities per se were not demonstrated in comparison with the Northern Ireland / White populations. However, they exhibited most need by virtue of them being the most populous of the Minority Ethnic groups. These populations did however experience inequality in social determinants, as shown in table 37.
  2. For Syria and the Irish Traveller community, significant inequalities in self-reported health were demonstrated. Supporting access to healthcare in general (especially primary care) for these populations is an essential component of improving health. For the Irish Travelling community, poor mental health was reported in significantly greater proportions than other populations (almost 25% as compared with 9% for the Northern Ireland population). Therefore, support for mental health services (in terms of both prevention and treatment) is clearly important for this Minority Ethnic population. The populations of people from Syria and those of Irish Traveller ethnicity were also shown to experience social inequality, as shown in table 37.



**Specific healthcare measures:** improving healthcare access and capacity in addressing the health needs of people from Poland, Syria, Mixed Ethnicities, and the Irish Travelling community. For example, ensuring translations / interpreting services for the languages of Polish and Arabic are available. Support and training for healthcare staff in cultural competence and in challenging structural inequalities in healthcare.

S

**General public health principles:** cross-sectoral working; engaging communities and stakeholders at all levels; outcomes and evidence driven; justice, solidarity, and dignity; maximisation; confidentiality and data protection.

Figure 23 Consideration of specific measures and general public health principles in addressing the health needs of those Minority Ethnic populations identified as having the poorest health from this analysis

* 1. Public Health interventions could be considered in terms of the specific and general (see figure above).
  2. Action to improve the health of those from Minority Ethnic backgrounds may also expand, and enhance through diversity, the population fit to enter the workforce, which could contribute to the growing of the Northern Ireland economy.
  3. Regardless of ethnicity, age is a determinant of health. Equal opportunity for health improvement and preventative healthcare to the whole population of Northern Ireland is an issue of both justice and economics. An equitable approach can help to reduce future healthcare demand across diverse communities by reducing preventable disease in Northern Ireland’s ageing population.

# **13 Improving the availability of health information relating to Minority Ethnic populations**

* 1. Census data remains a rich source of information and is especially useful for understanding demography, but there are limitations. Firstly, the data is obtained through self-reporting and is thus open to response bias that can be affected by e.g. cultural attitudes to health and prior experience of healthcare. Being a household survey may further introduce bias in that household members may feel less free to answer certain questions, compared with being asked the questions through an individual / private survey. Secondly, it is only collected once every ten years, with results being released incrementally. Therefore, it does not provide up to date information in intercensal years, and does not provide a timely source of data necessary to detect acute issues. Census data is also unlikely to be fully complete. Therefore, it will not be fully representative of the population. There may be certain ethnic populations that are more underrepresented.
  2. With regard to measuring the health of a population, subjective experience of a health need is important, and the Census provides data on a range of health-related questions. However, the availability of objective, standardised measures of health are also needed to reliably inform a holistic assessment of the health of the population. Objective measures of specific health indices could help target focussed public health actions.
  3. There may be opportunities within existing IT transformation initiatives (e.g. the Encompass Project) to provide technological solutions to ethnic monitoring in health data. Information on health determinants (such as smoking and alcohol intake), prevention activity data (e.g. Minority Ethnic participation in Screening and Immunisation programmes), in addition to health outcomes could provide intelligence to support decisions on using healthcare resources effectively in order to reduce the health inequalities that exist among Minority Ethnic populations.
* Primary care
* Screening programmes
* Immunisation systems
* Hospital episode statistics
* Mortality data
* Cancer Registry
* Communicable disease surveillance
* Health surveys (annual survey commissioned by DoH)

Figure 24 Range of data sources within which strengthening ethnic population data could benefit health service planning and decision making

* 1. In making any changes to data collection and analysis, consideration would need given to information governance, methods for monitoring and acting upon the outputs, the publication of regular reports and of sharing the information with stakeholders and decision makers.

