

DÁIL ÉIREANN

*Déardaoin, 2 Nollaig 2004.
Thursday, 2 December 2004.*

Chuaigh an Ceann Comhairle i gceannas ar 10.30 a.m.

*Paidir.
Prayer.*

Expressions of Sympathy.

Mr. Kenny: I am sure the House will agree with me in tendering sympathy to the wife and family of the late Georgie Ted Russell. Ted Russell was born in 1912. During his long life he served the State well, both in national and local politics, in business, sport and many voluntary organisations. He was Mayor of Limerick on five occasions, a member of Limerick City Council for 36 years, a member of Limerick Harbour Commissioners for 51 years, 26 as chairman, and served as both a Deputy and as a Senator for Limerick.

No event took place in which he was not a dynamic, wise and willing participant. His contribution to business was immense, not just for his family firms, the National Bakery, Dan O'Connor Limited and National Rusks but also as a Senator of considerable esteem on the Industrial and Commercial Panel and as a director and president of Limerick racecourse. He was chairman of Silvermines Lead and Zinc plc, Arran Energy, Limerick Dairies, Limerick Meat Packers and SVS Shipping. He was a director of Shield Insurance, Limerick Clothing Company, Ferenka Limited and the Limerick Savings Bank.

Ted Russell excelled as a sportsman. Having been educated at Stonyhurst he made the school first XV. He captained Bohemians in 1935 and 1936. He played for Munster in 1936, 1937 and 1938 in which year he got a final trial for Ireland. At Stonyhurst he was a champion athlete and very proud of the three silver cups he won in the school of sports in his final year. As a young man, he hunted with the Limerick Harriers.

This catalogue of his public life obscures a private man who is remembered so fondly, particularly on the north side of the city. He was a good employer and contributed and worked extensively with the Society of St. Vincent de Paul. He also contributed to helping the poor in the course of his work in City Hall. He was a kind benefactor who donated part of his property at Barrington's Pier to the people.

He married Derry Gleeson in 1939 and was the loving father of Mary, Margaret, George and Derry. I remember him as a Senator during the

course of the by-election in 1975 and had irregular contact with him since. I always found him to be a man of true observation of the quality of Irish life, a person of great esteem and somebody who was very proud to have contributed to the working of these Houses and the building of a stronger democracy. He was very proud of his country and native city. Ar dheis Dé go raibh a anam dílis.

The Taoiseach: I extend my deepest sympathy to Deputy Kenny and the Fine Gael Party on the death of Mr. Ted Russell who was born in 1912 and educated at Crescent College, Limerick; Mount St. Benedict's College, Gorey and Stonyhurst College, Blackburn, England. His business interests which were extensive included Dan O'Connor Limited and National Rusks. He was also chairman of Silvermines Lead and Zinc plc and Eagle Star insurance company. As Deputy Kenny stated, he was well known for his charitable works across a range of areas. Those who knew him well from my side said he was extremely helpful and generous in supporting many charities.

Ted Russell was elected to Limerick City Council in 1942 and served until 1979. He was mayor of Limerick on five occasions. He was a Clann na Poblachta candidate in the 1948 and 1951 general elections and in a by-election in 1952. He was elected as an Independent Deputy for Limerick East in 1957 to 1961. He contested the 1961 general election as an Independent candidate and the 1965 and 1973 general elections as a Fine Gael candidate. He was a member of the Seanad from 1969 to 1977.

We remember Ted Russell today for his contribution to public life over that long period, both at local level and in the Houses of the Oireachtas. He had a long and distinguished career of working for the people and his parties. One of his fondest memories of public life which he often recounted was his trip as mayor to the United States to collect funds for the memorial on Sarsfield Bridge. Accompanied by his wife, Derry, he travelled to Pittsburgh, Philadelphia, Boston, Washington and Chicago where he presented each of the mayors with an authentic Limerick ham.

Ted Russell was also chairman of Limerick Harbour Commissioners for 26 years and a member of the Mid-Western Health Board from 1971 to 1979. He was a lifelong member and former president of Bohemians RFC. In 1995 he received the freedom of Limerick city and in 2002 was conferred with an honorary doctorate of economic science from the University of Limerick. I join Deputy Kenny and Members of the House in extending our sympathy to his wife, Derry, his children and other family members. I also extend the sympathies of the Fianna Fáil Party to his family. Ar dheis Dé go raibh a anam dílis.

Mr. Rabbitte: I join the Taoiseach in offering to Deputy Kenny and the Fine Gael Party and the family of the late Ted Russell my condolences and those of the Labour Party. Although I did not know Ted Russell as a Member of this House, I did meet him. I was aware of his respected contribution to public affairs and the high reputation he had as a businessman, sportsman and a member of Limerick Harbour Commissioners, concerned as he was with Limerick Harbour for so long.

As a Senator, he was regarded by colleagues on all sides as a broad-minded and concerned contributor, tolerant of the point of view of others, whose particular hallmark was the courtesy he demonstrated to others. On behalf of the Labour Party, I offer my sincere sympathies to his family.

Mr. T. O'Malley: On my own behalf and that of the Progressive Democrats, I commiserate with the Russell family. I had the privilege of knowing Dr. Ted Russell over many years. When Ted was a member of Clann na Poblachta many years ago, my late uncle, Paddy Hourigan, was one of his staunchest allies and supporters. He was also an Independent Deputy for many years but he spent most of his time in Fine Gael and gave sterling service to that party. He gave fantastic service to Limerick city and to the country. He was always a gentleman and it was always pleasure to meet him at any civil or sporting function in any walk of life. For many years he was a very distinguished rugby player and was possibly the strongest and best supporter of Bohemians Rugby Club. I also know that he was an extremely charitable man; no one knew the bounds of his generosity towards less well-off people in Limerick. Ar dheis Dé go raibh a anam dílis.

Mr. Sargent: Thar cheann an Chomhaontais Ghlais, ba maith liomsa, i dteannta leis an Taoiseach agus na Teachtaí Rabbitte agus Tim O'Malley, comhbhrón a dhéanamh leis an Teachta Kenny agus le Fine Gael ar bhás Dr. Ted Russell.

Dr. Russell preceded the time of the Green Party in this House but he has a reputation which is known far and wide. We are all aware of the high esteem in which he is held, having excelled in the fields of sport and in politics as a member of Fine Gael for many years. In Limerick, many people will associate him with his involvement with his local community, which is an example to many. While he was known far and wide, he was best known in his own community, which is a credit to him. He will be fondly remembered as someone who was more a doer than a talker and as one who got things done. Ar dheis Dé go raibh a anam uasal.

Caoimhghín Ó Caoláin: Ba mhaith liom mo chomhbhrón a ghabháil do chlann an iar-Teachta Ted Russell, ar mo shon féin agus ar

son an phairtí Sinn Féin. I wish to associate with the words of sympathy to the family of the late Ted Russell, a former Member of the Dáil and Seanad, and extend our sympathy to his grieving family at this time.

Mr. Noonan: I wish to be associated with the tributes paid to Ted Russell. He would have appreciated them because he was the quintessential public man and held every office it was possible to hold in Limerick city. He was very well liked and respected in business, which has been mentioned in the House this morning.

As the Taoiseach stated, he stood first as a candidate for Clann na Poblachta. It may interest the House to know that when Dr. Noel Browne, as Minister for Health, was conducting his campaign to eradicate TB, he was also conscious of the ravages of cancer on the country and appointed Ted Russell as chairman of a new association, the Irish Cancer Association, to which position he was re-appointed by another Minister for Health, Dr. Jim Ryan. It was that organisation which drew up the plans for St. Luke's Hospital and put in place the first centre for cancer in Ireland. He was very proud of that achievement and when the cancer strategy was published during my time as Minister for Health, he was extremely interested in it and discussed it with me while referring back to Dr. Noel Browne's initiative. I offer my personal sympathy to his wife, Derry Gleeson, a Tipperary woman whom the Hanafin family knows well, and also to his adult daughters Mary, Margaret and Derry and his son George.

Mr. P. Power: I join in the expressions of sympathy and tributes to the late Ted Russell. First and foremost, Ted Russell was a neighbour and friend of mine. He gave six decades of outstanding service to the people of Limerick and the city he loved so well. He was alderman in ward 1 in Limerick city and, when I succeeded him as alderman in the same ward, I thought it one of the greatest honours to succeed a man who gave such outstanding service. I cannot add to the list of achievements which has been set out before the House other than to say that he supported and played for Bohemians Rugby Club. Moreover, he played in the first rugby match in Thomond Park after it was built in 1938, a fact of which he was very proud. He was also extremely proud of the fact that the city which he loved so well honoured him by making him a freeman a number of years ago. I was very happy to be a member of Limerick City Council when that proposal was made. He was a neighbour, a true friend and a great servant to the people of Limerick.

Ms O'Sullivan: I join in tributes to the late Ted Russell for his very long and distinguished public life. My memory of him is his deep and sustained commitment to public life and particularly to Limerick city. I was a member of Limerick City Council for a number of years during which Ted Russell turned up to practically every public and

civic event, particularly the mayoral elections each year. He was consistently supportive of everything that went on in the city. His charitable works have been referred to, which are a fact. As referred to by my party leader, his commitment to the port of Limerick and to developing the possibilities of transport through the Shannon Estuary will be a life-long monument to the work of Ted Russell.

Members rose.

Requests to move Adjournment of Dáil under Standing Order 31.

An Ceann Comhairle: I propose to deal with a number of notices under Standing Order 31. I will call on the Deputies in the order in which they submitted their notices to my office.

Mr. Deenihan: I seek the adjournment of the Dáil under Standing Order 31 to debate the following urgent matter: the dispute involving the disabled drivers medical board of appeal at the National Rehabilitation Hospital in Dún Laoghaire resulting in the postponement of assessment of appeals by disabled persons who were refused a primary medical certificate.

Mr. J. Higgins: I seek the adjournment of the Dáil under Standing Order 31 to debate the following urgent matter: the need to combat the drive by employers to maximise profits at the expense of workers' jobs and living conditions as evidenced by the fact that Irish Ferries workers are obliged to strike today in defence of their jobs and An Post workers have been obliged to ballot for industrial action, also in defence of jobs.

An Ceann Comhairle: Having considered the matters raised, I do not consider them to be in order under Standing Order 31.

Order of Business.

The Taoiseach: It is proposed to take No. 18, motion re proposed approval by Dáil Éireann of the terms of the Berne Convention for the Protection of Literary and Artistic Works, back from committee, and No. 26a, financial motions by the Minister for Finance, 2004, motion 2 resumed. It is proposed, notwithstanding anything in Standing Orders, that the Dáil shall sit later than 4.45 p.m. and business shall be interrupted not later than 7.30 p.m.; No. 18 shall be decided without debate; and the following arrangements shall apply to the resumed debate on No. 26a: the speech of the main spokespersons or a Member nominated in his or her stead for the Taoiseach, the Fine Gael Party, the Labour Party and the Technical Group, who shall be called upon in that order, shall not exceed 40 minutes in each case; the spokesperson for the technical group shall be confined to a spokesperson for the Green Party, Sinn Féin and the Independents; the speech of

each other Member called upon, who may share time, shall not exceed 30 minutes in each case.

An Ceann Comhairle: There are three proposals to put to the House. Is the proposal for the late sitting agreed? Agreed. Is the proposal for dealing with No. 18 without debate agreed? Agreed. Is the proposal for dealing with No. 26a agreed? Agreed.

Mr. Kenny: I wish to ask two questions. On 11 May this year, in response to a question from Deputy Rabbitte, the Taoiseach said in respect of the current business regarding the Good Friday Agreement, in the matter of the early release of the murderers of the late Detective Garda McCabe: "This was of the highest sensitivity, however, and we would not do anything without direct contact between the Government—"

An Ceann Comhairle: It does not arise on the Order of Business.

Mr. Kenny: —the widow of Jerry McCabe and the family of Ben O'Sullivan."

An Ceann Comhairle: It was the subject of Leaders' Questions yesterday.

Mr. Kenny: Will the Taoiseach confirm whether that statement has been followed up by him? Was there direct contact between the Government, the widow of Jerry McCabe and the family of Ben O'Sullivan—

An Ceann Comhairle: The Deputy should put down a question on the matter.

Mr. Kenny: —prior to the Taoiseach's clarification yesterday?

An Ceann Comhairle: It does not arise on the Order of Business.

Mr. Kenny: On four separate occasions the Tánaiste indicated that legislation will be produced before Christmas in respect of the legal advice which the Attorney General is to provide to Government regarding the people over 70 years of age who received medical cards. There are six sitting days left in this Dáil session. On which of these days will the legislation be produced? Does the Taoiseach expect it to be passed before the Christmas recess?

The Taoiseach: I understand that the free access to general practitioner visits will be provided for individuals and families based on the income guidelines, that is, 25% over the new medical card income guidelines. Subject to clarifying legislation and administrative issues, the new doctor visit card will be introduced as soon as possible in 2005. That seems to indicate that there will be no legislation before Christmas but the matter will be dealt with in that way.

Mr. Kenny: The Taoiseach misunderstands me. The Attorney General is to advise the Government on the legality or otherwise of taking charges from people over 70 years who are in long-stay nursing homes. The Tánaiste said legislation would be introduced before Christmas. I am referring to that legislation.

The Taoiseach: I will have to check it. The Deputy has raised this matter a number of times. The Attorney General gave the legal advice to the Tánaiste a week or two ago. I do not know if it requires legislation but I will check for the Deputy.

An Ceann Comhairle: I call Deputy Rabbitte.

Mr. Durkan: What about the first question?

An Ceann Comhairle: It does not arise on the Order of Business.

Mr. M. Ahern: It was out of order.

Mr. Durkan: Is there another Ceann Comhairle over there?

Mr. McCormack: He might be.

Mr. Rabbitte: The Taoiseach ought to take the opportunity to tell the House why he handled the Jerry McCabe killers affair——

An Ceann Comhairle: Deputy, it does not arise on the Order of Business.

Mr. Rabbitte: ——in that fashion.

An Ceann Comhairle: It was the subject of Leaders' Questions yesterday.

Mr. Durkan: Things have moved on since yesterday.

An Ceann Comhairle: Leaders' Questions was instituted to facilitate the leaders of the parties on such matters. We cannot have a discussion on it this morning.

Mr. Rabbitte: There is no Leaders' Questions on Thursday and it is traditional to allow the leaders of parties to ask a question of the Taoiseach.

An Ceann Comhairle: No, Deputy, there is no such tradition.

Mr. Rabbitte: However, there is a precedent, a Cheann Comhairle.

An Ceann Comhairle: Leaders' Questions was put in place for that purpose.

Mr. Rabbitte: Will the Taoiseach provide an opportunity for the House to discuss this matter? It may well be that there is a greater prize on offer. However, having regard to the commit-

ments made by the Taoiseach and two Ministers for Justice, Equality and Law Reform on this issue and having regard to the gravity with which our citizens view the shooting of a garda——

An Ceann Comhairle: Deputy, you have made your point.

Mr. Rabbitte: Our citizens draw the line, Sir, at shooting a member of the Garda Síochána.

An Ceann Comhairle: Deputy, you have made your point. Allow the Taoiseach to speak.

Mr. Rabbitte: It is a hugely important issue and I ask the Taoiseach to tell the House why the commitments entered into with the McCabe family and the Garda Representative Association have been abrogated in this fashion. There might be a good reason which we will know about in time.

The Taoiseach: I will briefly answer both questions and I thank you, a Cheann Comhairle, for the opportunity to do so. It is not a reasonable position if I cannot answer when they are raised.

If this arises, it only arises as part of a comprehensive deal. If we do not deal with those charged with manslaughter whom we believe to be involved in the killing of Jerry McCabe, regardless of what the cases are, and the shooting of Ben O'Sullivan and if it arises that there is a comprehensive deal, that issue must be dealt with. Otherwise there will be no deal. That has been made clear in the negotiations. It does not arise if we do not get a comprehensive deal.

Mr. Allen: It is on the table.

The Taoiseach: My undertaking is that if it comes to a position where we are going to get a comprehensive deal, we would talk to the GRA and the family. If it was not raised here yesterday, we would have done that anyway. However, I must answer truthfully when a question is asked in the House. It would not have been my preference to have had to answer it in the way I did yesterday but I must do that. Deputy Kenny has the right to ask the question and I must answer it.

This is a request put by one of the parties, the obvious party. It has been put in that way. If I, the Government and everybody else wants a comprehensive deal, there are many aspects of that deal that will affect many people. We must deal with two issues. One is a handful of OTRs, on-the-run people. The other is highly sensitive, it is one I would prefer not to deal with, but it exists. The only remaining prisoners in this category left on the island are those involved in the Jerry McCabe killing.

That is the context. There are other issues that might not be as important — in my view, they are not — but if we want a comprehensive deal, this is one issue we must deal with. That is the basis. If that happens, before I would sign off on the deal we would — this was always the intention —

talk to the GRA and the families and explain our position. I know the difficulties and the sensitivities for the families. I would rather not have to deal with it, as Prime Minister Blair and others would have preferred not to let out all the people.

Six years ago I met representatives of more than 40 RUC widows and I remember their trauma. In many of those cases there were circumstances which they believed were unrelated to the Troubles and which were unrelated to people who had any semblance of being freedom fighters. However, that was the situation. The people who killed their husbands were allowed out. I know it is difficult because I had to sit with them for three and a half hours. I understand that Mrs. McCabe and the families will be annoyed with me. However, if I want to get a comprehensive deal, I do not have an alternative. It is only on the basis of arms being put beyond use and new instructions from the IRA that I will contemplate consulting Mrs. McCabe.

Mr. Sargent: I listened carefully to the Taoiseach and I have a question on promised legislation. However, does the Taoiseach intend to apologise to the families of Jerry McCabe and Garda O'Sullivan—

An Ceann Comhairle: Deputy, we will not have a discussion on the matter. I will call the next Deputy.

Mr. Sargent: The question on promised legislation stands on its merits, a Cheann Comhairle, but as I listened to the Taoiseach I did not hear him make that point.

An Ceann Comhairle: I will call Deputy Neville if Deputy Sargent does not have a question appropriate to the Order of Business.

Mr. Sargent: I have a question on legislation and it relates to a serious matter in which the Ceann Comhairle, being a medical doctor, will be interested. The legislation is on the abuse of alcohol and binge drinking.

11 o'clock There was nothing in the budget to address this issue. Legislation on the advertising, sponsorship and sale of alcohol products is badly needed. In light of the fact that these products are advertised in cinemas at films watched by children as young as 15 and are targeted at and sold to those who are underage, will the Taoiseach give an indication of whether the Government is going to bring forward the legislation sooner than promised? I am obliged to ask this question because there was no indication of action on this matter in the budget.

The Taoiseach: The alcohol products (control of advertising, sponsorship and marketing practices/sales promotions) Bill will be published early next year.

Mr. Davern: I wonder if time could be made available for a personal statement by Deputy Ó

Snodaigh on the allegations that he took part in a horrific and barbaric act? It is time he made a statement on that issue.

Mr. Neville: The banks have refused to pay the salaries of employees of the Mid-Western Health Board this morning. Will the Taoiseach intervene to ensure the staff are paid their due remuneration?

An Ceann Comhairle: The Deputy must find another way to raise the matter.

Mr. Costello: In view of the report that has just been published by the National Economic and Social Forum which states that the rate of imprisonment in this country is triple that which obtains in Wales and England and quadruple the rate in Scandinavia and that it now costs €1,300 per prisoner—

An Ceann Comhairle: Does the Deputy have a question appropriate to the Order of Business?

Mr. Costello: —while the community service and provision order is only €50—

An Ceann Comhairle: About what legislation is the Deputy inquiring?

Mr. Costello: —is there any intention to introduce legislation which would direct members of the Judiciary in respect of the alternatives to sending people to prison in the first instance?

The Taoiseach: Perhaps the Deputy could table a parliamentary question on the matter.

Mr. Costello: The legislation, as it stands, only contains reference to advancement of fines.

Caoimhghín Ó Caoláin: I wish to raise two matters. I welcome the Taoiseach who is not usually present on Thursdays.

Report Stage of the Health Bill, which is currently before the relevant committee, is due to be taken in the House on Tuesday. In my view the time is appropriate to raise with the Taoiseach the fact that, as a result of discussions between the Whips, the debate on it is due to be guillotined at 10.30 p.m. While an extension of time has been provided, I ask the Taoiseach to reconsider the imposition of a guillotine on the legislation.

An Ceann Comhairle: That is a matter for the committee.

Caoimhghín Ó Caoláin: I do not believe that a guillotine is appropriate to the conclusion of a very important Bill. Will the Taoiseach consider the position regarding the legislation in the interim? It might be too late to put this matter to him on Tuesday morning next.

The nurses (amendment) Bill is designed to implement the recommendations in the report of the Commission on Nursing. Will the Taoiseach

[Caoimhghín Ó Caoláin.]
advise if there is a specific date for its introduction in the House? Will he also indicate if the heads of the Bill will be published?

The Taoiseach: On the first matter, the Government Whip has already provided an extension of time.

The heads of the nurses (amendment) Bill, which was previously the nurses and midwives Bill, are expected to come before Government shortly. The Bill will be introduced next year.

Caoimhghín Ó Caoláin: Will the Taoiseach lift the guillotine?

The Taoiseach: The Government Whip has already provided extended time.

Mr. Durkan: On 19 October last, the Taoiseach promised some action in respect of the broadcasting authority Bill. Unfortunately, that legislation continues to languish and there appear to be no signs of progress in respect of it. When will the Bill be introduced in order that the House might debate it?

The Taoiseach: It will be introduced next year.

Mr. Durkan: That is a disappointment. It is a sign of slippage.

Mr. M. Higgins: In view of the widespread discontent that exists in respect of the future of teaching in most of the universities, what is the current position regarding the higher education authority (amendment) Bill? A debate is taking place in the newspapers which suggests that the new Minister might be put under pressure to reward an incentive system for a narrow version of third level education which places no value on university teaching or the ethos of universities. It is time the House debated the Bill in order that we might discover the Government's policy in respect of third level education.

The Taoiseach: We will have the opportunity to debate the Bill in the new year.

Mr. M. Higgins: And the interpretation of matters relating to universities will cease in the meantime.

Mr. J. Higgins: Irish Ferries bosses want to replace permanent employees with exploited yellow pack labour. In doing so, they will no doubt abuse the employment permits regime.

An Ceann Comhairle: Does the Deputy have a question appropriate to the Order of Business?

Mr. J. Higgins: Will the employment permits Bill provide against this type of abuse? Workers are on strike about this matter today.

An Ceann Comhairle: The Deputy should allow the Taoiseach to answer his question on promised legislation.

Mr. J. Higgins: I want the Taoiseach to comment on the issue as well.

The Taoiseach: The Bill is to be published shortly.

Mr. O'Dowd: What is the position regarding the legislation promised in the Progressive Democrats's manifesto this year in respect of a waiver on refuse charges for all low income families, regardless of whether such charges are levied by private or public concerns?

The Taoiseach: There is no legislation in this area.

Mr. Durkan: It was a firm commitment, like all the other promises.

Message from Select Committee.

An Ceann Comhairle: The Select Committee on Transport has completed its consideration of the Road Traffic Bill 2004 and has made amendments thereto.

Berne Convention: Motion.

Minister of State at the Department of the Taoiseach (Mr. Kitt): I move:

That Dáil Éireann approves the terms of the Berne Convention for the Protection of Literary and Artistic Works (Paris Act of 24 July 1971, as amended on 28 September 1979), copies of which were laid before Dáil Éireann on 2 June 2004.

Question put and agreed to.

Financial Resolution No. 2: General (Resumed).

Debate resumed on the following motion:

THAT it is expedient to amend the law relating to inland revenue (including value-added tax) and to make further provision in connection with finance.

(Minister for Agriculture and Food).

The Taoiseach: Yesterday's budget presented by the Minister for Finance is a budget for real social inclusion. It shows how a strong economy can be coupled with real social advance. Wealth cannot be taken as a given. It has to be continuously generated and renewed. When it is, the State can play its role in redistribution in order to foster the stability and social cohesion that are so necessary to underpin growing prosperity.

There are four main headlines: the consolidation of rapid economic progress on a sound non-inflationary basis, which supports a further net growth in jobs; a major rolling programme of

multi-annual investment in essential physical and social infrastructure; a marked improvement in social services, with an emphasis on helping those at a disadvantage, particularly people suffering from disabilities; and making the tax system fairer for those on low and average incomes.

Our economic performance has been by any measure outstanding. We have come through a difficult period in good order. Unemployment, to the astonishment of many economic commentators, remained below 5%. The danger of rising inflation was brought under control with the help of the social partners. However, it is still the case that the level of costs we now have leaves us with little margin for error.

The public finances are in excellent order. Revenue has exceeded target by an estimated €2.3 billion, thanks to higher growth and effective tax collection. Rarely, if ever, has an outgoing Minister for Finance been able to leave his successor a more positive legacy. I pay full tribute to the outstanding contribution, which was to the benefit of us all and which will long be remembered, of Charlie McCreevy during his years in the office of Minister for Finance.

By any standards, a general Government debt-GDP ratio of 30%, the second lowest after Luxembourg in the eurozone, and a projected general Government deficit of only 0.8% of GDP, after an unexpected surplus of equivalent proportions this year, is robustly healthy. Many of our EU partners would dearly love to be in even half as comfortable a position. We can look forward to GNP growth in 2005 of the order of 5%, an average inflation rate of 2.5% and a continued increase in employment of approximately 35,000.

From a longer term perspective, the gains have been enormous and have been sustained. Since 1997, employment in Ireland has grown by a phenomenal one third or well over 400,000 additional jobs. That achievement is closely connected to our success in attracting overseas investment. We have moved from only 40th place in the international ranking for overseas investment in the 1994-96 period, to a remarkable fourth place today. Ireland was unique among OECD states for attracting increased inward investment last year. Recent growth has also been generated by rising demand in the domestic economy.

Our strong performance resumed this year, despite international conditions. Employment grew, with 43,000 new jobs in the 12 months to last May. This represents growth of 2.4% and reflects GDP growth well in excess of the European average. Ireland is growing at twice the average for the euro area. As a result, instead of contemplating cutbacks, we are able to continue to develop our public services and invest heavily in our infrastructure without further tax increases.

We are investing almost 5% of GNP in transport, roads, housing, schools and health care. This is twice the European average for public invest-

ment. Across the full range of public spending, the resources made available by economic growth will enable us to increase public spending up to three times the European average, without compromising our fiscal stability or adding to inflationary pressure. Most sensible people will accept that a 9% increase in gross public spending in 2005 is close to the maximum consistent with financial prudence and is as much as we can manage in one year. The underspending this year is also a factor in magnifying the apparent increase. Solid sustained progress will deliver infinitely better results for everyone than stop-go policies caused by impatience and trying to do too much too quickly. Even where there are undoubted needs to be met, improvements in capacity and facilities have to be phased in.

We all recognise the importance of economic consistency and stability for confidence and investment. We have avoided as far as possible placing extra burdens on employers, employees or the farming community. We have targeted those factors which will secure our living standards and competitiveness into the future, for example, investment in high value-added industries, such as pharmaceuticals and the software sector. We have incentivised and invested heavily in research and development to underpin higher value-added activity across the economy.

We have encouraged unprecedented output from the housing sector. We are well advanced in the process of transforming our road and public transport networks, the benefits of which are now coming on stream thick and fast. This has delivered real gains for the whole of society. It has been made possible in large measure by the very fruitful social partnership arrangements, which have seen a strong measure of agreement between the Government, employers, trade unions, farming organisations and the community and voluntary sector. They have recognised, as has the Government, that only strong and sustainable growth, facilitated by a consistent policy framework, will generate the resources required to address our social and developmental needs. There is no credible alternative, or foreign model, to the hybrid one that we have developed here in recent years, tailored to the needs of our situation.

The resources made available in the Book of Estimates for the development of public services are a vindication of our approach. Without repeating the main points made by the Minister for Finance and other colleagues regarding the details of increased provision, it is worth recalling the scale of additional allocations. There is an increase of €915 million or 9% for health and an increase of €530 million or 8% for education. Total expenditure on health, education and social welfare now accounts for a little over two thirds of current spending.

The value of social inclusion measures announced yesterday exceeds the cost of the income tax measures by almost €200 million. Such a focus continues a clear and consistent

[The Taoiseach.]

trend that began the day I first led Fianna Fáil and the Progressive Democrats into Government. If anyone doubts that, I suggest they compare the level of employment and unemployment in 1997 with that today. They should compare the level of pensions and child benefit and the substantial real increases in welfare payments. We are long past the time when social welfare payments were pitched around the rate of inflation, be it to compensate for the year past or the year to come, which resulted ten years ago in a miserly £1.80 increase in old age pensions, as part of an exercise in so-called socialism that excluded the old. The economic and social outcomes demonstrate beyond doubt that social progress and competitiveness gains can be pursued in mutually reinforcing ways.

Our tax strategy has been one of the important ingredients in this success story. Since 1997, approximately €6 billion has been applied to reducing the burden of taxation. That has been achieved in such a way that €20 billion has been generated in additional day-to-day spending and a further €4 billion for additional public investment. This additional revenue has been generated at the same time as the average tax rate for nearly all PAYE workers has been falling year on year.

The total tax levied on the average industrial wage has fallen from 27% in 1997 to just under 17% following yesterday's budget. This reducing burden has been implemented with a clear eye on the distributive impact. The share of the income tax yield from those on or below average industrial earnings has fallen from over 14% in 1997 to less than 6% in 2005, following the budget. Our decision that those on the minimum wage will be fully outside the tax net as a result of the budget measures represents a landmark development. Through the confidence generated by the strong commitment of the Government to maintain our existing standard corporation tax rate, as well as a capital tax regime that generates activity, we can continue to maximise our revenue from these sources, while maintaining a low tax burden on those on modest incomes.

The measures contained in the budget mean that we have met the expectations of the social partners that there would be significant real increases in take-home pay, when the combination of tax and pay changes under Sustaining Progress are taken together. Together with the anti-inflationary strategy on indirect taxes in this budget, we are creating the conditions for moderate wage growth in the period ahead. This is of real assistance to employment.

The personal taxation tables in this year's budget booklet speak for themselves. They show a focus on equity. They show the benefits of tax relief concentrated on low and middle income earners, and on the largest segments of the workforce. This is a budget for hard working citizens, both men and women, and it continues a trend since 1997 of falling average tax rates.

Equity in the tax system is a legitimate concern of compliant taxpayers. An extremely vigorous pursuit of tax evasion is taking place, which yielded an extra €650 million in the Exchequer this year and will yield an expected €200 million, at least, in the coming year. It is not acceptable that even a few of the wealthiest who live here and use public services like the rest of us are able to arrange their affairs as to pay no income tax contribution whatsoever.

Many reliefs and exemptions are of benefit to a large number of taxpayers, such as mortgage interest relief and exemption of the family home from tax. Yet many property incentives have been instrumental in transforming the physical appearance of our towns and cities and tackling dereliction. Most of them will expire in the next two years and the tax base will be broadened as a result over time. Where incentives are unlimited and open-ended, they are clearly open to question. It is important that Ireland remains a home to success in many different fields and an attractive place for capturing mobile investment and enterprise.

I regard housing policy as particularly important. We have had significant success in increasing housing output to close to 80,000 housing units this year. There are genuine concerns about affordability for young buyers. The modifications in stamp duty applied to second-hand housing purchased by first-time buyers as well as the increase in rent relief on private accommodation are intended to ease housing costs for those likely to be most affected.

The Minister for the Environment, Heritage and Local Government is determined to give new impetus to the social and affordable housing programme, as provided for in the Estimates, and will seek the active co-operation of local authorities in overcoming, in some cases, the hesitation of builders.

A particular emphasis in this year's budget is on the most disadvantaged individuals and families in our society. In its totality, it is a powerful statement of commitment to the welfare of those in greatest need. The benefits of the changes are targeted at those on the lowest income levels, whether at work or dependent on State support. Our ability to compete in the labour market will be strengthened by recognising that a competitive economy is the essential enabler for an inclusive and cohesive society based on full employment or the nearest approximation to it.

Over the past eight years, the Government has directed huge efforts and resources towards the less well-off. The introduction of the national minimum wage and the achievement of close on full employment testify to policies that are targeted centrally at the care and welfare of our people. While clearly great progress has been made, I have always acknowledged that not everyone has benefited in full measure from the growing national prosperity. That is why a clear

focus on interventions in favour of the most needy permeates this budget.

I am very proud of our achievements on child benefit and old age pensions. Building incrementally on the significant increases of more than 270% since 1997 until yesterday, child benefit will rise by €10 per month for the first and second child and €12 for the third child and subsequent children, bringing the respective totals to €141.60 and €177.30, which are close to target.

We have an equal concern too for the older generation. All our budgets since 1997 have included measures to improve the income and situation of those on pensions. At the last general election we promised to increase the State pension to €200 per week. Last year's budget provided for a €10 per week increase while this year's budget provides for a further €12 rise, showing clearly that we will deliver on this commitment. There is another substantial rise in the level of tax-exempt income for pensioners, up to €33,000 for a married couple. The issue of medical cards to all those over 70 years was to ensure that they would have peace of mind, without having to worry about the possibility of rising and unquantifiable medical expenses. Major progress has been made on a number of fronts over a short period.

We value older people for their invaluable contributions, both past and future, to the well-being of this economy and society. I assure this House that we will always uphold that ideal.

A particular effort has been made in this budget to address the needs of those on the lowest rates of social welfare. They have seen real increases in recent years somewhat below those of others. The increase of €14 per week, four times the expected rate of inflation and a rise of 10%, is a significant step to enable recipients to live life with dignity, in line with our commitments under the national anti-poverty strategy and Sustaining Progress.

Some valid concerns expressed last year regarding particular social welfare changes, for example, rent supplement and funding of crèches, have been addressed by the Minister for Social and Family Affairs, Deputy Brennan.

Mr. P. McGrath: They have not been reversed.

The Taoiseach: They have been dealt with.

Mr. P. McGrath: They have not. Not all of them have been reversed.

An Ceann Comhairle: Allow the Taoiseach to continue without interruption, please.

The Taoiseach: I am not sure when the Minister will speak but he will outline to the House a range of measures on this issue and a host of other issues which will be helpful.

The impression has been given in some quarters that nothing has been done for carers. Carer's allowance increases by €14. The income dis-

regard has also been raised, together with a €1,000 increase in the respite care grant, from which 9,000 new recipients will benefit.

Mr. P. McGrath: If carer's allowance is not means-tested, why do only 9,000 receive it?

The Taoiseach: Deputies will note the poverty proofing applied to the budget contained in annex B to the Budget Statement. It refers to:

. . . the highly progressive nature of Budget 2005, which sees those dependent on welfare getting the greatest gains. From a distributional point of view, Budget 2005 ensures that the lowest income groups gain progressively more (from welfare payments) than the higher income groups, who contribute progressively more to the cost of public service provision. The overall distributional effect is similar to that from Budgets 2003 and 2004 but greater in impact.

Among the most vulnerable in our society are persons with a disability. We reached a watershed in Ireland's response to the needs of our citizens with disabilities when the Government launched the national disability strategy last September. A comprehensive legislative programme was announced to give practical effect to the needs of those with disabilities. The Disability Bill provides for the objective assessment of need and statements of service entitlements. The Comhairle (Amendment) Bill provides for an independent advocacy service. The six outline sectoral plans demonstrate how public policy and services will enhance the quality of life of those with disabilities in a number of critical areas of everyday life.

The resources of €2.5 billion being allocated next year for disability specific services represent an 11 % increase on the 2004 figure. This shows the Government's commitment to providing high quality services and supports for people with disabilities. In the health sector, extra funding and more than 1,000 new front line staff will be used for services covering intellectual disability, physical and sensory disability, mental health and adapted accommodation. Provision will also be made for teachers and assistants for special needs pupils and special school transport schemes. The budget has gone beyond this unprecedented level of increased expenditure by putting in place a multi-annual current and capital programme for high priority disability support services.

The new framework emulates the highly successful approach announced in the previous budget regarding capital expenditure. However, uniquely, it also extends to current spending, reflecting the Government's determination to achieve long awaited real and lasting improvements in the lives of people with disabilities and their families. This commitment of €900 million cumulative total funding over the period 2006-09 will provide greater funding certainty into the future. It will allow for greater flexibility in the

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spending of resources and facilitate and encourage more effective outcomes. Above all, it will inject a new sense of confidence and urgency into national policy in its entirety regarding the provision of care and support for those with a disability. The new framework is an enlightened and compassionate move. It gives a robust financial underpinning to the provisions in the Disability Bill.

It has long been my view that a competitive economy can be a powerful enabler of greater social justice and a just and caring society can be a powerful source of competitiveness. That broad philosophy, as distinct from any narrow ideology, forms the heart of our social partnership model. Improving national competitiveness, in the context of our euro zone membership, is a heightened challenge demanding special vigilance. Maintaining our relative position and promoting improvement are about more than growing business and trade, important though they are, they are also about protecting jobs, providing increased financial security for families and promoting price stability.

The framing of this year's budget was guided by such core aims. First, the budget maintains a sustainable balance between expenditure growth and revenue growth. Second, the taxation measures will assist non-inflationary economic expansion. Third, the investment commitments already announced, especially on infrastructure and high value activity such as research and development, will continue the priority objective of raising innovation and competitiveness.

This time last year the Government introduced multi-annual agreements on capital spending. That approach has worked well, especially in the management and planning of large-scale investment programmes. For next year alone the cash available for investment, at almost €6.3 billion, will be 20% more than what has been actually spent this year.

The 2005-09 capital envelope provision of €36.3 billion and the proposal to move to a ten year envelope for transport mean that in the areas of transport, communications, education and the environment Ireland will continue to move rapidly beyond the redress of serious infrastructure deficit trends towards the achievement of world class facilities. The baseline can always be adjusted upwards, as happened in this budget, if economic and financial circumstances allow.

The House will have noted with approval the clear commitment to decentralisation, underpinned by a €70 million provision next year, mainly for office accommodation, in order that a real start can be made. The budget also contains a number of modest but practical and important measures to assist farmers and the business community. The 12.5% rate of corporation tax, which stood at 50% for non-exporting firms less than 20 years ago, will be maintained by the Government.

Commentators at home and abroad continue to look with some awe and much perplexity at the

changing Ireland. Huge progress is evident through the length and breadth of the country. I am proud of what this Government has achieved so far in its one and a half terms. I am glad the stage is now set for major incremental progress next year on the economic and social fronts. Particularly gratifying is the confidence and optimism of our people about the future of this economy and society and our quality of life. In that regard, there is no doubt but that the Government's strategy, reflected in eight budgets since 1997, has played a central and indispensable part.