*Figure 25: High level illustration showing some of the potential benefits of developing improved capacity to understand the health of Minority Ethnic populations in Northern Ireland*

# 

Figure 26 Additional resources for consideration when implementing public health measures to improve the health and wellbeing of Minority Ethnic populations

* Guidance for Ethnic Equality Monitoring in the Public Sector (The Executive Office, 2023)
* Racial Equality: Policy Position: Race Law Reform (Equality Commission for Northern Ireland, 2023)
* Faculty of Public Health Anti-Racism Framework (Faculty of Public Health, 2023)
* Refugee and Asylum Forum: Priorities for Action 2023 (Law Centre NI, 2023)
* Refugee Integration Strategy (The Executive Office, 2025)
* BMA Refugee and Asylum Seeker Health Resource (British Medical Association, 2019)

# **Limitations**

* 1. The paper is not exhaustive, and is intended to provide a broad overview only. Interpretation of the figures should be considered in context. In addition to the general limitations on Census data that have been discussed above, there are number of other limitations to highlight.
  2. Although the 2021 Census achieved a household return rate of 97.1% (compared with 93.6% in 2011), some populations will not be represented such as those who are homeless, those living away from their usual recorded address, and people with language and literacy barriers.
  3. For the purposes of this paper, Minority Ethnic populations have been defined by country of birth and people’ response to the ‘Ethnic Group’ question in the Census. However, Minority Ethnic populations in Northern Ireland comprise a diverse group of communities and people who may choose to define their ethnic identity in other ways.
  4. A discrete number of variables in terms of health determinants and health were studied. The Census contains data on other health determinant / health variables that have not been included in this paper. The scope of this paper did not permit examination of all variables available through the Census.
  5. The paper focuses on broad comparisons between Minority Ethnic populations. There is limited analysis of differences between age groups and genders. Comparison of age-standardised health metrics would further aid interpretations.
  6. Global events
     1. The onset of the Syrian war in 2011, Brexit in 2020, and the Ukraine invasion in 2022 continue to affect migration patterns. While these issues have impacted migration to NI, and continue to do so, a detailed consideration of these is beyond the scope of this paper.

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# **Appendices**

Table 38 People in receipt of Asylum Support in NI in June 2023, by Nationality

|  |  |  |  |
| --- | --- | --- | --- |
| **Nationality** | **Sum of People** | **Nationality** | **Sum of People** |
| Somalia | 409 | Uganda | 8 |
| Eritrea | 348 | Chad | 7 |
| Syria | 309 | Pakistan | 7 |
| Sudan | 273 | Angola | 6 |
| Iran | 203 | Hong Kong | 6 |
| Iraq | 164 | Singapore | 5 |
| Nigeria | 122 | Tunisia | <5 |
| Occupied Palestinian Territories | 70 | Cameroon | <5 |
| Yemen | 68 | Djibouti | <5 |
| Kuwait | 59 | India | <5 |
| China | 53 | Indonesia | <5 |
| Ethiopia | 33 | Libya | <5 |
| Refugee | 32 | Vietnam | <5 |
| Stateless | 30 | Botswana | <5 |
| Afghanistan | 25 | Gambia, The | <5 |
| Jordan | 25 | Guatemala | <5 |
| Namibia | 24 | Ivory Coast | <5 |
| South Africa | 23 | Malawi | <5 |
| Ukraine | 19 | Myanmar (Burma) | <5 |
| Zimbabwe | 18 | South Sudan | <5 |
| Morocco | 17 | Tajikistan | <5 |
| Algeria | 15 | United States | <5 |
| Albania | 13 | Burundi | <5 |
| El Salvador | 13 | Guinea | <5 |
| Congo (Democratic Republic) | 11 | Jamaica | <5 |
| Georgia | 11 | Malaysia | <5 |
| Trinidad And Tobago | 10 | Nepal | <5 |
| Colombia | 9 | Russia | <5 |
| Egypt | 9 | Saudi Arabia | <5 |
| Other and unknown | 9 | Sri Lanka | <5 |
| Turkey | 9 | Tanzania | <5 |
| Ghana | 8 | Togo | <5 |