I know people will see that this budget represents major progress towards fulfilling our contract with them, as set out in the programme for Government. I congratulate the Minister for Finance, Deputy Cowen, on his first inspired budget, one which is guided towards greater social justice, higher household prosperity and enhanced national competitiveness but still rooted in sound public finances. This is social justice in practice, making a real difference to all our lives.

Mr. Rabbitte: The applause on the Progressive Democrats benches is feeble.

Mr. Treacy: There are no divisions.

Mr. Kenny: The presentation of any budget based on Government economic policy should contain one fundamental fact, namely, that it is based on a sound value system. It should be clearly understood the proceeds of taxation are the people's money which the Government holds in trust on their behalf. There should never be an instance or action by Government which clearly indicates, by word and deed, that it treats the public finances as if they were the private resources of a party to be used to achieve party political ends. This has been the code of practice adopted by the Government in a number of instances, in keeping with its basic ethics of getting into and staying in power.

People have a right to expect the Government will discharge its duty and maintain trust fairly and competently and, in so doing, treat people with respect and properly honour commitments entered into. There are times when the needs of people and political objectives and requirements coincide. While this happens in a number of cases, it does not happen all the time in the presentation of the 2005 budget.

This budget presentation is predicated on the political needs of the Government, not on the social needs of the people or the economic needs of the country. It is neither socialist nor left-wing and it is not about caring and sharing. Its philosophy is expediency alone. It is driven by the necessity to respond to the verdict of the people on 11 June 2004. It is, at best, a catch-up budget; a reluctant and rueful effort to address gross Government generated inequality and finally share some of the benefits of our economic success with those who have needed them most and felt them least for the past seven years.

I am pleased for those who have the promise of a little comfort as we approach Christmas. I am pleased for the mothers who, according to aid agencies, deprive themselves of food in order that their children will not be disappointed by Santa's largesse. I am pleased for people with a disability who are often painted as having the potential to ruin the economy by having the temerity to ask what the rest of us take for granted. I am pleased for hard working people on the minimum wage, whose low earnings do not reflect the contribution they make to the economy and our society. However, their removal from tax liability will be offset by rising stealth taxes and increased service charges. I refer particularly to pensioners who appear to be treated differently from all other categories of social welfare recipients by receiving a lower raise, even though they helped to make this country what it is against all the odds.

Mr. P. McGrath: Hear, hear.

Mr. Kenny: I want to accept the offer made by the Minister of Finance yesterday to have an open and consultative forum about the process of budget presentation. I say this because the basic principle of Fine Gael policy on the public finances will be to radically alter the annual budget and the way in which it is presented. This would involve the establishment of an institutional and legal framework to give concrete expression to the idea that the Government acts on the people's behalf in the disbursement of their hard earned taxation receipts.

It should be the absolute right of taxpayers to know procedures are in place to ensure they get real value for their hard earned euro. These procedures should involve open evaluation of all major expenditure programmes through debates in the Oireachtas prior to the vote upon the budget. The public relations charade that surrounds the publication of the annual Book of Estimates, the budget and the Finance Bill is no substitute for a parliamentary procedure which provides for a thorough and rigorous debate of the spending and tax options facing the Government. If I recognise the Minister's comments yesterday as a genuine conversion to doing business better in the way this is presented to the House and the country, then I welcome his statement. In so far as ideas or initiatives have been brought forward, Deputy Bruton has outlined a method of dealing with them in his document, *Who Cares?*

The Government has set a forecast of average growth rates of 5.3% and 8.4% in GDP and GNP over the period 2005-07. The European Commission forecasts euro area growth of an average 2.1% this year. Employment is expected to grow by an average of 1.6%, with unemployment averaging 4.5% in the same period. We do not know, nor can we estimate accurately, the influence of external events, including the strength of the dollar and sterling, the rise or fall in the price of oil and the consequences of global conflicts or

actions by terrorists. These are unknown quantities but all have the capacity to seriously impact on the country's economic performance.

Fine Gael does not doubt the strength of the economy and does not underestimate the importance of a low corporation tax rate of 12.5% which must be defended. It completely understands the importance of a low personal tax regime. After all, these were the ingredients provided by the rainbow Government between 1994 and 1997 which created the circumstances which attracted phenomenal outside investment, creating hundreds of thousands of jobs from which the Celtic tiger evolved. However, this economic strength was generated by the workers and entrepreneurs of Ireland, not just by the hand of the Government. It is those workers and entrepreneurs who deserve the plaudits for our economic strength today.

Despite this strength, the budget has still failed to measure up in a whole range of critical areas which include health reform and the delivery of best services; roads investment; child care, in respect of which there were no imaginative proposals for assistance or relief; the inability to deal with crime and its causes; benchmarking; overseas development aid; decentralisation; competitiveness and the Lisbon Agenda; personal taxation; the provision of social housing; the pressures on family life and the economic and social consequences for the future, as well the provision of real educational advantage.

The budget is disappointing for the PAYE worker. The non-indexation of the tax bands in recent years required their broadening by 10%, yet the Minister has only seen fit to provide for a 5% increase. This means that 50% of all taxpayers will continue to pay tax at the highest rate. The person on the average industrial wage continues to be equated with those on much more significant earnings and will pay at the top rate of 42%. Taxpayers on the minimum wage will now be exempt from taxation, which is a welcome trend. However, they will find themselves back in the taxation bracket next April when increases in the minimum wage take effect.

The overall tax cost to the Exchequer and the Government will only be of the order of €250 million, or less than 1% of total tax revenue. This means that a married couple with two children, earning €43,000, will have an increase in income of €1,188 per annum, or a little over €20 per week. The single mechanic with a daughter, earning €24,000, will have an increase in income of €350, or less than €7 per week. However, these increases will be swallowed up by a whole range of stealth taxes and increased charges coming down the track, because with a 1% increase in assistance to local authorities, it will not be possible for them to provide services commensurate with people's wishes and in respect of the tax revenue that they pay. This will only become apparent when estimates are concluded by local authorities and claims for increased charges from

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State or semi-State agencies have either been agreed or allowed.

The Minister has allowed for a review of tax shelters. This is to be welcomed, although it follows from a point where tax shelters, as instruments of investment, have been allowed to continue without review for many years. Tax breaks were introduced by various Governments. I share the Minister's view that they are designed to stimulate investment but for a particular purpose. Each may have success or failure attached. It is right and proper that every individual makes a contribution to the State. However, in the manner of this announcement, individuals have another year to finalise arrangements, depending on which breaks they avail of. Deputy Bruton has pointed to this situation in recent years and consistently called for change. The review of the schemes and their proposed closure should also examine regulations covering those living in tax exile. I previously called for a new form of patriotism with regard to this issue. Those who continue to live in this country and pay tax, despite high earnings, contribute to and demonstrate such patriotism.

Yesterday evening the Tánaiste commented that the review was not designed to disrupt investment in vital sectors of the economy. We will see what emerges. However, the Revenue Commissioners appear to have difficulty in analysing many of these systems, as evidenced by their inability to give any information to the Joint Committee on Finance and the Public Service. I hope the review will be carried out thoroughly and completely within the next 52 weeks. However, in his Budget Statement the Minister for Finance said it might be late next year before the review regarding stallions and greyhounds was completed. It remains to be seen whether sufficient direction will be given in order that it will be included in next year's budget.

While these tax breaks have been in place for some time, their examination within the next 12 months does not represent a sudden conversion by the Government. The Minister for Finance, Deputy Cowen, sat at the same table as his predecessor, former Deputy McCreevy. The Government of the past seven years allowed these breaks to continue without any analysis, review or flow of information with regard to who could avail of them. There is a case to be made for artists, a number of whom I met recently with Deputy Deenihan and many of whom do not earn a taxable income in the first instance, as evidenced by the number of applications to the Arts Council which is unable to significantly address claims from them for assistance in respect of their standard of living.

Any special tax allowance scheme should be treated as a spending proposal. A tax shelter or break, as an instrument of investment, represents money forgone by the Government and the Exchequer. Before it is approved, a scheme should be subject to the same rigorous and thor-

ough examination as any other spending proposal. If a system is approved, it should be able to produce evidence on a regular basis of what is happening under it.

The social welfare increases are welcome but will be eroded by stealth charges and increased service charges such as gas, electricity, postage, refuse collection charges, etc. The increase in child benefit to €141.60 does not reach the Government's own target of €150 by 2005 and there is no increase in child dependant allowance. There will still be more than 120,000 carers in the community who get no recognition and assistance for the love, care and attention they show their kin and the massive savings they make to the State. Deputy Paul McGrath pointed to a statement issued yesterday by the Minister for Social and Family Affairs who now claims to be Minister for the poor.

The Taoiseach said the respite care grant was available to 9,000 persons. In the document detailing the main social welfare improvements the relevant paragraph refers to respite care grant being extended to all carers providing full-time care for an older person or a person with disability, regardless of means, subject to certain employment-related conditions. Does this mean the 100,000 carers in the community can now avail of the grant? If so, why is a figure of €8 million only included in the budget? If this is the case, I welcome it. It is difficult to appreciate the commitment and dedication of the 100,000 persons concerned who receive no recognition or assistance from the State but provide a massive saving by caring for family members. The Minister for Social and Family Affairs must clarify and confirm that what is written in the document is true and that those who provide full-time care for an older person or a person with a disability are now entitled to the respite care grant, regardless of means. I hope it is true and that the Minister clarifies the matter when he holds his press conference. It would be of genuine benefit to many.

Mr. P. McGrath: The Minister of State should clarify the matter.

Mr. Kenny: The Minister of State may well clarify it.

Mr. N. Ahern: The Deputies should await the main man.

Mr. Kenny: That is what is stated in the document. The Minister of State can confirm it.

The Taoiseach said the day he led Fianna Fáil and the Progressive Democrats into government that one of the areas of concern was the 16 savage cuts imposed by the Government on various recipients of social welfare payments. After Deputy Brennan took a stand having been dismissed from the Department of Transport, he reluctantly went to the Department of Social and Family Affairs. It must be an embarrassment to the Minister for Agriculture and Food, Deputy

Coughlan, to find Deputy Brennan at the same table at which they both sat in a previous Administration and imposed the 16 savage cuts which he now says he is in the process of reversing. However, there is precious little evidence in the Budget Statement that this is actually happening.

There is nothing in the budget which deals with the sensitive and critical issue of child care which now costs more than a mortgage. Many families are paying over €1,000 per month. At a public meeting in Lucan a woman stood up and said she got her two children up at 6.15 a.m. each day, dressed them in the car, spent 40 minutes driving to the creche and that it took 50 minutes thereafter to get to work. If there is a crash, a traffic jam or the weather is bad, life is not just difficult, it is chaotic. She said everybody was stressed out and emotionally and physically shattered by the weekend. She also said she did not speak only for herself but for 600,000 more people. This results in serious social pressure on families forced by rising house prices to commute longer distances to Dublin far from their family support systems. The Government has failed to address the issue of child care costs, a critical issue in many thousands of households throughout the country. It is an issue which the Minister for Finance could take up and on which he could set out a series of imaginative and innovative proposals. Other countries, some more than others, deal successfully with this issue. While the Government, given the demographic situation and explosion in the population of the greater Dublin region and throughout the country, has failed up to now to address this situation which affects thousands of families and children, it must do so from now on.

Files relating to the provision of crèches for community places have been on the desk of the Minister for Justice, Equality and Law Reform for eight to ten weeks. Though they were to be signed off on during the first week of November we have not yet seen sight of them. It may be they will be announced as a good news litany.

Ms Burton: They are drowning in paperwork.

Mr. Kenny: Yes. The perception of parents is that many of these fine facilities will provide low cost child care places. However, the hidden factor down the track is that these community crèches for which people have worked hard will be rated by local authorities and will have impositions on them for water and other services provided. The perceived cost of a child care place at a reasonable rate will be considerably increased when such charges are imposed.

The Government will grab any innovative ideas thought up by Members of this House. That is what happens when a government becomes jaded, tired and lacking in imagination. Before the local elections, Fine Gael put forward three proposals to assist first-time buyers. The first was the abolition of stamp duty for first-time buyers of second-hand houses up to a limit of €400,000. As was pointed out, no stamp duty will now be

paid on properties of up to €317,000. However, beyond that a first-time buyer will pay approximately €10,000 in stamp duty on a second-hand dwelling costing €320,000, and on a house costing €400,000 the charge will be approximately €24,000. There should be a much softer phasing in of that provision otherwise it will give rise to falsification of valuation and will result in under-the-counter payments again seeing the light of day. The Fianna Fáil-Progressive Democrats Government obviously saw value in some of Fine Gael's three-part programme to assist first-time buyers.

The second proposal suggested the setting up of a specific SSIA-type scheme to assist first-time buyers in putting together a deposit for a house. The third was a front-end loading of mortgage interest relief for the first seven years when payments are at their highest. I support the Taoiseach's remarks in Sligo last year that there should be more houses built in rural Ireland. While there was no legal basis for that comment, the then Minister for the Environment, Heritage and Local Government had guidelines drafted for one-off rural housing. Unfortunately, while they were prepared by civil servants, the Minister never read them. There are now more than 100,000 observations on the matter which has not yet been finalised.

Members of this House from all parties and none believe that people should be permitted, within reason and with a degree of common sense to build in rural or provincial Ireland. A fundamental criteria that has not been addressed by Government, which has been in office long enough to have dealt with the matter, is not just the issue of size, nature of structure or view, but phosphorous effluent from septic tanks. I do not understand why, if it was possible by scientific means to put a man on the Moon many years ago, the Government has not invested sufficiently in research in this area to allow us to, once and for all, adopt a system to deal with phosphorous effluent to ensure it is not a source of environmental argument or disruption in any shape or form. Science has advanced to the point where this is eminently feasible.

It is not good enough that people returning from places such as Boston, England and so on are unable, because of our problems with phosphorous effluent, to build on land which has been in their family for generations. Despite the fact that there are proprietary facilities of one kind or other, this fundamental issue has not been addressed. It should be addressed taking into account the concerns of young people, particularly those in rural and provincial Ireland where housing remains cheaper than in many of the major urban areas.

I do not agree with the Minister for Finance that the disability sector did not have the capacity to lobby politicians. I recall seeing people in wheelchairs outside the gates of Leinster House on many occasions.

Mr. Durkan: Hear, hear.

Mr. Kenny: I recall many people from the disability sector coming into the House on many occasions to put their case. The Minister for Finance, Deputy Cowen, sat beside his predecessor, Mr. McCreevy, and the Taoiseach for the past seven years while these claims were ignored. I welcome the Minister's change of heart or the revelation in Cabinet that the disability sector should receive real funding in the form of an envelope of money from 2006 to 2009, the political effect of which will be that some time in 2006, 2007 or before, there will be a general election at which time the Government or any alternative could do no worse than provide that envelope. The cheque is in the post in that the disability sector has been given a commitment of €900 million for the period 2006-09, though many of the Government's commitments have not been honoured.

(Interruptions).

Mr. P. McGrath: The Government cannot be trusted.

Mr. Kenny: I understand that vetting certificates are required in respect of people with a disability and that many vacancies within that sector have not been filled. One of the serious impositions to employing a person from the disability sector is in obtaining a certificate of vetting from a person working with him or her. That matter needs to be addressed. If there are to be 1,000 extra personnel working within the disability sector, that fundamental release mechanism of validity and eligibility needs to be dealt with.

Taxation and spending have more than doubled in recent years. Borrowing for next year, for the second year in nine years, will be up. People are prepared to pay taxes for commensurate public services but they are not getting them. The Fine Gael Party was wrongly criticised when on the issue of benchmarking it said that one should receive performance, understanding and value for money. I recently visited the neuro-surgical unit at Beaumont Hospital where I spoke to a young nurse. She said that while there were 24 patients in the ward at the time and that all was calm and serene, in an instant the ward could become an emergency situation with brain haemorrhage or stroke patients. She also said that the nurses working in the unit, no more than those working in the intensive care unit of the Our Lady's Hospital for Sick Children in Crumlin, live in a high pressure and stressful situation every day. If they make a mistake, someone dies. The same goes for teachers in seriously disadvantaged areas. The Fine Gael Party's proposal for equity recognition would have helped the benchmarking process greatly. It would not mean across the board payments to everybody but be based on the performance, nature and specific requirements of the job.

The same applies to universities. Third level institutions are the harbours from which the fleet of expert people for the next generation will sail.

While some allocations were made to this sector, serious difficulties are now encountered in third level institutions. Many young science graduates from abroad would come to Ireland to engage in research, development and innovation. However, the laboratories and universities do not have the capacity to deal with them. While Science Foundation Ireland is doing a great job in attracting persons of academic brilliance and research ability, the structure within which it works is inadequate and underfunded. The Minister for Education and Science has said there will be no return to third level fees, which my party supports. However, the financial structures of universities and third level colleges of education need to be addressed. A serious problem is building up in this sector.

The benchmarking process, which the Fine Gael Party was criticised for its comments on, is typified by the situation in Aer Lingus. Mr. Willie Walsh and his management team, who are all public servants, were given a specific remit to turn around an ailing loss-making airline. They succeeded although the brief was not easy when working with various interests such as workers, management and unions. However, for political expediency, the Taoiseach and his Government shafted the management team. Allegations were made that their proposal to shift the company on was based on avarice, which was not reflected in the Goldman Sachs report. If these persons were working in the private sector, they would be highly regarded and remunerated for the specific task they implemented. I know there are difficulties associated with the airline. However, this typifies the underlying philosophy of the Government of getting and staying in power. This Government cannot be trusted to do the job in the public interest.

I listened to the Taoiseach at the UN summit in Johannesburg where, in the full glare of international publicity, he spoke for the Irish people on overseas development aid. As a nation, we felt proud that on the issue of the world's poor, we could show political leadership. However, the Taoiseach reneged on that commitment and broke his word. In the eyes of the world, statements from the Government cannot be trusted. It is appalling when we, as one country, could do so much more for the world's impoverished. In research in the health area, of the 1,400 entities produced in recent years, only ten have real relevance to Third World countries where poverty, malaria and AIDS are rife. Of these ten, only two are related to the human condition. The Taoiseach could provide real leadership in a European sense by addressing the issues that really affect the causes of malnutrition and disease in the Third World, especially when the other OECD nations have gone over the hill and

far away, so to speak, from what is happening in the Third World.

The budget will make an impact with some people, similar to a new toy. The perception will be that it can do wonderful things, but the gloss will come off it quickly. The initial reaction of a sense of happiness will give way to reality as cost increases take effect in the new year. The fundamental question is, can the Government be relied upon to reform and deliver? Based on its record to date, the answer is in the negative.

The Government did not keep its word on hospital beds, waiting lists, medical cards, school buildings or class sizes. The Minister for Education and Science described the latter as a noble aspiration. The Government did not keep its word on Garda numbers, crime figures, the implementation of justice, infrastructure, the cost of living, the provision of housing or the elimination of anti-social behaviour and its serious social consequences. Why now should people believe the Government? How can the Taoiseach proclaim to the nation that in the next two years, all will change as a new caring and sharing revelation has hit the Government? In Department after Department, portfolio after portfolio, the Government has failed to spend last year's allocated moneys. If a hospital could not be built last May, how can the Government build it now? How can the Tánaiste, on the day before the Budget Statement, support the private hospital sector? While it is welcome to those who can afford it, Loughlinstown and Monaghan hospitals will be closed under the guise of the Hanly report.

The Government leopard has not changed its spots but has woken up to the fact that it is being hunted by the electorate waiting in the long grass. The people who have had this Government inflicted upon them for the last seven years will take that leopard out of circulation as soon as the opportunity arises.

Deputies: Hear, hear.

Mr. Rabbitte: The damage done to the fabric of society by seven McCreevy budgets is very deep. It is only when one sees the attempts by the Minister for Finance, Deputy Cowen, in yesterday's budget speech to begin repairing that damage that one realises how deep it is. It is untenable to argue that the divisions opened in society can be laid solely at the door of the former Deputy Charlie McCreevy. Fianna Fáil and the Progressive Democrats enthusiastically participated in and boasted about each of his budgets. The depth of the damage they have done is to be seen in the elements of yesterday's budget that can only be described as representing the brass neck of Fianna Fáil, which for once has outweighed the cold heart of the Progressive Democrats

I do not deny that there are aspects of yesterday's budget that I support. Neither do I wish to imply that the Minister for Finance, Deputy Cowen, was not making a serious effort to repair

damage in some initiatives he took. I will give him the benefit of the doubt. I believe he is in part genuinely motivated by a more traditional republican position than that which motivated his former colleague and a deeper belief in fairness and equality.

Unlike his boss, I have yet to hear the Minister, Deputy Cowen, label himself a socialist. In any event, he has a long way to go before he could make such a claim on the basis of the evidence he presented to us yesterday. The savage 16 social welfare cuts best exemplify the point. While I do not deny that the changes announced to some of the cuts yesterday were welcome, they must be genuine rather than merely cosmetic. The savage 16 cuts were never necessary but were a classic illustration of the Government's heartlessness. It is wrong of the Taoiseach to say the cuts have been reversed. Of the 16, six have been amended, two have been partially reversed and eight remain untouched. There has been a partial change to the cut in the dietary scheme which the Taoiseach contended in this House several times had never been necessary. The amendment of the dietary, widow and crèche cuts constitute minimal change.

There is a classic Fianna Fáil brazenness about the ease with which the Government has changed tack. Groucho Marx said: "These are my principles, and if you don't like them, well, I have others." He also said: "The secret of life is honesty and fair dealing. If you can fake that, you've got it made." It is fairly clear which Marx the Taoiseach has been reading in his conversion to socialism. Its brazenness ought to remind us of how often the Government has changed direction during its seven years in office. We must remember the recklessness of 2001 and 2002 when taxpayers' money was scattered far and wide to win votes and we were told by Champagne Charlie to party on. I heard the Government referred to on the news on RTE last night as the "new, caring, sharing coalition". I remembered as I heard those words that this is the same Government which turned its back on the poor during most of its first term.

The Government promised the sun, moon and stars to the poor in the run-up to the 2002 general election and immediately broke every one of its promises when the election was over. The Government promised decentralisation to every town and village in its preparations for the European elections but has now abandoned the programme almost in its entirety. Perhaps it is just as well because the programme did not involve decentralisation, which the country genuinely needs, but rather a dispersal of civil servants for local partisan advantage. While it is clear from the details of the budget, the Minister for Finance failed to point out in his statement yesterday that he has been forced to allocate €680 million over the next few years to finance the capital costs of decentralisation. That sum alone would provide every primary schoolchild who does not have one with a warm, modern classroom in which to learn.

[Mr. Rabbitte.]

Such provision would do far more for the towns of the future than the fanciful promises made by the former Minister, Mr. McCreevy, last year.

The constant change of tack reminds us that this is the Government of Deputy McDowell, an economic liberal, and the Taoiseach, a socialist. No one can be expected to believe what they say if it is not nailed down. We are told this is a budget with a heart, yet it ignores the crisis in our accident and emergency departments. The budget ignores homelessness and child poverty and refuses to confront any of the vested interests which benefit to such a significant extent from tax shelters. The budget is entirely silent on the growing child care crisis faced by thousands of young families.

While we should by all means praise those aspects of the budget which deserve praise, we should not be blinded by spin. It represents the bare minimum of what could have been done. The Minister benefited from €2.3 billion more than was projected in tax extracted from ordinary people. I do not know if it is the case that the Department of Finance deliberately made a cautious estimate or, as is more likely, people found themselves paying a great deal more tax than they anticipated. Despite a €2.3 billion overshoot, the Minister for Finance managed to return only €1.1 billion to the people. That represents the modest minimum which could have been done.

While the budget's social welfare package is no more than reasonable, the tax package is far below what could reasonably have been expected. While everyone on these benches welcomes the removal from the tax net of people on the national minimum wage, ordinary income earners have been given very little relief. This morning's newspapers bear out the remarks of my colleague, Deputy Burton, last night when she drew attention to those earning in the region of €30,000 to €35,000 who will get very little out of the budget. There is a cruel deception for those being taxed at the top or marginal rate in the way the figures have been presented. As set out in the Budget Statement, the figures seek to give the impression that fewer people are being taxed at the marginal rate than last year. This was accomplished by projecting ahead the number of people paying at the marginal rate on the basis that no changes would have been made now.

The figures as set out in a reply to a parliamentary question tabled by Deputy Burton are different. The table in the Budget Statement forecasts the number of income earners on the basis of what income growth would have been had no budget been introduced. The table suggests 685,000 people would be paying at the higher rate whereas after this budget it is 633,000. According to the reply to Deputy Burton, the real number paying at the higher rate at the end of last year was 614,000. In fact, more people are paying at the top rate than were before the budget. How that escaped the eagle-eyed commentators, most of whom are leading the cheers for the Govern-

ment this morning, I cannot understand. The Government promised it would leave only 20% of income earners in the top band, which is a long way from the figures as outlined.

We must not forget that yesterday's budget was motivated by more than simple concern for the damage done to our social fabric over the last seven years. As Deputy Kenny said, it was also motivated by the reaction of Fianna Fáil to the anger and contempt its representatives met in the local and European election campaigns and by the message the Government received from even the most dyed-in-the-wool activists that they were no longer prepared to watch the Progressive Democrats tail wagging the Fianna Fáil dog. Those dyed-in-the-wool activists, with whom I have sympathy, are genuinely unaware that the third generation Fianna Fáil politicians have become more Progressive Democrats than Progressive Democrats members themselves.

The Taoiseach fondly imagines that Fianna Fáil is what he calls "the real workers' party". The Taoiseach is wallowing in nostalgia. The only appropriate home for ordinary Fianna Fáil voters in 2005 is the Labour Party.

A Minister for Justice, Equality and Law Reform who arrogantly and continuously proclaims his contempt for the concept of equality, and a set of Fianna Fáil intellectual hangers-on who were either unable or unwilling to confront that dogma, were some of the potent ingredients that have driven economic and budgetary policy for several years. That economic policy is built on a lie. The lie is that the Government is committed to low tax, giving people more choice about what to do with their own money and getting the State off people's backs.

The Government is not, and never has been, committed to low tax. It is committed to low tax or, where possible, no tax for the rich. To finance that policy, it has consciously and deliberately set out to shift the burden of taxation from direct to indirect, and hidden and other forms of taxation. It has sought throughout its period in office, by using those means, to shift the burden of taxation away from higher-income individuals and families on to lower-income families.

Yesterday's belated but welcome alleviation for people on the national minimum wage should not divert attention from the very minimalist improvement for lower to middle income earners. The consequence is clear to see. No matter what the Minister tried to do yesterday, he did not succeed in taking modest income people out of the higher tax band. At the same time, he was unable to confront even one of the many tax shelters that favour the rich.

We would be concerned that the review promised will go on behind closed doors. The Taoiseach has conceded now that we have to review these incentives, shelters, schemes and so on, and the headlines this morning were very favourable to him, warning that there are no more hiding places. That is a year away, however, and a year is a long time.

In an article published recently by my colleague, Deputy Burton, she set out the reason this process ought to take place in public and that we ought to reinstitute the taxation commission and ensure that its work is conducted transparently because there is a necessity for us to monitor and assess the value of these schemes as they progress. There may have been a time when some of these schemes generated badly needed economic activity. Some of them helped to regenerate some of our urban areas and some of them are socially desirable, but some of them are not. Some of them have outlived their usefulness and others ought not have been set up in the first place. This review, if it is serious, ought not go on behind closed doors.

A year or so ago the former Minister, Mr. McCreevy, announced grandly, in publishing the Finance Bill 2003 and after widespread public complaint, that he would change the law to require the beneficiaries of tax breaks in respect of stallion fees to begin to make returns to the Revenue — not to be taxed but to make returns. It is an extraordinary country that the Constitution allows some of us not to make tax returns. That was done, presumably, to enable the Revenue begin gathering data on the amount of tax foregone as a result of the tax-free status of stallion fees. Naturally, however, that exercise could not possibly begin before 1 January 2004 and, naturally, it has still not been possible to publish data that would give us an indication of the efficacy of that tax break. We should remember that when we listen to the Taoiseach telling us that the game is up for people who use tax breaks exclusively to avoid paying tax entirely on very large incomes.

There would not have been any focus on this issue, and no reference in the Minister's speech, had we not forced the information out of Government in the first place. It has known for a very long time about the freeloading millionaires. It had access to published and unpublished information from the Revenue and tax strategy groups. It was not the Government that highlighted this issue, and it is only because Deputy Burton and others have campaigned on it that it has been forced to recognise that it is a problem causing widespread disquiet among compliant taxpayers.

As Deputy Burton pointed out yesterday, however, the stallion fees represent only one of more than 33 totally uncoded tax breaks from which the super-rich in Ireland benefit. There are perhaps 100 such tax shelters altogether, and we do not even know what a significant proportion of them cost. We ought not to forget that a number of them were created by stealth in the past few years, sneaked into the Finance Act as a last-minute amendment, and in some cases never even debated in this House. How can anyone argue that it is reasonable to ask this House to legislate for tax incentives and that we are expected to do so without knowing, even approximately, the cost of the incentives involved?

Despite the amount of information at his disposal, all the Minister could do yesterday was announce yet another review. No action is proposed, despite overwhelming evidence of the totally skewed nature of our taxation system. I cannot remember the number of times, and in how many budget speeches, the Minister's predecessor said he would shut off the loopholes. When I listened to the Minister yesterday, I reminded myself not to hold my breath.

Let us look at the contrast between the treatment of the freeloaders and the treatment of hard-working families. I referred a moment ago to the inability of the Minister to remove modest income earners from the higher tax bracket. It is important to put the figures on the record. For a year we have been pointing out that 52% of the people paying income tax are paying at the higher or marginal rate of 42%. The failure to index tax bands in not one but two budgets has meant that this has resulted in the biggest stealth tax of them all. According to figures supplied by the Minister for Finance on 4 November, that represents 614,000 taxpayers. According to yesterday's budget, however, the number of income tax payers paying at the higher rate next year will be 633,740, an increase of just under 20,000. I do not know how the Minister for Justice, Equality and Law Reform will live with that because every time his attention is drawn to it he becomes incandescent with indignation, as only he can. I do not know how the Progressive Democrats will live with this, and I am glad their leader is in the Department of Health and Children because they will need counselling after they appreciate what happened yesterday.

Mr. Kenny: Is there provision for that in the budget?

Mr. Rabbitte: It is not on the yellowpack medical card.

By way of contrast, the Minister has taken people on the minimum wage out of the tax net. That is welcome but by the end of next year, most of them will be paying tax again. He has given reasonable increases in social welfare across the board. That is welcome too but at least some of the people who depend on social welfare will lose their medical cards as a result and many of them will face higher rents and utility charges, and higher stealth taxes across the board. The Government gives and the Government takes away again.

If one needs proof of that assertion, even the most cursory glance at the stealth taxes and increased charges which have been introduced since the last election provides it. As we know, the real impact of these stealth taxes is borne most heavily by those on low incomes, particularly those just above the qualification thresholds for the various social welfare payments.

Consider the stealth taxes in the health sector, for example. A Government which promised in 2002 to make health care more accessible and

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more affordable for all has hammered health consumers with a range of increased charges for the most essential and basic health services. In 2002, when the Government came to office, the drug refund threshold for prescription drugs was €53 per month or a maximum of €636 in one calendar year. Today, the monthly threshold is €85, a 37% increase in two years. The impact of this stealth tax on low income families and those who will get the new yellowpack doctor visit cards is they will pay up to €384 extra per year for prescription drugs. Low income large families, who are marginally above the income limit for a medical card or even the yellowpack card, will pay hundreds of euro extra for drugs but the Government tells those who will get free GP care that they can go to their GPs for what the Tánaiste refers to as reassurance.

When the Government came to office in 2002, the cost of paying a visit to accident and emergency without a letter of referral from a general practitioner was €31. It is currently €55, almost a doubling of this charge in just two years. This is a particularly heartless stealth tax. It is a punitive imposition on people with a medical emergency who may be in pain or suffering and who need urgent assistance. The cost of spending a night in a public hospital bed has jumped by 32% since the last election. A ten-night stay in hospital will cost a public patient €550, if one is fortunate enough to get a bed, a chair or a recliner. Medical insurance has spiralled under the Government. Insurers have stated they will further increase their charges following the announcement last week that a private bed will cost 25% more. VHI rates have doubled since 1997. What the Government gives with one hand it takes away with the other.

The Government should ask the ordinary household on an average weekly income if it believes it is living in a low tax economy. Such households have been pummelled by major increases in utility bills, all of which have been sanctioned by Government. ESB first-time connection charges have increased by €200. ESB bills increased by 14% in 2002, 8% in 2003 and 6% in 2004 and they will increase by 9% shortly. Eircom line rental charges have increased by 6.3%. VAT on fuel and other goods and services went up by 1% in budget 2003. The television licence has increased by €45 since 2002 to €152. Gas bills are up 9.1% since February 2003 and will increase again by 11%.

Which, of all the areas, has the Government decided to ignore? Why has a Minister for Finance, apparently determined to make amends to the people most ignored by his predecessor, decided to ignore people who struggle to keep a roof over their heads? The thousands of people on housing waiting lists, most of whom are there as a result of Government policy over more than seven years, have been largely ignored in the budget. While there is some good news for first-time buyers and people living in private rented

accommodation, people who cannot afford their own accommodation have been told there is no place for them in the new republic. We know that, long as the waiting lists are, they are often not long enough to include people who are entirely homeless. They too will have to wait for another year.

The failure to improve eligibility for the carer's allowance in a meaningful way is a shocking blow for the tens of thousands of carers who do not qualify for the allowance. There is a modest, but nevertheless welcome, increase in the respite care grant but this will only affect about 9,000 new recipients. There are 150,000 carers, probably more, and most have no respite payment or support. It is appalling that the Minister has made only puny adjustments to the qualification criteria for the carer's allowance — a €20 increase in the income disregard. The vast majority of carers will continue to get no adequate social provision from the Government as a result of the budget.

The Government has failed to increase child benefit for the third successive year in accordance with its election promise of 2002. Child benefit will increase by €10 when it would have taken €18 to keep the Government's pre-election promise in this area. What about children, especially children in poverty? Why was it not possible, surrounded by money as the Minister is, to do even a little more? This is the third year in a row the Government has failed to meet its commitments on child benefit. The complete failure to improve child dependency rates in a time of plenty will mean few of the 90,000 children estimated to live in poverty and hunger in Ireland will see new hope.

The decision to ignore the need for increases in back-to-school allowances will mean that a small but important instrument for breaking through the cycle of poverty will continue to be seriously underfunded. I refer to the sheet circulated by the Minister for Social and Family Affairs regarding the "savage 16" cuts. It is remarkable that the money and budgeting advice service, which does such good work, has been given a once-off allocation of €700,000 for the relief of distress nationally. That would not make much of an impact in my constituency or the Taoiseach's. However, this once-off allocation is being made in a country that is coming down with money and against the background of the annual report of the Society of St. Vincent de Paul, which highlights that it dispensed €32 million last year and had more callers this year than last year and more last year than the previous year. Whatever about the performance of the economy, only €700,000 is allocated to MABS for the relief of distress nationally.

The same is true when it comes to child care and early childhood education and development. Increasingly, this issue lies at the heart of our social and economic development. There are thousands of families forced to live on social welfare because there is no other choice. The path back to work or the choice of completing an edu-

cation is blocked by the cost of child care and, in too many cases, by its quality, yet the Government has absolutely nothing to say about it. The failure to develop a proper national child care and early education policy, which guarantees affordable and high standard quality of care and development, ought to have been a central goal of policy in a rich country looking to the future. It will instead go down as one of the Government's greatest failures.

I welcome the proposed disability funding. I acknowledge this is an area in which the Minister for Finance has a good track record. The track record of every one of his colleagues in this area has, however, been shameful. We have had years of lip service and neglect, and promise after promise has been broken. The plan that the Minister for Finance put in place when he was in the Department of Health was abandoned the moment he left. For that reason, if for no other, people with disabilities are right to demand that they should be given a key role in the planning that must go into the development of services from this point on. Distributing largesse to service providers, without accountability or guarantee that the money will be focused where it is most needed, is not good enough. I call on the Minister to ensure that there will be central co-ordination of the development of proper services and the building of much needed capacity in the education and caring therapies and that people with disabilities will be involved in the co-ordination.

The Minister is wrong to make the claim that the Government is acting only because people with disabilities and their families are unable to make the case for themselves, as Deputy Kenny stated. The Minister should have acknowledged the guts with which many hundreds of people in the disability movement have campaigned and lobbied for years for this recognition. If they had no political clout, it was because they had been dealing with a Government that had to be forced to listen.

The absence of any commitment to meaningful statutory measures, as evidenced by the shameful Disability Bill, means that the disability lobby must not go away. A multi-annual package looks great on paper. Delivery will demand constant pressure and involvement. Now is the time to make people with disabilities full partners in the development of policy and practice.

I cannot conclude before referring to one other promise that I had hoped the Minister would return to yesterday. This was made by the Taoiseach to the poor of the world and which was broken on publication of the Book of Estimates. It is one thing for the Taoiseach to make promises on his behalf and that of his party to the people because, when he fails to deliver, as he has so frequently failed, the people can eventually hold him to account. However, when he made a promise to the United Nations millennium assembly to increase overseas development aid to 0.7% of gross national product, he did so not on his behalf or that of Fianna Fáil, but on behalf of

the Government and the people. He has already enjoyed the benefits of that promise. He has been feted throughout the world by world leaders and rock stars alike. He has lectured other world leaders in Johannesburg on how they should follow suit. He also won a resounding victory in his campaign for election to the UN Security Council on the back of the ODA promise. Now, with scarcely a blush and no apology, he has reneged on the promise made on behalf of every Member of this House and every citizen to the poorest people in the world, the hundreds of millions in Africa who live on less than a dollar a day and who lack education or even the most basic health care. I do not believe that the Irish people hold the concept of truth in such contempt. I do not believe that the Irish diplomats who go shamefaced to their work every day in the knowledge that the promises they made have been broken by others hold the notion of truth so cheaply.

The budget should have contained an allocation of additional funding and a real commitment to legislate so that future ODA payments would be automatically calculated and paid into an ODA fund in a manner akin to the procedure with the national pensions reserve fund. The fact that it did not do so ought to be one of the things of which this Government should be most deeply ashamed. This is, however, a Government that knows no shame. It is capable of facing in as many different directions as the clock on the Shandon tower in Cork, a clock that was known for years as the four-faced liar. It is a Government capable of changing policy at a whim.

For that reason and despite the good points of the budget, I reiterate what my colleague, Deputy Burton, said yesterday. I am not amused by the Taoiseach persisting in the fairytale of his socialism on radio this morning and saying that he is different from the other socialists here who would wreck the economy, who are opposed to business and would destroy our prosperity. The last socialist I recall having the opportunity to wreck the economy was my colleague, Deputy Quinn. He handed over to the Taoiseach an economy that was creating 55,000 jobs a year, more than 1,000 jobs a week, and growing at 9.7%. Despite this, the Taoiseach has gone on public radio and given interviews that said he inherited an economy with no growth. The growth figure for 1997 was 9.7% and 55,000 jobs a year were being created. Inflation was also lower than in the average European country. If that is wrecking the economy, I would like us to get back to that position because the economy was on a more even keel and we had a fairer society than the one the Taoiseach has created over the past seven and a half years.