Table 39 Countries of birth from which people reported experiencing poor general health, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *Northern Ireland* | *31183* | *30490* | *23708* | *22361* | *21510* | *129252* |
| **Total reporting the condition, excl. UK and RoI** | **1288** | **944** | **688** | **1280** | **494** | **4694** |
| Poland | 197 | 202 | 73 | 317 | 106 | 895 |
| Germany | 69 | 85 | 93 | 44 | 51 | 342 |
| Lithuania | 22 | 35 | 32 | 210 | 22 | 321 |
| Africa: Other | 135 | 41 | 26 | 56 | 13 | 271 |
| Syria | 85 | 39 | 51 | 37 | 39 | 251 |
| United States | 65 | 48 | 43 | 35 | 42 | 233 |
| Middle East and Asia: Other | 93 | 36 | 47 | 25 | 18 | 219 |
| Other EU Countries | 49 | 42 | 40 | 37 | 26 | 194 |
| Portugal | 17 | 21 | 7 | 131 | 10 | 186 |
| Slovakia | 95 | 47 | 6 | 14 | 8 | 170 |
| Canada | 53 | 43 | 39 | 19 | 15 | 169 |
| Romania | 54 | 54 | 13 | 29 | 10 | 160 |
| Europe: Other Non-EU countries | 36 | 19 | 29 | 51 | 23 | 158 |
| Latvia | 8 | 20 | 16 | 65 | 19 | 128 |
| India | 37 | 39 | 22 | 12 | 15 | 125 |
| South Africa | 22 | 29 | 28 | 19 | 7 | 105 |
| Bulgaria | <5 | 9 | 7 | 71 | <5 | 92 |
| Australia | 24 | 21 | 22 | 12 | 11 | 90 |
| Hungary | 21 | 9 | <5 | 18 | 27 | 79 |
| Hong Kong (Special Administrative Region of China) | 40 | 19 | 11 | <5 | 5 | 78 |
| China | 34 | 11 | 6 | 6 | 7 | 64 |
| Pakistan | 18 | 16 | 12 | 17 | <5 | 63 |
| Italy | 17 | <5 | 15 | 7 | <5 | 46 |
| South America | 12 | 9 | 6 | 13 | <5 | 43 |
| France | 16 | 8 | 7 | 6 | <5 | 39 |
| Nigeria | 18 | 7 | <5 | <5 | <5 | 30 |
| Antarctica, Oceania and Other: Other | 9 | 9 | 8 | <5 | <5 | 29 |
| North America, Central America and Caribbean: Other | <5 | 8 | 8 | <5 | <5 | 27 |
| Zimbabwe | 9 | 5 | 9 | <5 | <5 | 25 |
| Spain | 13 | <5 | <5 | <5 | <5 | 24 |
| Philippines | 14 | 5 | <5 | <5 | <5 | 24 |
| East Timor | <5 | <5 | <5 | 13 | <5 | 14 |

Table 40 Ethnic groups from which people reported experiencing poor general health, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *White* | *33636* | *33568* | *26303* | *25584* | *24626* | *143717* |
| **Total reporting the condition, excl. those of White ethnicity** | **735** | **407** | **287** | **550** | **338** | **2317** |
| Irish Traveller | 68 | 60 | 40 | 246 | 129 | 543 |
| Mixed | 120 | 70 | 74 | 67 | 72 | 403 |
| Chinese | 109 | 56 | 32 | 35 | 38 | 270 |
| Other ethnicities | 73 | 51 | 39 | 49 | 28 | 240 |
| Black African | 95 | 29 | 8 | 39 | 5 | 176 |
| Indian | 61 | 47 | 15 | 24 | 25 | 172 |
| Other Asian | 70 | 11 | 32 | 23 | 12 | 148 |
| Arab | 68 | 24 | 22 | 12 | 11 | 137 |
| Black Other | 14 | 14 | 8 | 27 | 10 | 73 |
| Pakistani | 19 | 20 | 10 | 13 | <5 | 63 |
| Roma | 21 | 19 | <5 | 12 | <5 | 60 |
| Filipino | 17 | 6 | <5 | <5 | <5 | 32 |