As Deputy Burton said, this is a Government of goodies, not of strategy. It is a search for popularity rather than the development of a vision. This is an election budget and, for my part, the election it is meant to influence cannot come soon enough.

Mr. J. Higgins: Ba mhaith liom mo chuid ama a roinnt leis na Teachtaí Sargent agus Ó Caoláin.

I notice the Taoiseach was out early this morning throwing shapes at the multi-million euro tax dodgers in our midst, only 12 hours after he and the Minister for Finance had merrily waved them on with their tax-dodging activities for another 12 months. What is the real policy of this Government with regard to the tax-dodging activities of the very wealthy? For almost eight years the Taoiseach has stood over the policy and argued against me when I demanded closure of tax-dodging loopholes. He defended them and more or less argued that these people had to be bribed to stay in this country and be good enough to create jobs.

The Minister for Finance has announced a review of certain tax exemptions, but will that review include those multi-millionaires who jet and helicopter their way from tax exile to tug the Taoiseach's sleeve when, like an Arabian prince, he sets up his tent at the Galway races each year? Will it include those patriotic exiles who love their country so much they connive to be out of it for half of the year to save a fortune in taxes which, if they did pay, would assist our health services and provide badly needed investment in hard-hit communities and other areas of social investment? These patriots front appeals to the public for the most deserving of charities, but if they stayed and paid their taxes instead, the charities might not be needed because funding would be there for them.

The Taoiseach was out again this morning proclaiming his left-wing credentials. Like a born-again evangelical, he cannot hide his new-found light under a bushel. He must keep taking it out to show us. I regret that he has left the Chamber because I had one or two further questions to put to him. As the House knows, two weeks ago he badly failed the test I set him. I noted with interest that the right-wing republican Senator McCain, friend of George Bush, thanked the Taoiseach publicly this morning for his assistance with the imperialist invasion of Iraq, in particular the use of Shannon Airport, a most unsocialist act.

The Taoiseach's new version of socialism is that multinational corporations and the rich create wealth and he can then take crumbs from their table to distribute to the huddled masses. The lesson I wanted to give the Taoiseach to end this controversy and his claims is that it is the labour by the hands and brains of working people, and only that, that creates wealth. That labour adds value that produces goods and services. Billionaire shareholders can sit forever and a day atop their corporate towers of concrete and glass, but they will not make a penny if the workers do not show up to create the surplus value which they then make off with in the form of profits. I recommend to the Taoiseach that he should read a simple but illuminating pamphlet, of its time but of great relevance today, entitled *Socialism Made Easy* by the great James

Connolly. As he put it, workers do not want the crumbs, they want the bakery so that its produce can be equally available and used for the benefit of all.

Can we draw a line under the Taoiseach's claim of socialism? We know his caper in going native was induced by an uprising of the people last June. Obviously, the great man decided he should walk among them for a period. I suggest to him that he has had his walk on the wild side. Like anyone who takes temporary flight from reality, it was probably an exhilarating experience, but the Taoiseach must acknowledge that, as Prime Minister, his and the Government's main role has been and is to keep the State as a safe haven for world capitalism, one from which the transnational corporations have repatriated a breathtaking €150 billion in the seven and a half years since the Taoiseach came to power with Fianna Fáil and the Progressive Democrats.

In view of his record, we cannot take seriously the claims of the Taoiseach in regard to closing tax loopholes. If I am not mistaken, he pioneered the infamous 1993 tax amnesty which not only multimillionaires and business people, but also crooks and criminals were able to avail of under a shroud of complete secrecy.

Predictably, the bulk of comment and analysis following yesterday's budget got tied up in the myriad of details involved. Unfortunately, the budget was treated in the press this morning more or less as a stand-alone entity. This cannot be done. This is the eighth budget by this Fianna Fáil-Progressive Democrats coalition Government and comes after seven and a half years in Government. We have to consider its impact and what flows from it in the context of overall Government policy.

This has been one of the most right wing Governments in the history of the State and in terms of its economic policies has been by far the most right wing. The Government has implemented policies based on the right wing neo-liberal philosophy being pushed by governments all over Europe at the present time at the behest of the lobby groups formed by the major multinational corporations based inside and outside the European Union.

The Government has ruled primarily for the very wealthy elite in society. Unfortunately, it is not publicised and sufficient research is not done. In 1987, when the Taoiseach's mentor, Charles Haughey, was in power, the fraud of so-called social partnership was introduced. If we examine what has happened to the wealth of our society in the meantime, the proportion of wealth created in the State going to the workers has reduced considerably while the proportion going to profits, interest and rent of the capitalist and landlord minority has hugely increased. There is no question whatsoever about that.

The protestations of the Taoiseach to protect Aer Lingus and its workers could easily mislead us. The Government has privatised more public enterprises than any Government in the history

of the State. Irish Ferries workers have been forced out on strike today because the company wants to replace their permanent jobs with low paid yellow pack labour drawn from groups most vulnerable to exploitation. This has been made possible by the policies of the Government. In addition, post office workers are forced to take industrial action to protect the future of their jobs.

The Government wants to be commended for removing stamp duty from secondhand homes. An example was given of a secondhand home worth €250,000 where the stamp duty would amount to €7,500. Surely the most salient point here is that that home would have only cost €60,000 when the Government came to power seven and a half years ago. It was because of unbridled profiteering by speculators, which the Government refused to lift a finger to stop, that that home is now four times the price.

The Government has now come up with this glass of eyewash of removing stamp duty to pretend it is sympathetic to those who are priced out of a home. It is obvious what will happen, the speculators and auctioneers will engineer a rise in house prices to soak up the €7,500 for their own profits, as happened previously. A radical socialist would go to the heart of the matter; stop the source of profiteering, which is speculation on building land, bring land into public land banks and let it out for building on the basis of proper prices being charged for housing.

The Government stands over a wide array of stealth taxes that are inflicted on ordinary working people. The bin tax in Dublin is one of the most staggering examples of this. It has increased from €195 a year to a potential €340. As has been said in regard to child care, there is no recognition of the stark reality of life for tens of thousands of parents on the treadmill of trying to make their mortgage payments by working all hours of the day and night. No assistance has been provided for such people.

It is clear from the statement by the Minister for Finance that the Government is helpless in the teeth of the forces of the world capitalist economy. It is entirely dependent on its vagaries and on the international investors and financial speculators. The Government has increased the dependency of the economy on this sector in recent years by its dependence on foreign direct investment.

The US economy and the current growth of the Chinese economy is dragging the world economy along. The US economy is based on unprecedented levels of deficits in the federal budget and in its balance of payments with the world as well as unsustainable private and public borrowing. There are signs that China's property investment bubble is reaching its limits. When the inevitable shock comes in the next few years, the Fianna Fáil-Progressive Democrats Government will be helpless and then the workers, social welfare recipients and the disabled will be called upon to pay.

We will only resolve our problems when we change the focus of that system and its production to people, not for the profit of a minority, end the obscene spending on armaments and other measures that genuine democratic socialism would envisage.

Caithfear an buiséad so a chur i gcomhthéacs na seacht gcinn a chuaigh roimhe. Tá an Rialtas imeasc na rialtais is mó ar an eite dheis ariamh. Is í an fhealsúnacht chaipitlí nua-liobrálach atá mar bhunús le polasaithe eacnamaíochta an Rialtais agus ní sháraíonn an buiséad a cuireadh os ár gcomhair inné tada de sin.

Mr. Sargent: Ba mhaith liom buíochas a ghabháil leis an Teachta Ó hUiginn as a chuid ama a roinnt liom. The media, in some quarters, has described the Minister for Finance as some kind of Santa Claus but I do not think the Minister, in fairness, would describe himself in those terms. Going by his speech yesterday, he likes to think of himself rather as a driver of the economy.

To use that analogy, he is somebody who is mainly driving with his eye on the rear-view mirror. He sees the victims that have been created by the former Minister, Mr. McCreevy, and is focusing on the elastoplast approach to trying to minimise the outrage that has been caused by previous budgets.

He is also driving a vehicle with a sticker over the fuel gauge. That is apparent from his reference to the fact that last December few would have predicted that oil prices would reach \$50 dollars per barrel. To be honest, many people predicted they would reach that level. It appears the Government is demonstrating bodhar Uí Laoire, an inability to hear or see the evidence on the wall. Not only does this budget demonstrate a lack of imagination and courage, but also an absence of strategy, other than electoral strategy. One might wonder if there was an election around the corner, given the type of presentation we had yesterday but this is a very short-term strategy.

The Minister for Finance was in a favourable position and could have done quite an amount. As one would expect, a number of economists mentioned to me that the budget had done nothing for any environmental concerns, although it was surprising to hear it from them. One economist said the Government has no strategy on the environment, with which I could only agree. The Acting Chairman, Deputy Glennon, shares my interest in developing a marine conservation centre for Ireland at a capital cost of €1.9 million, it being the only coastal country in the EU which does not have one, but nothing was announced in the budget. Perhaps no news is good news and something is pending but this demonstrates that the Government has done nothing from an environmental point of view to meet even the most minimal and basic requirements.

However, this is not just about environmental concerns, rather it is about the Government's fun-

1 o'clock

[Mr. Sargent.]
 damental blindness in economic planning. I hope members of the Government attended the lectures in Trinity College last Monday and the Oireachtas joint committee on Tuesday to hear the UK editor of *Petroleum Review*, Chris Skrebowski, make it very clear why oil is costing \$50 per barrel and is rising because 70% of oil production comes from oil fields which are more than 30 years old and 85% of all known reserves are already in production. In the past three years, ten of the largest oil companies have discovered oil worth \$4 billion globally at a cost of \$8 billion. We are clearly dealing with oil depletion of a real and serious nature. He also talked about future oil supply decreasing over the next ten years in a measurable way. In 2003, he saw supply increasing against demand by 3.8%, this year the figure is down to 3.3%; in 2005, 1.7% to 2.1%; in 2006, 2% to 2.5%; in 2007, 1.8% to 2.5%; in 2008, 0.3% to 0.4%; and in 2009, 0.4% to 0.5%. In 2010, he sees negative growth being possible and, after that, we are dealing with a peak and very high oil and energy costs. That might be seen as what the Minister would describe as an external global factor; a terrible pity about which we can do nothing. However, the reality is that we are more vulnerable thanks to this Government.

The EU average *per capita* oil consumption is 13.1 barrels; the use of oil in Ireland is 15.5 barrels *per capita*. In India, the figure is 0.9 barrel. We have become so dependent and so limited in our short-term options that the Government is sentencing this country to enormous dislocation and hardship in spite of all the so-called "Inchdoney talk", which counts for very little in the face of the global scenario, to which Ireland is very vulnerable.

Do we have a Government at all? It seems to be more a PR agency which puts a friendly face on the unbridled and unethical profiteering of a number of what the Taoiseach refers to as "vested interest", which the Government is very good at representing. The result is that we are told not to question the illegal war in Iraq because that might upset some people. We are told not to question land speculation because that is the system we have; to accept the growing numbers of homeless people and the situation in which the very rich pay no tax; and to accept the oil dependency issue as if it is some type of external issue about which we can do nothing. All of these issues require the Government to provide a level of leadership which we do not have.

There is nothing in the budget for suppliers of alternative energy. Some 130 wind projects cannot get connected which demonstrates a huge indifference to the concerns of entrepreneurs who want to make a go of taking us out of our oil dependency problem. Perhaps that is no surprise given that the Minister for Finance regards peat as a sustainable fuel source. I hope he is around for the next 10,000 years to see it restored to the bogs because I do not expect myself or many others to be.

There has been a welcome, which it would be churlish not to acknowledge, for the increased tax credits and the widening of the standard rate band. However, the change in the standard rate band is long overdue. It falls short of index-linking and leaves those on the average industrial wage paying tax at 42%, which is not just unfair, it is unjust and yet the Government stands over it.

Nowhere is the Government's lack of courage and imagination more evident than in its taxation measures. If a person does not earn enough to use up his or her full tax credits, he or she does not benefit fully from the changes introduced. This means that a substantial group of people is being left behind in this budget. The Green Party calls for refundable tax credits, whereby the part of the tax credit that an employee does not benefit from is refunded to him or her by the State. This would increase the incentive for the unemployed to take up work.

The Government is now without any real strategy following the carbon tax promise it made. It has no real strategy on climate change and taxpayers will be exposed to massive fines because of the Government's failure to curb the growth in emissions. It has deliberately ignored the recommendations of the ESRI, which concluded that a carbon tax could have a positive effect on the economy. Furthermore, papers released by the Government's green taxation group, in response to a freedom of information request, clearly undermine the argument put by former Minister for Finance, Mr. McCreevy, that a carbon tax could not be introduced because of its effects on poorer householders. These papers clearly indicate that a carbon tax was and is an opportunity to raise revenue, which can be targeted at the less well-off.

The Environmental Protection Agency, Combat Poverty and other groups have, like the Green party, expressed their disappointment at the Government's U-turn on carbon tax. Professor Frank Convery of Sustainable Energy Ireland recently claimed that Mr. McCreevy underestimated the potential impact of carbon tax by a factor three. Where is the Government's planning other than in political expediency? The Government should take its national and international responsibilities seriously and introduce a carbon tax at €20 per tonne of CO₂ produced. On the basis of current emission levels, the tax would raise €410 million in revenue. This revenue could be used to reduce PRSI contributions of those employees and employers, to reduce VAT and to increase social welfare provision. We hear much talk about "poverty proofing" but it is a meaningless term unless it is also based on energy-proofing because our rising costs in energy will be felt more by people who are living in draughty old houses and are more disadvantaged. They need to be looked after, given that energy costs will rise regardless of Government policy.

The Taoiseach said that those who benefit from Irish society must be asked to contribute to it but

he has not done much to bring that about. That reality has come home, even though the Taoiseach claims the game is up for people who are not paying tax who are very wealthy. However, why are there no simple measures such as a maximum tax relief limit of, say, €200,000? That proposal was staring the Minister for Finance in the face and could have been provided for. This would have meant that at least he was not just talking bogus blather by saying the game is up and so on, which the media seems to have accepted unquestioningly in some quarters. Property reliefs are socially and economically unjustifiable. Last year, the richest 400 people in the country received €68 million in tax reliefs by investing in hotels, car parks and other properties. IBEC has estimated the cost of just one of these property relief schemes at €700 million, not annually but over a five to six year period. In 2004, when these tax breaks were scheduled to end, the Government decided to extend them until 2006.

The same applies to the bloodstock industry which is not a fledgling industry, although most of these tax reliefs are in place to assist such industries. It does not need to be subsidised by the taxpayer; it is well able to stand on its own four legs, as it were. This is particularly the case given the large sums earned by individuals involved in it.

There is no provision for the many areas that require support if we are to get out of the oil dependency cul-de-sac we are in. There is no provision for tax incentives for organic food production, recycling schemes or green energy schemes, including the production of biofuels.

With regard to child care, the increases fall far short of the Government's 2005 commitments. There is a paltry increase in family income supplement. We join the Dublin Chamber of Commerce in highlighting the fact that child care has substantially been ignored. We are, as a result, storing up health problems for workers and social problems for our children and the overall economy.

We welcome the reduction in stamp duty for first-time buyers of secondhand residences but the real acid test will be whether we will embrace the energy performance in buildings directive. This could be costly into the future because the Government is trying to manage without taking any courageous steps.

Yesterday was World AIDS Day. In a case of adding insult to injury, the brass neck of the Government was demonstrated by the fact that it could introduce a budget on World AIDS Day and still cut overseas development aid from its promised level.

Caoimhghín Ó Caoláin: No Government in the history of the State had the opportunities to create real change available to this Fianna Fáil-Progressive Democrats coalition Government since 1997. The Minister for Finance, Deputy Cowen's first budget is a tacit admission that

these opportunities were deliberately spurned and that McCreevy economics massively favoured the property speculators, the high flyers and the wealthy who were facilitated in refusing to pay their fair share to this society. However, has anything really changed?

Last June the electorate gave Fianna Fáil a sharp lesson and that party, with its characteristic political astuteness, realised that the people were sick of the McCreevy approach and that something would have to be done. It was time for a new image. "Champagne Charlie" was shown the door and we had the longest running Cabinet reshuffle in history from which the Taoiseach emerged in his light red anorak and proclaimed himself a socialist.

That is the political background to budget 2005. I have no hesitation in welcoming many of the measures announced yesterday, a number of which were demands that Sinn Féin had raised, not this year or last year but for the past seven years and in eight pre-budget submissions which I presented up to and including budget 2005. The economic background to the budget is a buoyant and successful economy with a growth rate of over 5% and increased employment. For a decade the economy has experienced record growth. Government revenues were never higher. Tax receipts have consistently exceeded forecasts — up 15% during 2004.

The social background, however, paints a different picture. The scandal is that gross inequalities have persisted in an affluent economy. It is totally unacceptable that, after the years of prosperity presided over by the Government, approximately 20% of the population of the State live in poverty and have incomes so far below the average that they endure economic hardship. This is not a time, therefore, for throwing big bouquets at the Minister and the Government. Belatedly, some measures are being taken to address inequity but we should be much further ahead. In fact, we should be seven years further on.

I welcome the social welfare increases, a number of which are substantial. At the same time they are on top of a low base of welfare rates which will still see people struggling on a weekly basis. Child benefit has been increased by €10 and €12 per month which is disappointing. It is disgraceful that nothing has been done to improve child dependant allowance. The value of the allowance has decreased by 25% since it was frozen in 1994. This shows a clear lack of priority in the budget for the needs of children.

In its pre-budget submission Sinn Féin called for a range of comprehensive measures, both budgetary and legislative, to address the massive deficit in the provision of child care. We saw increased child benefit and CDA as essential measures to help parents with child care costs. The Minister has failed to appreciate this need. The increased allocation for the equal opportunities child care programme is welcome. However, the dependence on this programme to

[Caoimhghín Ó Caoláin.]

meet child care needs is not sustainable. There will be a need for more affordable and accessible places.

The Estimates extended medical cards to a further 30,000 people but that is still 170,000 short of what was promised before the general election. There are over 100,000 fewer with medical cards than when the Government took office in 1997. Yesterday, budget day, in reply to a Dáil question from me, the Tánaiste and Minister for Health and Children, Deputy Harney, stated that while the general practitioner only card would cost approximately €250 per year, the cost per year of the full medical card was €1,000. The revelation that the general practitioner only medical card is one quarter of the cost of the real medical card adds a dose of reality to the hype over the budget.

Hospital charges and medicine costs have already been increased by the Government in order that on health the Government is giving with one hand and taking away with the other. While the extension of free GP services to many more people will be welcome, the Government should not try to fool people into thinking that they are getting the full value of the general medical services scheme. They will still bear the heavy cost of medicines which, together with hospital attendances, represent three quarters of the value of the medical card. Let it not be forgotten that the Progressive Democrats promised in 2002 that they would "ensure income eligibility criteria would at least keep pace with movements in incomes". That has not happened, even after the Estimates and yesterday's budget.

On taxation, the removal of those on and below the minimum wage from the tax net is welcome. Again, however, it is something that should and could have been done long ago by the former Minister, former Deputy McCreedy. The Government's tax cuts between 1997 and 2002 saw only 5% of budget tax cuts benefits go to the bottom 20% of earners. We are living with the legacy of McCreedy and yesterday represented a catch up rather than a radical shift in direction.

For years Sinn Féin has been calling for a comprehensive review of the wide range of property based tax reliefs and the closing of those through which wealthy corporations and individuals are being allowed to avoid paying their fair share of tax. The Minister promised a review yesterday but did not close off any of the tax dodges for which the Government is responsible such as the tax giveaways for holiday home developments, hotels, multi-storey car parks, sports injury clinics, which benefit wealthy speculators. We will probably never know how much has been lost to the public finances through these scams because the Government has never carried out a cost benefit analysis of the huge range of such allowances. The former Minister, former Deputy McCreedy, was unable to outline their cost to the Exchequer in a series of questions I put to him during his tenure in office.

The Minister staunchly defended the 12.5% corporation tax rate. However, the banks and other institutions which have ripped off the public are major beneficiaries of this low rate. The Minister should have considered hitting them with a special tax and ring-fenced it for disadvantaged communities.

The Minister received plaudits from the Government benches for the reduction in stamp duty for first-time buyers of second-hand properties. Again, this was long overdue and welcome but what will be done to ensure the benefit is enjoyed by the buyers? Last night, as any Member who watched the television coverage or heard the radio interviews will have noted, the auctioneers' and valuers' representatives were already saying the reduction would be eaten up by increased house prices. That is surely an argument for the regulation of the price of housing, something the Government has steadfastly refused to countenance. Similarly, there is increased tax relief for tenants in private rented accommodation but if nothing is done to control rents, they will continue to rise and this tax relief will amount to a subsidy to rack-renting landlords.

The measures for people with disabilities are welcome. Their implementation will need to be monitored carefully, especially against the failure, yet again, of the Government to deliver rights based disability legislation. We do not know how much of this new funding will be swallowed up by the Government's proposed cumbersome bureaucracy that will be introduced as a consequence of the flawed Disability Bill.

The budget shows that the Taoiseach's commitment to the UN target on overseas development aid was no more sincere than his recent conversion to socialism. The reality is that there has been an ODA freeze ever since he made that promise. We are allegedly the fourth wealthiest state in the world. While other European states give in excess of 1% of gross national product to ODA, however, we will not even give 0.5%. The Government failure to honour this commitment brings shame on the country. Sinn Féin calls for the introduction of legislation to ring-fence 0.7% of GNP for future budgets.

For the first time under the Government, provision is being made for a net increase in defence spending of over €41 million. This is despite prior denials by two Ministers for Defence that EU military commitments would result in spending increases. It would appear that they have been caught out in respect of this matter.

The budget is deceptive, particularly as regards specific equality measures. Apparent increases in equality programmes barely cover the rate of inflation, much less compensate for the deep cuts of the past two years. For example, the additional 10% spending on the status of people with disabilities measures cannot compensate for cuts of 44% inflicted in 2003 and 19% in 2004. The 3% increase for the National Consultative Council on Racism and Interculturalism cannot compensate

for the 63% cut in 2003. The national action plan on racism, which was cut by 63% in 2003 and by 76% in last year's budget, appears to have been completely eliminated. The Minister for Justice, Equality and Law Reform apparently has no plans to replace the citizen Traveller programme that he has already shut down. While equality monitoring appears to get a substantial 41% increase, the reality is that this does not even come close to restoring the levels of funding that obtained prior to the 48% and 18% cuts in 2003 and 2004, respectively.

With regard to agriculture, it has emerged that the stock relief for young farmers will only apply to those who have already received their training certificate and, therefore, means nothing to those entering the sector at present. The measures involve trivial amounts. The measures announced under farm pollution control are unlikely to offset the extra costs incurred by compliance with the nitrates directive, especially if the proposal to impose extra storage capacity on counties Monaghan and Cavan is accepted. The budget fails to address the most important aspect of farming as it faces the challenges of the reformed Common Agricultural Policy. That, as we have pointed out in respect of the cuts in Teagasc and as was stated last week by the former director of that organisation, Professor Liam Downey, is for a well funded national research capability to enable Irish agriculture to move into new areas of production that will boost farm incomes and the contribution of agriculture to an expanded domestic processing sector.

Overall, the budget clearly indicates that there will be no planned general election in 2005. We have agreement on that. However, one can never anticipate the vagaries of politics. The Minister for Finance, Deputy Cowen, will undoubtedly introduce at least one further budget before the Taoiseach considers his options. I encourage the Minister to pay particular attention to the needs of children and to child care provision well in advance of the budget for 2006. He must recognise that this is a key sector which, without question, demands his early address. I encourage him to pay particular attention to the pre-budget submission with which I and my colleagues provided him well in advance of yesterday's budget. The presentation therein clearly directs him on how, in the most advantageous way, the needs of so many families in our society can be addressed. The families to which I refer struggle to provide for their children and give them a sense that the future offers them equal opportunities with all others in society. Until we reach the point where all children feel that the future offers them bright prospects in terms of reaching their natural potential as citizens in our society, we will continue to fail in our responsibilities.

While our proposal will not offer an immediate panacea to all our problems, it represents an investment in the future that the Minister cannot ignore. I encourage him to consider sincerely the area to which I refer in advance of the budget for

2006 because it is within his gift to take action in respect of it.

Minister for Social and Family Affairs (Mr. Brennan): The budget set out to achieve one prime objective, namely, to tackle disadvantage by substantially increasing and boosting the rates of welfare entitlements for those on lower incomes in particular. It also set out to close the gap between those on lower income levels and those higher up on the income ladder. It is aimed at lifting those who are most vulnerable, those struggling on the margins and those for whom my Department is the last safety net if they are to avoid descending into hardship and poverty. The budget has delivered on that objective. Even the most sceptical must admit that it will help to raise those boats the rising economic tide left behind.

The facts speak for themselves. The increases in rates of payment and supports and the changes to the social welfare code announced yesterday will deliver record improvements for the 1.5 million people who every week benefit directly from the entitlements they receive from the Department of Social and Family Affairs. These entitlements are for children, the elderly, widows, people with disabilities, those who are unemployed, sick or injured, those who are caring for their loved ones or parenting alone and for many others who are in need of that social welfare safety net. The total allocation for social welfare expenditure next year is a staggering €12.25 billion, an all-time high and an increase of almost 9% over this year's figure. That is double what was being spent on welfare in 1997. The increases in rates average over 8%, which is more than three times the rate of inflation.

Mr. P. McGrath: Well done, Minister.

Mr. Brennan: Overall, when account is taken of the social welfare provision recently made in the Abridged Estimates Volume and of the sums being transferred to my colleagues, the Minister for the Environment, Heritage and Local Government, in respect of the new rental accommodation scheme, and the Minister for Community, Rural and Gaeltacht Affairs, for the rural social scheme, the total additional provision being made for social welfare related schemes next year will exceed €1 billion.

The budget for 2005 delivers substantial increases and improvements in welfare entitlements and supports, namely, a €14 per week special increase for those in receipt of lower rates of payment; a €12 weekly increase in pensions resulting in new rates of between €166 and €179; an increase in child benefit rates by €10 for the lower and €12 for the higher giving increased allowances of €141.60 and €177.30 — a fourfold increase in this area in ten years; an increase in the respite care grant of €165 to €1,000 and an extension to include up to 10,000 additional carers; the extension of the entitlement to a transitional 25% weekly rate of disability allowance

[Mr. Brennan.]

to all persons resident in institutional-residential settings; the highest ever increase in thresholds for family income supplement with a rise of €39 per week; a change in the capital assessment for welfare recipients, with the first €20,000 of savings being disregarded, the figure prior to the budget being €12,600—

Mr. P. McGrath: Will that also apply to nursing home subventions?

Mr. Brennan: —which for old age pensioners will rise to over €27,000 and double that for a couple; an increase in maternity benefit from 70% to 75% of reckonable earnings; and an increase of €14 per week to €165.60 in minimum rate of maternity benefit and adoptive benefit.

One of my first public engagements as Minister for Social and Family Affairs was to preside over the annual pre-budget forum which was attended by nearly 30 groups actively engaged in providing services to and protecting the interests of the vulnerable and needy in society. At that event, I invited the representatives of the organisations present to meet me individually so that I could hear their concerns and get to know them better. Since then, I have managed to meet more than half those groups and I intend to meet the remainder in the coming weeks. These meetings have been an intense learning experience for me and have given me a deeper insight into the reality of life for too many people in the land of the Celtic tiger.

We have come a long way. We have achieved a lot but, as the cliché goes, there is much more to do before this is truly a fair and inclusive society. I have reflected long and hard on the views put to me by the various representative and voluntary bodies that I have met and I have taken their recommendations into account in framing my budget proposals. I do not expect that everyone will be totally satisfied with what is being done, but all will have to agree that substantial progress is being made. I assure them that I will continue to do what I can to develop a social welfare system which is responsive to people's needs and provides an adequate level of income to those dependent on it.

Three broad priorities underpin the social welfare package in this budget: first, to make significant progress on delivering the commitments in An Agreed Programme for Government and the Sustaining Progress social partnership agreement relating to child benefit, pensions and other rates of social welfare payments; second, to make a real difference to those at risk of poverty, especially families, the unemployed and those unable to work because of age or disability, both in terms of income and in other supports given to them via the social welfare system; and, third, to recognise the contribution being made by carers and the demands on them. As a result of budget 2005, all those aged 66 or over will be €12 a week better off than they are at present, with weekly rates of

€166 for the non-contributory pension and €179.30 for contributory pensioners with effect from next January.

Mr. P. McGrath: Why are they not €14 better off?

Mr. Brennan: I will deal with that point later. We are on target towards achieving the Government's objective of having the basic State pension at €200 a week by 2007 and remain committed to doing so.

On this occasion, all others who are not on the higher pension rates will receive a further €2 a week bringing the total increase in these payments to €14 a week. This is almost four times more than the projected rate of inflation for next year and will bring the lowest rate to €148.80 from January. These increases will apply to a wide range of schemes, including those relating to unemployment, disability, caring and lone parenting. In framing these proposals, I was especially mindful of the fact that many in these groups are at risk of consistent poverty and of the target in the national anti-poverty strategy to achieve a rate of €150 per week in 2002 terms by 2007, for the lowest social welfare rates. By targeting those on the lowest rate of social welfare payments, this budget will make a significant contribution towards achieving the overriding NAPS objective of reducing consistent poverty to 2% and if possible eliminating it altogether by 2007.

We are also making substantial progress towards completing the programme of child benefit increases. The increases given are significant and I am determined to ensure that the programme will be completed in next year's budget. The revised rate of child income support, combining child benefit and child dependant allowance, amounts to over 33% of the lowest social welfare rate, thus ensuring that we continue to meet the NAPS target in this regard.

Several groups urged me to reverse current policy on child income support by increasing the level of child dependant allowances on the grounds that these payments are made only to recipients of social welfare and consequently are targeted directly at those most at risk of poverty. I considered these arguments carefully but concluded that child benefit remains the most appropriate vehicle for tackling child poverty. Since 1994, successive Governments have held the rate of child dependant allowances constant while concentrating resources for child income support on the child benefit scheme. As a result of this budget, child benefit will account for over 66% of child income support while in 1994 it constituted approximately 30%. There are sound reasons for this policy. Child benefit is neutral *vis-à-vis* the employment status of the child's parents and does not contribute to poverty traps, whereas the loss of child dependant allowances by social welfare recipients on taking up employment can act as a disincentive to availing of work opportunities.

Mr. P. McGrath: That is rubbish.

Mr. Brennan: I will argue that point with the Deputy. As a near universal payment which is not taxable and is not assessed as means for other secondary benefits, child benefit is more effective than child dependant allowance as a child income support mechanism when account is taken of these incentive issues. Successive Governments, not just this shade of Government, were of the same view.

As part of the Sustaining Progress special initiative on ending child poverty, the National Economic and Social Council has been asked to undertake an in-depth examination of child income support arrangements with a view to developing a second-tier payment targeted at low income families which, by combining family income supplement and CDAs, would have a neutral impact on employment options. It is appropriate to await the outcome of that study before changing the current policy on child income support.

The increases in the rates of payment and child benefit will make a decisive and lasting impact on the lives of many people. For example, a non-earning couple with children will see an average increase in their disposable income of over €31 a week. A range of other measures are being taken in this budget which will directly benefit families and improve the quality of life of children. This is an appropriate way of marking the close of the tenth anniversary of UN International Year of the Family.

The family income supplement, which is paid to parents working in low pay employment, is being increased by an unprecedented €39 a week, at a full year cost of €15.53 million. This will result in an increase of €23.40 per week for most of the 14,000 families receiving the payment and will make about another 2,600 families eligible for it. The family income supplement is an important scheme because by encouraging people to enter and remain in the labour force it not only gives them an adequate income but also puts them on the road to economic independence and enhances their human dignity.

Another family related measure concerns one of the policy measure introduced in last year's Estimates announcements. I refer to the payment of half-rate CDAs to recipients of unemployment, disability, injury and related benefits where the spouse or partner has gross weekly income in excess of €300. Having reviewed the measure, I have decided to increase the threshold to €350 a week.

One family type which is particularly at risk of poverty is the family headed up by a lone parent. At over 11%, Ireland has one of the highest proportions of lone parent families within the EU. Almost a quarter of such households live in consistent poverty and over 40% of such families are deemed to be at risk of poverty, chiefly because of their dependence on social welfare payments. It is generally accepted that one of the most effec-

tive routes out of poverty for people in the active age groups is through paid employment. However, a relatively low proportion of lone parents are in employment in Ireland, compared to other countries.

Mr. P. McGrath: One of the main reasons is that they will lose the rent allowance straight away.

Mr. Brennan: It is a big issue and I look forward to a good discussion on it because it needs to be addressed. One of the main objectives of the one-parent family payment is to assist lone parents in overcoming the obstacles they may face in taking up employment or training opportunities and to encourage them to return to employment instead of remaining dependent on social welfare payments. The scheme has not been reviewed for some years. I am committed to reviewing the income support arrangements for lone parents as a priority. As the Deputy says, there are many issues to be addressed. The review will be informed by recent reports and emerging analysis in this area, such as the OECD study entitled, *Babies and Bosses*, published late last year. In view of this pending review, I consider that it would be premature to make any changes in the income disregards for the scheme in this budget. However, I have decided to reintroduce the transitional half-rate payment to recipients of one-parent family payment when they take up employment earning more than €293 per week or increase their existing earnings above that level.

Mr. P. McGrath: Will that be retrospective to last year? The Minister took it away last year.

Mr. Brennan: It is now changed. Members of the House may recall that the abolition of this transitional payment was another one of the policy measures introduced last year. The half-rate payment will be payable for a period of six months, instead of the year which previously applied. Lone parents will, of course, continue to be eligible to apply for family income supplement which is the mainstream in-work benefit available to parents working in low income employment.

A budget change of interest to mothers concerns the minimum payment of maternity benefit which is being increased by €14 a week to €165.60. The rate of maternity benefit is also being increased from 70% to 75% of reckonable weekly earnings. This is the first instalment of the increase agreed with the social partners in the mid-term review of Sustaining Progress. Family members will also benefit from the abolition of the assessment of benefit and privilege for recipients of unemployment assistance aged 26, who are living in the family home with their parents.

I am pleased to be in a position to provide an additional €3.63 million to the Family Support Agency so that it can develop its services and enhance the support it gives to a range of organis-

[Mr. Brennan.]

ations. Some €2 million of this amount will go towards the development of 12 new family resource centres next year, bringing the total number of such facilities across the country to 89. I am very impressed by the work being done in the family resource centres that I have visited since becoming Minister. I am impressed by the marriage and family counselling agencies. They will also benefit from the enhanced funding being provided to the agency in this budget.

I turn to a topic which I know is of concern to many members of the public and Members of the House. I refer to the position of the many people who care for elderly, sick or disabled relatives in their homes. I have met several groups representative of carers, the elderly and people with disabilities since becoming Minister for Social and Family Affairs. I have been struck by the commitment of family carers and their need for our support for their difficult yet worthwhile work which benefits society as a whole.

I have also given careful consideration to the recommendations of the report on carers prepared by the Oireachtas Joint Committee on Social and Family Affairs. These recommendations and my meetings with family carers were to the forefront of my mind when devising a package of supports for carers. In addition, my officials are finalising an in-house review of the carer's payments made by the Department and its draft recommendations were considered with regard to the budget measures.

The carer's allowance and carer's benefit are being significantly increased by €14 a week to €153.60 and €163.70 a week, respectively, at a total full year cost of €17.2 million. In addition, I am delighted to announce a range of improvements in the supports for carers which will give almost another €17 million a year to this important sector.

I will outline briefly how this money will be spent. According to the Joint Committee on Social and Family Affairs, the greatest need identified by family carers is for a break from caring for respite. My meetings with carers' representative groups reinforced this view. My response is threefold. First, from June next year, in accordance with the Government's commitment in the programme for Government to introduce significant increases in the value of the respite care grant, I am increasing the amount of the grant from €835 to €1,000 annually. Second, I am extending the annual respite care grant to all carers who are providing full-time care to a person who needs such care, subject to employment related conditions. I have asked my officials to consider the operational arrangements which will be necessary to implement this proposal.

Subject to detailed consideration, the following categories of persons will be eligible for the respite care grant: recipients of carer's allowance and carer's benefit will continue to receive the grant at the new, higher level; recipients of other social welfare payments, for example, widow's

pensions, old age pensions and one parent family payment, who are also carers; and carers not currently receiving payment from my Department who are providing full-time care.

The following criteria will probably apply: the carer must be providing full-time care to a person who is in need of such care for a specified period, which will probably be six months; as is the case with recipients of carer's allowance, a full-time carer must not be engaged in employment for more than ten hours per week; and those who are on unemployment payments will be excluded since they are required to be available for and actively seeking full-time work.

These improvements in the conditions applying to the respite care grant will result in an additional 9,200 full-time carers receiving the grant for the first time. A total of almost 33,000 full-time carers will receive the respite care grant of €1,000 next year.

My third change to the scheme of respite care grant is to pay a grant in respect of each person receiving care. This means that a carer who is providing care for more than two people will receive a grant in respect of each person for whom he or she is caring. I am doing this to recognise the particular challenges faced by carers who are caring for several people.

Where the means test for carer's allowance is concerned, I am increasing the weekly income disregards by €20 to €270 for a single person and by €40 to €540 for a couple. This means that a couple with two children can earn up to €30,700 and receive the maximum rate of carer's allowance, while the same couple can earn up to €49,200 and receive the minimum rate of carer's allowance, free travel, the household benefits package of free schemes and the respite care grant.

With regard to carer's benefit, one of the conditions attached to this scheme is that while the carer may work for up to ten hours per week, he or she may not earn more than €150 per week. I intend to improve this aspect of the scheme by increasing this income ceiling from €150 to €270 per week. This measure will allow those carers who are in a position to work for up to ten hours per week to earn extra income and, equally important, it will keep the carer in touch with his or her workplace.

Another condition attached to the scheme is that the applicant must have been engaged in full-time paid employment as an employed contributor for the three month period immediately prior to claiming carer's benefit. I am abolishing this condition to simplify the qualifying conditions for the scheme and make it easier for carers to qualify.

This budget is a manifestation of the Government's commitment to carers and for the eighth successive budget, the vital work being undertaken by family carers continues to be recognised in a meaningful way. We know our work on behalf of carers is not finished. I will continue to take note of the recommendations of the Joint

Committee on Social and Family Affairs and the views and opinions of carers' representative organisations. I want to build on the improvements which will be made over the coming year and I will continue to work with my colleague, the Tánaiste and Minister for Health and Children, on behalf of family carers.