Table 41 Countries of birth from which people reported experiencing limitation on daily activities due to health, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *Northern Ireland* | *84296* | *105202* | *79631* | *73693* | *67393* | *410215* |
| **Total reporting the condition, excl. UK and RoI** | **4239** | **3351** | **2421** | **3965** | **1517** | **15493** |
| Poland | 616 | 650 | 231 | 883 | 278 | 2658 |
| Lithuania | 63 | 94 | 96 | 671 | 85 | 1009 |
| Germany | 218 | 222 | 292 | 132 | 130 | 994 |
| Africa: Other | 431 | 124 | 109 | 154 | 55 | 873 |
| United States | 228 | 167 | 165 | 162 | 149 | 871 |
| Middle East and Asia: Other | 348 | 163 | 167 | 101 | 54 | 833 |
| Other EU Countries | 179 | 158 | 127 | 110 | 95 | 669 |
| Canada | 139 | 146 | 158 | 77 | 58 | 578 |
| India | 194 | 152 | 92 | 58 | 81 | 577 |
| Europe: Other Non-EU countries | 138 | 96 | 91 | 146 | 66 | 537 |
| Syria | 148 | 98 | 114 | 99 | 61 | 520 |
| Portugal | 49 | 94 | 33 | 308 | 14 | 498 |
| Romania | 146 | 165 | 58 | 97 | 25 | 491 |
| Bulgaria | 30 | 212 | 27 | 168 | 23 | 460 |
| South Africa | 87 | 132 | 109 | 56 | 25 | 409 |
| Slovakia | 179 | 110 | 23 | 55 | 16 | 383 |
| Latvia | 27 | 57 | 62 | 181 | 45 | 372 |
| Australia | 80 | 83 | 83 | 67 | 31 | 344 |
| Hong Kong (Special Administrative Region of China) | 130 | 69 | 70 | 29 | 33 | 331 |
| China | 183 | 37 | 26 | 24 | 16 | 286 |
| Philippines | 107 | 44 | 27 | 29 | 21 | 228 |
| Hungary | 52 | 37 | 15 | 48 | 65 | 217 |
| South America | 64 | 38 | 36 | 55 | 12 | 205 |
| Pakistan | 55 | 39 | 36 | 41 | 12 | 183 |
| Italy | 52 | 19 | 35 | 17 | 9 | 132 |
| Zimbabwe | 41 | 32 | 28 | 23 | 7 | 131 |
| Nigeria | 90 | 14 | 15 | 9 | 2 | 130 |
| France | 53 | 17 | 21 | 23 | 13 | 127 |
| Spain | 62 | 18 | 17 | 15 | 14 | 126 |
| North America, Central America and Caribbean: Other | 28 | 24 | 32 | 19 | 12 | 115 |
| East Timor | <5 | 11 | <5 | 96 | <5 | 112 |
| Antarctica, Oceania and Other: Other | 21 | 29 | 26 | 12 | 6 | 94 |

Table 42 Ethnic groups from which people reported experiencing limitation on daily activities due to health, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *White* | *91642* | *114821* | *88424* | *83446* | *76671* | *455004* |
| **Total reporting the condition, excl. those of White ethnicity** | **2683** | **1620** | **1127** | **1625** | **960** | **8015** |
| Mixed | 564 | 338 | 368 | 302 | 244 | 1816 |
| Irish Traveller | 118 | 137 | 87 | 520 | 261 | 1123 |
| Chinese | 453 | 189 | 137 | 129 | 125 | 1033 |
| Black African | 462 | 83 | 49 | 136 | 24 | 754 |
| Indian | 271 | 189 | 91 | 89 | 106 | 746 |
| Other ethnicities | 191 | 138 | 119 | 112 | 77 | 637 |
| Other Asian | 200 | 78 | 99 | 100 | 29 | 506 |
| Roma | 27 | 270 | 12 | 32 | 11 | 352 |
| Arab | 138 | 51 | 53 | 40 | 23 | 305 |
| Filipino | 134 | 47 | 40 | 33 | 24 | 278 |
| Black Other | 68 | 47 | 37 | 88 | 26 | 266 |
| Pakistani | 57 | 53 | 35 | 44 | 10 | 199 |