I will say a few words about the social welfare measures being introduced in this budget which will benefit people with disabilities. I am happy to confirm that €1 million is being provided to Comhairle so that it can begin the preparatory work towards the setting up of a personal advocacy service for persons with disabilities. Deputies will recall that this service forms a key element of the Government's national disability strategy and that the Comhairle (Amendment) Bill introduced last September will provide the necessary statutory basis for the service. When it is established, people with disabilities will be entitled to a personal advocate who will assist, support and represent them in applying for and obtaining a social service and in pursuing any right of review or appeal in connection with that service. Comhairle has been preparing for the introduction of the new personal advocacy service for some time. Last July, it published a report by Goodbody Economic Consultants which set out clear options on how the new personal advocacy service might be structured and operated. The funding being provided will enable this work to commence.

I am also happy to announce that a decisive step is being taken towards the removal of the current anomaly whereby people with disabilities who were resident in a health board institution prior to August 1999 are not entitled to receive the disability allowance as long as they continue to reside in an institution. This has a long and tangled history which is too complex to go into today but it dates back to the variety of arrangements which applied under the old disabled person's maintenance allowance scheme which was administered by the health boards. My Department assumed responsibility for this scheme in 1996 and since then the various arrangements have been consolidated into a single payment, the disability allowance, payable to persons suffering from an injury, illness or disability which prevents them from engaging in normal employment.

The only exception to this position concerns persons with intellectual or physical disabilities resident in an institution before 1999, who were not eligible for the old disabled person's maintenance grant. Some of these people receive a personal allowance or pocket money of varying amounts from the health board or institution in which they reside, while others do not. Organisations representing people with disabilities have argued that this arrangement is inequitable and does not respect the dignity of the people concerned. I fully concur with that view.

In the 2003 budget, it was announced that my Department would take over responsibility for payment of the personal allowances where they

exist and consolidate them into a standard amount. Since then, considerable progress has been made by my Department, with the assistance of the Department of Health and Children and the health boards, in identifying the people affected by this anomaly and ascertaining what payments, if any, they receive. As a result of this work, it is now clear that it is possible to move beyond simply standardising the current personal allowances, to making the people in question eligible for the disability allowance as a matter of right, subject only to the same conditions as apply to others. A number of complex practical and administrative issues remain to be resolved with the Department of Health and Children and the health boards such as the determination, as appropriate, of what proportion of the allowance could be retained by the institution as a contribution towards the residence care and maintenance and the need to avoid duplication of funding.

However, as an interim measure, a payment of €35 a week will be payable to the 2,400 persons with disabilities who are affected by the current anomaly, with effect from next June. It is my intention to progress the outstanding issues as a priority so that all persons with disabilities can become entitled, as soon as possible, to the full rate of disability allowance irrespective of their residential status.

The Government is committed to encouraging a regular savings culture among the population in general. As part of this strategy, the innovative special savings investment accounts were introduced in 2001. These accounts have been opened by a large number of people, including many pensioners and other social welfare recipients. I want to ensure that the social welfare means testing arrangements do not act as a disincentive to claimants to become savers or harshly penalise those who have been regular savers in the past. In this regard, I am introducing significant improvements to the current means testing provisions. From June next, the first €20,000 of savings will be disregarded, an increase of €7,300. This enhanced disregard applies to all capital regardless of where it is held in an SSIA, a credit union, a post office or any other account with a bank or other financial institution. The new arrangements will mean that a single non-contributory pensioner can have savings of up to €27,600 and still qualify for a pension at the maximum rate. This figure is doubled in the case of a pensioner couple.

I want to address some of the other policy measures introduced in the 2004 Estimates which have been the subject of controversy since then. As Deputies will be aware, I have conducted a review of these measures to assess their impact on people. As a result of this review, I have concluded that while the measures were introduced for valid reasons, it is now appropriate to reverse some of them and ease others.

Five of the measures related to rent supplement which is payable under the supplement

[Mr. Brennan.]
 tary welfare scheme. In the course of my review, I carefully considered the report published in September by the social partners' working group on rent supplement established under Sustaining Progress. I have also listened carefully to the views expressed by my colleagues in the House, the social partners and the voluntary groups and others I have met since becoming Minister for Social and Family Affairs.

I agree with the conclusion reached by the social partners working group that the rent supplement measures do not have any significant adverse impact in themselves. The measures are not the reason people on low incomes with housing needs find themselves in difficult circumstances. The Government has agreed a range of new rental assistance arrangements. Improved social housing arrangements form an important element of these initiatives. In that regard, I am glad to announce that I have transferred €19 million in funding from the rent supplement scheme to local authorities as an initial measure to enable them to put in place long-term housing solutions to meet the needs of people who would otherwise rely on rent supplement on a long-term basis.

Under the new arrangements, the housing authorities will implement measures to ensure adequate access for rent supplement claimants to long-term accommodation, including social housing where appropriate.

Where a new applicant or an existing recipient of rent supplement is likely to need housing assistance on a long-term basis, he or she will be referred to the relevant local authority for an assessment of housing assistance need and the most appropriate social housing response will be provided. In addition, each local authority will progressively assume responsibility for accommodating long-term rent supplement recipients.

The new rental accommodation scheme will begin in Dublin, Limerick and Galway city councils, South Dublin, Donegal, Offaly, Westmeath county councils and Drogheda Town Council. Work in the remaining local authorities will begin before the end of 2005. This initiative is the first step in what will be a radical transformation of the supports provided in this area, putting them on a more sound, sustainable basis and providing a better outcome for the tenants concerned. In the meantime, rent supplement has a role to play and will continue to be available to those who need it. People must show that they have a housing need in order to qualify and be a genuine and deserving case. I am determined that there will be no delay with the assessments.

There is also scope for improvement in the six month rule, the purpose of which was to enable rent supplement to be paid to people not on local authority housing lists but who had been renting for six months or more. This benefits bona fide tenants who can no longer afford their rent because of a change of circumstances such as illness or unemployment. The point has been made that six months is an arbitrary limit which could

disadvantage a person who becomes ill or unemployed within six months of renting. I, therefore, announced changes yesterday.

Another of last year's measures withdrew rent supplement from people who refused two housing offers from their local authority. I have now increased this to three offers. In the circumstances, I am easing this measure in order that the supplement can be paid to genuine cases.

A further measure related to the treatment of those in full-time employment to whom rent supplement and all other types of supplementary welfare allowance are not payable. This has been a feature of the scheme since it was established in 1977 and ensures the supplementary welfare allowance does not become a mechanism for supporting unsustainably low wages or unreasonably high rents. If those in full-time employment were eligible for SWA rent supplement, it would put upward pressure on rents because landlords would no longer have to consider affordability when setting rents.

Last year's measure extended the full-time employment exclusion to spouses and partners of tenants. While I have every sympathy for those in this position, people in full-time employment who cannot afford to pay a market rent require a social housing solution, not a social welfare payment.

The last of the five rent supplement measures was an increase of €1 per week in the minimum contribution to rent made by tenants who received rent supplement. I do not propose to raise it this year.

I accept the recommendation in the report of the social partners working group that the measures should continue to be monitored and evaluated. As a separate measure, I have decided to increase the income disregard in the means test for entitlement to rent and mortgage interest supplement by €10, from €50 to €60 a week at a total cost of €1.5 million.

The discontinuation of the MABS supplement gave rise to savings of €700,000 this year. Removing these supplements was fully justified and increasing the funding of the MABS service itself is a more appropriate way of providing support for people with debt problems. I have already provided an additional €1.22 million in the abridged Estimates for the service. I now intend to redirect the saving of €700,000 arising from last year's measure to it to enable it to make further improvements in its services. I am granting a further sum of €300,000 to provide total additional funding of €1 million for MABS in the budget.

I have decided to make €2.3 million available to provide supports in the crèche supplement. I am consulting the Minister for Health and Children and the Minister for Justice, Equality and Law Reform on further reforms. This will ensure further changes in the crèche supplement.

I have also decided to make an additional €2 million available to improve the diet supplement arrangements. This more than offsets the savings

of €1 million arising from last year's measure in this area.

Another measure introduced last year was an increase from six months to 15 in the qualification period for access to the back to education allowance. I have also made changes in this respect. I have increased the allowance from €254 to €400.

The budget represents the largest ever spend on social welfare, with an increase of 8.8%. I have raised the spending of the Department to €12.2 billion, compared to last year's figure of €11.2 billion. Spending has doubled since 1997. It represents three and a half times the expected rate of inflation. Some 1.5 million people directly and indirectly receive benefits from my Department in the budget. The increase in child benefit will be completed next year but even now it represents a fourfold increase. I have substantially changed nine of the 16 measures effected last year, with particular emphasis on rent, crèche and diet supplements. I will continue to keep these operations under review and deal with the remaining six or seven measures as soon as it is practicable to do so.

I thank the House for allowing me to address these issues. This is my first budget as Minister for Social and Family Affairs. In the short period available to me, I did not have the opportunity to take on some of the issues I would have liked, some of them mentioned by the Opposition and some by various groups. However, I will now take them on in order that we can complete them in the next budget.

Mr. P. McGrath: I wish to share time with Deputies Allen and Deenihan.

I am delighted to have the opportunity of speaking on the budget. I am glad the Minister for Social and Family Affairs, Deputy Brennan, has spoken before me. I compliment him on his achievement in his new job in such a short time. He has shown himself to be somebody who is prepared to listen, takes account of what the various groups are saying to him and takes action on this. However, there are a few points I would like to make.

When the Minister was giving €14 increases across the board in social welfare payments, why did he not give it to old age pensioners? Why should old age pensioners not qualify for the same level of increase as everyone else? They are very vulnerable and the people who made this country what it is. They are now in their twilight years and should be looked after. It is unbelievable to renege on them in this way.

I compliment the Minister on the issue of carers. The respite care grant announcements are very worthwhile. I read the three explanations given and they will be crucial in determining how the grants are administered. The Minister has stated carers who will receive the respite payment are those not currently receiving any payment from his Department and who are providing full-time care. The social welfare briefing document on the budget, under the heading "Carers", states

the respite care grant will be extended to all carers providing full-time care for an older person or a person with a disability, regardless of means, subject to certain employment related conditions. It is stated on page B12 of the budget document that entitlement to the respite care grant will be extended to persons providing full-time care and attention who are otherwise not working over ten hours per week or who are in receipt of an unemployment payment. Having read these statements carefully, everyone should be of the opinion that they deal with carers who are not receiving any payment from the Department of Social and Family Affairs.

The Carers' Association informs us that there are around 140,000 carers, of whom 22,000 receive some recognition from the Department by way of payment. There are, therefore, around 100,000 who receive nothing. If we are to take the three statements at face value, it seems absolutely clear that the Minister intends to provide the respite care grant for the 100,000 who are not receiving anything. If that is the case, his costing is completely out of sync because he has allocated a sum of around €8 million which implies that around 8,000 will receive the grant. The Carers Association stated that there are approximately 100,000 people doing this job without reward. The Minister must interpret what he put on paper and he must not bring in restrictions based on allocation of funds.

It is remarkable the Minister is not prepared to move on the issue of child dependant allowance. These payments have been in place since 1994 and have not been changed since 2 o'clock then. Groups, organisations and reports have repeatedly stated the matter should be looked into. It was stated that the allowance was a disincentive to employment. However, that is not the case when one takes into account the back to work allowances, of which the child dependant allowance was a part. The allowance was an incentive because one carried through a proportion of one's child dependant allowance, be it 75%, 50% or 20%, over a period. It helped boost the payment one got in addition to one's work payment. Back to work allowances removed the disincentive to work. How can we justify three different rates of child dependant allowance of €16, €19 and €21 depending on the amount parents earn? That is ridiculous and must be abolished.

The Government sat around the Cabinet table last year and agreed to introduce 16 savage cuts. It must have been a source of huge embarrassment to the Minister, Deputy Coughlan, to hear the Minister for Social and Family Affairs, Deputy Brennan, on the news last night saying he would amend nine of the 16 cuts. The Minister, Deputy Coughlan, was forced to push them through and now virtually the same Cabinet is changing them. Fair play to the Minister, Deputy Brennan, for achieving this. We take our hats off to him. However, he has not reversed nine of the

[Mr. P. McGrath.]
cuts. He has amended some of them and watered them down.

The Minister of State, Deputy Killeen, spoke glowingly about the back to work allowance. It worked tremendously well and was extremely helpful. The qualifying period of six months was changed to 15 months under last year's dreadful cutbacks. The Minister has now changed it back to 12 months. Why not change it to six months? It was a successful scheme so why did the Minister not complete it? We could examine other schemes also.

The half payment for lone parents was abolished last year. The Minister has reversed that decision, but instead of changing the period back to 12 months he has decided on six months. A relatively small group of people who lost that payment last year because of the cutbacks will feel aggrieved that they lost what they consider a reasonably substantial sum of money. Will the Minister ensure those people will be reimbursed the money they lost? There was a relatively small number of cases, but they are all deserving. Those people thought they would get that payment when they took up employment.

The Minister promised he would look at the issue of lone parents and rent allowance. It is unacceptable that a lone parent who makes the effort to work will have a euro-per-euro reduction in their rent allowance. It takes away the incentive to work. The Minister should look into the matter and speak to the people involved.

I welcome the increase in the capital disregard from €12,700 to €20,000. It is a sensible measure, and I congratulate the Minister. It will make a major difference. Will the Minister ensure that limit also applies to nursing home subvention? Elderly people like to have a little nest egg for funeral costs. It aggrieves them that their capital must be less than €12,700 to qualify for nursing home subvention. The Minister should ensure the threshold carries through.

I would like to make a few other points, although I am conscious of the remaining time. We welcome the increases in capital spending announced by the Government. With regard to the capital package available for schools this year, there was a substantial underspend, particularly in the primary sector. The envelope arrangement means that 10% of that is carried forward. Will that cover the amount of money that has not been spent? If it does, that is fine. It will carry forward. Will we get an assurance that the money not spent in primary schools will carry through to be spent in primary schools next year and added on to capital expenditure there? Let us not put the money into the education budget and spend it elsewhere. It was originally allocated for primary schools and should be carried through. Can we have clarification on that, perhaps from the Minister for Finance? I ask the same with regard to secondary schools.

I note and welcome what the Minister said regarding measures to ensure value for money.

He should follow through on that as it will be worthwhile.

In the middle of his budget speech, the Minister made a bland statement about there being no increase in VAT. Why did he not make decreases? He put up VAT on new houses last year, adding substantially to their cost and to all building work. Why did he not do something about VAT with regard to the tourism industry? By international standards our VAT rates on food and accommodation are very high. Our tourism industry is floundering so why was something not done?

I want to briefly speak about taxation. I am disappointed tax bands were not widened to keep pace with what has happened over the past couple of years. The increase of 5% in the widening of the tax band is not sufficient to keep pace with wage increases. People on modest incomes will still go into the top rate of tax.

We must look at the issue of individualisation. Two families with two children each can live side by side, one family with one income, the other with two, and it is ridiculous that we penalise the single income family to the tune of €7,000 because only one of them works. Is it fair to treat families in such a way? It is a great penalty to impose on a family. It is totally out of proportion and should be changed rapidly.

Will the Minister for Finance tell us what are micro-breweries and why are we so anxious to give money back into the drinks trade when there is a problem with the amount of drink consumed? Where are these micro-breweries?

Mr. Brennan: We will give the Deputy a list.

Mr. B. O'Keeffe: The Deputy must have been lobbying.

Mr. P. McGrath: Who was lobbying?

Mr. Allen: I must declare an interest. I lobbied on the issue because there is a good micro-brewery in my constituency. When the Deputy next visits the area, I will take him to see it.

Mr. B. O'Keeffe: It is called Ladys Well.

Mr. Allen: Ladys Well and The Franciscan Well, North Mall.

Mr. Deenihan: The Minister of State obviously did a good job.

Mr. Allen: I am glad my approaches to the Minister for Finance were successful.

Mr. B. O'Keeffe: Deputy Allen is taking all the credit.

Mr. Allen: The budget repays to the public some of the money extracted from it since 2002. I do not have time in the ten minutes available to me to detail one by one the 34 stealth taxes imposed on the public since the 2002 election.

However, the most recent ones contained in the 2005 Estimates are: the threshold for the drugs refund scheme is up to €85; the cost of accident and emergency visits is up €10 to €55 and of inpatient stays up €10 to €55. They are the latest examples of serious stealth taxes. I am amused when I hear Ministers on radio and television speak of the low tax economy. The people are taxed left, right and centre, through the 34 stealth taxes imposed since 2002.

I forecast that even though old age pensioners will receive a €12 increase in their pensions in a few months time, most of it will have been eroded before then because local authorities, for example, will be forced as a result of the measly increase — effectively a reduction — in their allocations to increase rents by approximately half the amount by which old age pensions have been increased. People will once again be hammered by a major increase in their weekly rent payments.

The increase in hospital charges will have the knock-on effect of increasing VHI subscriptions. We have also heard bus fares in urban areas are set to rise in January or February. Even though the Government is projecting a caring image, in reality it is only repaying people what it has taken from them in recent years. In effect, many of the increases will be wiped out before they are implemented.

I forecast two years ago in this House that there would be an electoral cycle in our economic policy, that there would be a squeeze for the first two years and then a loosening of the purse strings in the years immediately before a general election. I hope the people will have long memories and remember the unnecessary pain and suffering to which they were subjected as a result of the Government's political expediency. This is budget No. 1 in the campaign to re-elect the Fianna Fáil element of the Government which is planning to be in government on its own the next time round. Effectively, the budget has made the Progressive Democrats redundant in the political scheme of things.

I pay tribute to Deputy O'Donnell who has championed the cause of overseas development aid for many years. It must be a source of great disappointment to her that the Taoiseach and the Fianna Fáil element of the Government reneged on the September 2000 promise to some of the world's poorest peoples that Ireland would meet the United Nations target of 0.7% of GNP by 2007. This commitment to be met over a seven year period was arguably one of the most important international contracts entered into by the State in recent times. Furthermore, this promise displayed Ireland as a country of vision, ready to lead by example and show that poverty could and should be tackled by all wealthy countries. However, four years later this promise is in tatters and our international credibility on the issue of aid is, I regret to say, damaged.

Historically, Ireland has always been a generous country. Even when we lacked resources,

we were generous with our people who travelled the world as missionaries and aid workers. When Live Aid was organised in the 1980s, the Irish people gave more *per capita* than any other country in the world which makes it even more galling that the Government has so casually cast off a promise made on our behalf to people who need our help.

Overseas aid is not an abstract concept. It is the most practical way in which the people, through the Government, can assist those who need help most. Right now, more than 1.3 billion people around the globe live in severe poverty; 800 million do not have enough food, while 500 million are chronically malnourished. Of the 23 million people with HIV-AIDS, more than 93% live in the developing world. Shockingly, more than two million children have died in armed conflict during the past decade. These are the people who need the help and support of wealthy countries like Ireland.

Ireland's commitment to meet the target for overseas aid was made before the United Nations four years ago and has been restated many times since, most recently in meetings with the Secretary General of the United Nations at the National Forum on Europe. However, this has all come to nothing with the announcement that only up to 0.5% will be given in aid by 2007. Furthermore, the Government has not indicated if a new date has been set to achieve the 0.7% level. Since the last general election, the public has become used to the sight of the Government breaking promises. However, the decision to renege on overseas development aid commitments confirms that the Government can break promises internationally as well as nationally. It is a scandal that the poorest of the poor are being treated in this way simply because they will have no vote in the next general election.