Table 43 Countries of birth from which people reported experiencing an emotional or mental health condition, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *Northern Ireland* | *35532* | *34245* | *26529* | *23699* | *25006* | *145011* |
| **Total reporting the condition, excl. UK and RoI** | **2029** | **1053** | **942** | **1313** | **577** | **5914** |
| Poland | 306 | 220 | 97 | 367 | 113 | 1103 |
| Germany | 125 | 113 | 150 | 70 | 64 | 522 |
| United States | 189 | 81 | 86 | 83 | 62 | 501 |
| Other EU Countries | 120 | 57 | 60 | 49 | 40 | 326 |
| Middle East and Asia: Other | 160 | 37 | 62 | 18 | 29 | 306 |
| Africa: Other | 161 | 37 | 31 | 49 | 21 | 299 |
| Lithuania | 42 | 34 | 24 | 161 | 17 | 278 |
| Canada | 90 | 52 | 65 | 29 | 25 | 261 |
| South Africa | 62 | 53 | 59 | 34 | 19 | 227 |
| Europe: Other Non-EU countries | 82 | 29 | 45 | 40 | 21 | 217 |
| Portugal | 37 | 35 | 15 | 119 | 8 | 214 |
| Australia | 51 | 36 | 36 | 27 | 17 | 167 |
| Romania | 41 | 34 | 19 | 24 | 18 | 136 |
| Latvia | 23 | 15 | 10 | 55 | 14 | 117 |
| South America | 46 | 14 | 17 | 32 | 4 | 113 |
| Slovakia | 55 | 20 | 10 | 10 | 11 | 106 |
| Syria | 32 | 22 | 28 | 7 | 17 | 106 |
| India | 43 | 23 | 14 | 5 | 9 | 94 |
| China | 56 | 11 | 6 | 14 | <5 | 90 |
| Hong Kong (Special Administrative Region of China) | 26 | 20 | 15 | 8 | 7 | 76 |
| Philippines | 31 | 11 | 8 | 13 | 9 | 72 |
| France | 35 | 19 | 7 | 7 | <5 | 71 |
| Hungary | 22 | 7 | 4 | 10 | 22 | 65 |
| Spain | 46 | 8 | <5 | <5 | <5 | 61 |
| Zimbabwe | 22 | 14 | 14 | 5 | 5 | 60 |
| Pakistan | 17 | 5 | 17 | 15 | <5 | 57 |
| Nigeria | 36 | 8 | 7 | <5 | <5 | 54 |
| Bulgaria | 7 | 9 | 7 | 29 | <5 | 53 |
| North America, Central America and Caribbean: Other | 19 | 9 | 12 | 7 | <5 | 51 |
| Italy | 31 | 6 | 6 | 5 | <5 | 49 |
| Antarctica, Oceania and Other: Other | 16 | 12 | 10 | 8 | <5 | 48 |
| East Timor | <5 | <5 | <5 | 8 | <5 | 14 |

Table 44 Ethnic groups from which people reported experiencing an emotional or mental health condition, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *White* | *39393* | *37708* | *29591* | *26957* | *28403* | *162052* |
| **Total reporting the condition, excl. those of White ethnicity** | **1107** | **490** | **429** | **638** | **414** | **3078** |
| Mixed | 350 | 173 | 155 | 138 | 118 | 934 |
| Irish Traveller | 65 | 75 | 50 | 291 | 152 | 633 |
| Chinese | 139 | 49 | 38 | 36 | 29 | 291 |
| Other ethnicities | 109 | 48 | 45 | 37 | 25 | 264 |
| Black African | 150 | 29 | 20 | 37 | 10 | 246 |
| Indian | 85 | 40 | 26 | 17 | 22 | 190 |
| Other Asian | 74 | 17 | 39 | 15 | 22 | 167 |
| Black Other | 28 | 13 | 13 | 23 | 16 | 93 |
| Arab | 49 | 12 | 10 | 6 | 6 | 83 |
| Filipino | 36 | 11 | 10 | 13 | 10 | 80 |
| Pakistani | 17 | 13 | 19 | 17 | <5 | 69 |
| Roma | 5 | 10 | <5 | 8 | <5 | 28 |

Table 45 Countries of birth from which people reported multimorbidity, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *Northern Ireland* | *304056* | *425864* | *322791* | *330229* | *263333* | *1646273* |
| **Total reporting the condition, excl. UK and RoI** | **35895** | **25243** | **17110** | **34874** | **11170** | **124292** |
| Poland | 4633 | 6075 | 2112 | 7168 | 2348 | 22336 |
| Lithuania | 634 | 1248 | 993 | 6748 | 828 | 10451 |
| India | 3677 | 1207 | 807 | 570 | 649 | 6910 |
| Romania | 1742 | 2570 | 745 | 1279 | 275 | 6611 |
| Middle East and Asia: Other | 3158 | 1045 | 1125 | 741 | 530 | 6599 |
| Africa: Other | 2670 | 699 | 651 | 1048 | 346 | 5414 |
| United States | 1376 | 963 | 851 | 958 | 839 | 4987 |
| China | 2957 | 440 | 273 | 272 | 195 | 4137 |
| Bulgaria | 264 | 632 | 371 | 2494 | 338 | 4099 |
| Germany | 915 | 948 | 1182 | 538 | 470 | 4053 |
| Other EU Countries | 1264 | 894 | 747 | 630 | 374 | 3909 |
| Portugal | 518 | 701 | 235 | 2197 | 98 | 3749 |
| Philippines | 1618 | 623 | 623 | 460 | 374 | 3698 |
| Europe: Other Non-EU countries | 1028 | 654 | 669 | 985 | 354 | 3690 |
| Latvia | 246 | 483 | 511 | 1584 | 329 | 3153 |
| Slovakia | 835 | 991 | 249 | 647 | 197 | 2919 |
| East Timor | 54 | 259 | 20 | 2479 | 63 | 2875 |
| South Africa | 599 | 687 | 792 | 365 | 185 | 2628 |
| Canada | 673 | 561 | 655 | 349 | 231 | 2469 |
| Australia | 528 | 518 | 502 | 425 | 294 | 2267 |
| Hungary | 443 | 299 | 173 | 608 | 587 | 2110 |
| Hong Kong (Special Admin. Region of China) | 711 | 460 | 433 | 252 | 125 | 1981 |
| South America | 673 | 283 | 283 | 485 | 132 | 1856 |
| Syria | 570 | 320 | 410 | 323 | 189 | 1812 |
| Spain | 806 | 194 | 253 | 191 | 160 | 1604 |
| Nigeria | 911 | 229 | 164 | 128 | 129 | 1561 |
| Italy | 653 | 166 | 181 | 163 | 95 | 1258 |
| Pakistan | 429 | 235 | 202 | 225 | 143 | 1234 |
| France | 531 | 189 | 197 | 184 | 99 | 1200 |
| Zimbabwe | 351 | 308 | 278 | 166 | 61 | 1164 |
| Antarctica, Oceania and Other: Other | 174 | 224 | 229 | 116 | 65 | 808 |
| North America, Central America and Caribbean: Other | 254 | 138 | 194 | 96 | 68 | 750 |

Table 46 Ethnic groups from which people reported multimorbidity, distributed by HSC Trust

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **BHSCT** | **NHSCT** | **SEHSCT** | **SHSCT** | **WHSCT** | **Total** |
| *White* | *64964* | *77576* | *60821* | *55063* | *52099* | *310523* |
| **Total reporting condition, excl. those of White ethnicity** | **1471** | **867** | **705** | **940** | **614** | **4597** |
| Mixed | 360 | 229 | 234 | 182 | 160 | 1165 |
| Irish Traveller | 95 | 111 | 73 | 364 | 182 | 825 |
| Chinese | 196 | 103 | 68 | 70 | 59 | 496 |
| Indian | 127 | 120 | 56 | 40 | 64 | 407 |
| Black African | 226 | 52 | 30 | 70 | 13 | 391 |
| Other ethnicities | 114 | 92 | 64 | 66 | 50 | 386 |
| Other Asian | 104 | 32 | 72 | 32 | 27 | 267 |
| Arab | 93 | 24 | 32 | 21 | 14 | 184 |
| Black Other | 35 | 28 | 25 | 42 | 18 | 148 |
| Pakistani | 30 | 39 | 22 | 34 | 8 | 133 |
| Filipino | 71 | 14 | 22 | 8 | 15 | 130 |
| Roma | 20 | 23 | 7 | 11 | <5 | 65 |

1. Of the 4,053 respondents who report Germany as their country of birth, over 2,500 held a UK passport. Of those in the Census who are foreign-born, this was the largest proportion (64%) of people who held a UK passport. One possible explanation is that some of these people were born to parents who were in armed forces. [↑](#footnote-ref-1)
2. Special Administrative Region of the People’s Republic of China [↑](#footnote-ref-2)
3. The population of people from Syria is likely to be largely comprised of people who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health [↑](#footnote-ref-3)
4. This population includes those who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-4)
5. This population includes those who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-5)
6. The population of people from Syria is likely to be largely comprised of people who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-6)
7. This population includes those who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-7)
8. The number with ‘no qualifications’ should be interpreted with caution since this may be due to qualifications from other countries not being easily described by the given Census questionnaire categories for UK qualifications. [↑](#footnote-ref-8)
9. The population of people from Syria is likely to be largely comprised of people who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-9)
10. The number with ‘no qualifications’ should be interpreted with caution since this may be due to qualifications from other countries not being easily described by the given Census questionnaire categories for UK qualifications. [↑](#footnote-ref-10)
11. This population includes those who arrived through the Syrian Vulnerable Persons Resettlement Scheme, which had focused on people with ill health. [↑](#footnote-ref-11)