The Minister for Finance said he had entered into an agreement with the Minister for Foreign Affairs to limit overseas development aid to 0.5% — the figure I am now using — far below the stated target. Where were the Progressive Democrats during these discussions? Has each and every one of them decided to disregard the protests of former Minister of State, Deputy O'Donnell, who has frequently spoken in favour of meeting the target? Given that the original decision to meet the United Nations target was taken by the Government, has the revised schedule been put to the Cabinet for a vote?

Ireland has new wealth and a new found confidence in dealing with the major international issues of our time. We have a role and a responsibility to assert ourselves in issues that affect the lives and livelihoods of millions around the globe. The millennium development goals set out a platform for the radical improvement of people's lives, yet as time passes progress towards meeting them is slow. Our commitment to overseas development aid meant that we at least were beginning to take our global responsibilities seriously.

[Mr. Allen.]

The Government stance on the issue of overseas development aid could have served as a beacon to other countries to follow our example. Instead, we have abandoned a promise made to the world's poorest. This should be a matter for shame and embarrassment on an international scale. It took the Government only two weeks to break the promise it made during the Estimates debate. It has today confirmed that, far from reaching the UN target of 0.7% of national income in overseas aid by 2007, it will only reach the figure of 0.43%, €100 million short of its revised plan to reach 0.5% by 2007 as announced by the Minister for Finance only two weeks ago.

Members will be aware that yesterday was World AIDs Day. In a world in which more than 8,000 people die every day from AIDS today's announcement by the Government represents a shameful breach of faith with the world's poorest. The Government's three year spending plans in official development assistance were as follows: €535 million in 2005, €600 million in 2006 and €655 million in 2007. The GNP figures announced in yesterday's budget were €122 billion in 2004, €132 billion in 2005, €142 billion in 2006 and €153 billion in 2007. This illustrates that the 2007 figure will be 0.43% of gross national product, €100 million short of the GNP figure promised two weeks ago by the Minister for Finance. Was the original rollback and the breach of promise two weeks ago a Cabinet decision? I want to know as this affects the poorest of the poor and the voiceless in the world.

The benefits announced in yesterday's Budget Statement will quickly be rolled back. The poorest of the poor, who were hopeful yesterday of some relief in their daily struggle to make ends meet, will soon see the reality with demands from local authorities for increased rents and refuse charges. With the privatisation of refuse collection in many areas, the waiver system has been abolished. A cold and hard-hearted approach is taken by the private waste collectors to the elderly, the ill and those on low incomes. If one does not pay up, one's refuse will not be collected. In 2005, reality will dawn on people that all that glitters is not gold and the sharp end of the budget will hit people hard in 2005.

Mr. Deenihan: The tourism industry is facing real and pressing threats to its long-term viability, growth and development. While Members are familiar with the importance of the tourism industry, it is worthwhile to outline the size and scale of tourism enterprises and employment. The tourism sector provides 140,000 jobs in the country while the Exchequer benefits from the generation of €2.3 billion annually. For every euro spent by a tourist in Ireland, 52 cent is returned to the Exchequer in taxes. There is no doubt that the tourism industry is vital to many areas and that we should take steps to underpin the growth and development of the sector.

However, nothing in this budget will go any way towards meeting the real challenges the industry is facing. Doing business in Ireland is expensive, and those in the tourism industry have already come through years of inflation at double the rate of their European competitors. Coupled with inflation, Government-driven stealth charges and taxes have seen dramatic increases in the cost of food and drink, insurance, ESB and gas bills, VAT and other costs on the industry. For example, Ireland has the second highest VAT rate in the eurozone for hotel accommodation and eating out. Furthermore, wine excise duty is the highest in the euro zone, while spirit excise duty trails only Sweden and Finland within the EU. Beer excise duty is the second highest among our EU counterparts and seven times the level in France and Greece. These rates and duties have a real impact on Ireland's attractiveness as a destination for international tourism.

We are already seeing worrying trends in the tourism sector. September 2004 saw a drop of more than 6% in the numbers of tourists coming to Ireland from the UK, compared with 2003. In the same month, trips to Ireland by residents of other European countries fell by over 7%. To compound difficulties, bed nights are down from hotels to bed and breakfast houses. These figures illustrate the difficulties that the tourist industry is facing. These are a warning shot across the bows for the Government which has stood idly by and allowed Ireland to lose competitiveness as a tourist destination.

Ireland is the third most expensive country in the EU for goods and services. A basket of food costing €100 in Ireland will only cost €82 in the UK. Of the 16,000 small to medium enterprises in the tourism industry, the smaller players in the sector, such as family-run bed and breakfast houses and small guesthouses, are being hit hard. The budget could have made substantive changes to underpin the future growth and development of the sector in the coming year. The industry operates under certain VAT disadvantages. Ireland is the only EU member state with a VAT rate in excess of 10% that does not allow for the reclamation of this tax on business expenses incurred on hotel and restaurant charges. There was an expectation in the hotel industry that a reclamation provision would be put in place in this budget. I will table an amendment to the Finance Bill to put this into effect.

This is just one example of a situation where our competitors are more attractive locations for business related tourism. International business tourism is worth €40 billion, yet we are not capitalising on this. It is not helped by the factors I have outlined and the lack of an international conference centre. The conference centre proposed by the Government is very important to this sector of the industry. The conference trade is already worth €50 million, which could be increased if the potential were tapped.

Inflation is still an issue for the sector. While inflationary pressures are not at the same level as

in recent years, Irish inflation is still above the eurozone average and 1.1% higher than in the UK. Coupled with the 12.7% increase in local service charges, many in the industry struggle to keep their heads above water. Bewley's cafés may have closed this week but there will be other examples of such closures over the year because of a lack of Government intervention.

Ms O'Donnell: I wish to share time with the Minister for Community, Rural and Gaeltacht Affairs, Éamon Ó Cuív, and the Minister of State at the Department of Community, Rural and Gaeltacht Affairs, Deputy Noel Ahern.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Ms O'Donnell: This is the third budget of the Progressive Democrats-Fianna Fáil Government, formed after the 2002 election. Combined with the Estimates announced on 19 November, this budget represents an important milestone in fulfilling the commitments we made in An Agreed Programme for Government. This is chapter three in a five-chapter story and, given the progress we have made to date, I am confident that our citizens can look forward to a happy ending.

The fundamental philosophy underlying An Agreed Programme for Government is that, while maintaining a stable fiscal framework, a low tax regime on work and enterprise, high levels of employment can be generated. In turn, this provides the resources to spend on the social needs of our society. A successful economy is an instrument of social justice. The budget and Estimates for 2005 reflect this philosophy and give it practical effect. The budget is designed to underpin and sustain the remarkable performance in recent years when, even in the depths of a global downturn, unemployment remained below 5%. It will do this by taking a prudent approach to borrowing while prioritising expenditure on health, education, welfare and security and continuing the high level of investment in infrastructure.

In 2005, economic growth will be 5%, employment will be up by 35,000 while inflation will be 2.5%. Ireland's growth rate will be the highest in the EU at double the average and employment will continue to grow while inflation remains close to the EU average. At the same time, borrowing will be modest and our national debt as a proportion of income will be the second lowest in the EU.

The Government has a proud record of reducing the tax burden on work and enterprise. We have nothing to apologise for in this regard. We have ensured, for example through the introduction of tax credits, that those on lower incomes have benefited most. The Tánaiste, when Minister for Enterprise, Trade and Employment, introduced the minimum wage. It has been our party's objective since then to exempt those on it from the tax net. Yesterday, we did that. In 2005,

a person on average industrial earnings will pay tax and PRSI of under 17% compared with over 27% in 1997. A single person earning €30,000 in 1997 paid €11,000 in tax and PRSI. Next year, he or she will pay only €4,800. That is a saving of €6,300 in tax at a time when average earnings are up by approximately 80%.

The budget removes thousands of people from the higher tax bracket by increasing the standard rate bands. While I would have liked to go further, this is chapter 3 in a five chapter story. Significant widening of the bands will have to be a major feature of the next two chapters. During his speech on the budget, the Minister for Finance undertook to review the tax incentives which have enabled many high-income earners to avoid paying tax altogether. I welcome this undertaking. The fundamental Progressive Democrats position on taxation has been that there should be low tax rates on a broad base. The proposed review is totally in keeping with that philosophy. We must recognise, however, that many of the schemes were introduced for good reasons and were successful. It is disingenuous to label them all negatively after the event. What we require from the review is an outcome which achieves the correct balance between necessary incentives and the fundamental principle that citizens in a republic should contribute to the provision of public services.

The impressive level of economic growth allows us to make real progress towards meeting our commitments in An Agreed Programme for Government. My party has always made a strong commitment to looking after the elderly and I am glad it has always more than honoured its promises in this area. Increasing the old age pension to €179.30 per week in the budget puts us well on track to meeting our target of a pension of at least €200 a week by 2007. The €14 per week basic increase in social welfare payments, which brings them to €148 per week for a single person, is significant and welcome.

By its nature, the Progressive Democrats is a reforming party. The budget provides funds to underwrite a major agenda of health reform which will be driven by the Tánaiste. We are investing substantial additional public moneys in this area while encouraging the private sector to come forward with investment to complement Exchequer spending. We have always believed in the power of innovation and enterprise in the public and private areas. We want to use the power of incentives to achieve the social and economic progress to which our citizens are entitled. The Progressive Democrats Party aims for high-quality employment, a world-class health service, lifelong education and an innovative and enterprising economy.

Everyone agrees that the allocation of €2.8 billion to address disability in 2005 is a powerful statement of solidarity with the long-neglected sector populated by people with disabilities and those who care for them. The budget makes provision for an additional €60 million capital allo-

[Ms O'Donnell.]
 cation to help us build up disability services in health next year. I welcome especially the cumulative €900 million multi-annual programme of investment in disability services from 2006 to 2009, mainly in the health sector. The multi-annual package will provide the Tánaiste and other Ministers with a predictable level of funding to put in place new services to give practical effect to the rights outlined in the Disability Bill. The funding will enable us to take the actions which have been sought by families of people with disabilities going back many years. These include the provision of 4,500 more residential and respite places, the transfer of 600 persons with intellectual disability from psychiatric hospitals and other inappropriate settings and the provision of 1.2 million extra hours of home support and personal assistance as well as 400 new places in community-based mental health facilities.

The Progressive Democrats Party was the first to propose the carer's allowance. Carer's benefit and carer's respite care grant were introduced while the Progressive Democrats Party was in Government with Fianna Fáil. Substantial extra support is provided for carers in this year's budget. The respite grant will be increased from €835 to €1,000 while carer's allowance is increased by 10%.

While the budget makes real progress towards achieving the objectives set out in the programme for Government, I must mention one area in which a target has, sadly, not been honoured. Members will know which area I intend to discuss. Our aim of reaching the UN overseas development aid target of 0.7% of GNP by 2007 represented a real test of our commitment to help the poorest of the poor. While I welcome the commitment to spend €1.8 billion over the next three years, which introduces predictability and good planning into the overseas development aid programme, it must be viewed as the minimum, baseline contribution. I and others in the House who care deeply about our commitment to the poorest of the poor will continue to advocate the provision of additional funding over the next two years to bring us closer to the long sought after target. The advocacy of the target has never been politically and electorally motivated. It is the right thing to do. There is broad support among politicians, the social partners and the wider public for Ireland to express solidarity with the poorest of the poor and to act as a leader in this field.

The budget demonstrates that the Government is in no way changing course. Budgetary provisions recognise that impressive growth can only be fostered through low taxes on work and enterprise. It recognises that such growth is the only reliable engine of social progress. During this morning's debate, I noticed Opposition Deputies trawling for negatives and being reduced to speculating as to who won and lost in the budget. It is clear to me and to any objective observer that the country won. The budget is fair

and balanced. Our people will continue to win as we implement our ambitious programme for Government.

Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív): Tá áthas orm fáilte a chur roimh an chárnaísnéis seo. Is léiriú eile é ar an gcaoi ina bhfuil an eacnamaíocht seo go rith.

One must start from a fundamental position. Opposition parties call constantly for greater expenditure, but there can be no further expenditure in the absence of continuous growth in the economy. As a Government, we must first ensure the stability which creates the conditions for growth. If one wants to encourage foreign investment, one must be able to project to the world the stability which is so vital to our success. It was made very clear yesterday that in examining our performance one must compare Ireland with its international competitors. Our economy is growing at twice the average EU rate. By any measure, the performance of the Government over the last seven to eight years has been spectacular.

One's second task in framing a budget is to determine how much money one has to spend. One cannot spend because one wants to, but must spend in a manner which makes it possible to sustain the growth one is talking about. We have taken the prudent view. While there have been years when tax revenues have exceeded expectations, the budget continues to be framed on the basis of the premise that we will grow much faster than our EU neighbours. Were we to predict even faster growth than we have, there would be serious criticism from commentators and international financial analysts as well as from the Opposition. While we all hope the revenue targets for next year will be exceeded, it would be very foolish in the fickle world in which we live to base policy on that expectation.

As it has nothing else to say, the Opposition repeats its mantra on stealth taxes. It is accepted in the commercial world that prices rise every year. The Opposition always tells us that commercially traded semi-State services should operate efficiently in the real world. It is a fact of the real world that prices increase as inflation takes its toll. It is disingenuous, therefore, of the Opposition to pretend that these prices should not increase. The services for which we pay are getting more expensive. We have moved far from the idea that we can dispose of refuse by dumping it in a big hole in the ground. There are now many extra costs associated with the disposal of refuse which have to be passed on.

We also have to look at the situation in its totality. By any fair analysis, this is a low tax country. If one examines all the services and charges, one will find that compared to competitor countries we have a very low tax rate for the individual.

It is true that on average the amount of tax being paid by everybody has increased dramatically in the past ten years but in that regard there is a massaging of the figures. People

are paying more tax. I am paying considerably more than I was ten years ago but I am also earning much more. A huge number of extra people in the economy are working, a large number of whom are on considerably higher wages than heretofore. An analysis will show that a Fine Gael led Government was in power when the last rise in basic taxation rates was introduced, bringing the highest rate of tax up to 65%.

We now have stability in the tax system with historically low rates of 20% and 42%. For many years the low rate of tax — the equivalent of the 20% rate — was 35%. It is, therefore, disingenuous of the Opposition to try to twist the issue.

It is also important to remember that people like the money to come from the centre. There is resistance to local taxation. There was resistance to paying local water charges and rates. I understand this and, particularly in the case of rates, felt it was justifiable but if we want to impose taxes on private homes, which is acceptable, they have to be raised some other way. We do this through indirect taxes. If we want to run a country, this will have to be done.

That leads me to the next issue which I always find difficult to square. Every week in this House motions are tabled by the Opposition calling for more expenditure but it never tells us how it will raise the revenue. It never tells us how it will pay for all the promises made week in, week out about what it intends to do if it gets into government. On the other hand, it tells us all the taxes and charges should be abolished but it knows and I know——

Mr. Hayes: The Minister was not listening to us properly.

Éamon Ó Cuív: We are listening and understand clearly the contract it is trying to operate——

Mr. Naughten: It takes one to know one.

Éamon Ó Cuív: ——which is to persuade the people, on the one hand, that there should be much lower taxation and, on the other, that there should be much higher expenditure. As it knows, neither of these positions can be squared against the other. It is time a responsible attitude was taken towards the public finances and that we stopped trying to pretend to the people that the State gets its money anywhere but from the people. If the people want more services, they have to pay for them. The Government has to find a balance between what it should raise in taxation and the services it can provide.

An aspect of society I have always valued highly is that traditionally — I am aware some Opposition spokespersons do not agree with this — we have a high house ownership ratio. I have always believed this is one of the greatest social goods because people who own their own houses believe they have a stake in society.

Mr. Hayes: The Government will not let them build in rural areas.

Éamon Ó Cuív: The Deputy is wrong. It is his partners in the Labour Party and the Green Party——

Mr. Hayes: The Minister should leave them alone. They are not in government.

Éamon Ó Cuív: ——who are——

Mr. Hayes: I will show the Minister a few proposals I have to make.

An Ceann Comhairle: Please allow the Minister to continue. The Deputy will have an opportunity to contribute.

Mr. Hayes: I do not like the Minister misleading the House.

Éamon Ó Cuív: No. For example, a check of the policies of the Labour Party will show it did not want anybody to be allowed build within one kilometre of the sea. On the west coast where I live, that would cause major problems because most of the people live on coastal strips.

If we want to talk about planning, the Government — I was one of those who led on the issue of the national spatial strategy — has laid down for the first time——

Mr. Hayes: Decentralisation.

Éamon Ó Cuív: It is happening.

Mr. Hayes: The Minister should tell that to the people of Tipperary town.

Éamon Ó Cuív: The people of Knock know it is happening. Decentralisation will happen. I admit we might have put too short a timeframe on it. In many things I have done I have found that timescales do not always work but the entire 10,000 will decentralise. It will be done in phases over a relatively short period.

Mr. Hayes: The Minister should tell us when it will be done.

An Ceann Comhairle: Let the Minister continue. He has limited time.

Éamon Ó Cuív: We should have interactive debates in the House; I have no problem with being heckled by the Opposition.

It was interesting yesterday to hear the criticism from the back benches of the Deputy's own party that we had provided €900 million for buildings in terms of decentralisation. His own party does not know where it stands on the issue. Every week——

Dr. Twomey: We must be budget neutral.

Éamon Ó Cuív: —there were criticisms of the Government led by former Deputy John Bruton.

Dr. Twomey: That is misleading.

Éamon Ó Cuív: It is not. It is a fact. The Deputy should read the public statements of former Deputy John Bruton and his parliamentary questions.

Dr. Twomey: I was a member of the finance committee.

Mr. Hayes: On a point of clarification—

An Ceann Comhairle: Deputy, the only point of clarification to be made at this stage is that there are ten minutes remaining in this time slot.

Éamon Ó Cuív: What the Deputies will find, much to their disappointment, is that by the time of the next general election, decentralisation will be seen to be a reality. We will have done a great deal to help young people buy their own houses in a cost effective way. We have built more houses than any previous Government and will have done a great deal, between social welfare payments and tax, to leave the less well-off in a much stronger position than when we came into power.

Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern): Housing is a key priority for the Government. Evidence of this is the decision to increase the capital envelope available to the Department of the Environment, Heritage and Local Government by an additional €50 million in yesterday's budget. When this is added to the 6% increase in the Estimates and the €40 million carry-over, the extra money will allow an expansion of the local authority and voluntary housing programme next year. In fact, the capital envelope announced yesterday means that over the next four years to 2009, €6,000 million will be made available for social and affordable housing, a considerable sum by any yardstick which will allow for considerable expansion of the programme.

Great progress has been made in recent years. In seven years 42,000 new social houses have been built, either in the local authority or the voluntary co-operative sector. Each year the needs of approximately 13,000 families on local authority waiting lists are being met by new build, vacancies or some of the other incentive schemes. Earlier this year we announced the development of new five year action plans by local authorities which will allow for maximum output and value for money to be achieved through effective planning and prioritisation.

One of the main projects the extra money announced yesterday will allow for is the increase in the local authority programme to 500 new starts. This is in addition to the work being done

in the voluntary and co-operative housing sector. The increased provision will also allow for greater investment in regeneration of run-down local authority estates in the inner city and suburbs of Dublin, Cork and Limerick. A great deal of work is being done and this funding will allow us to do more.

Next year will be the first full year of the local authority central heating installation programme, which was announced last July. Most local authorities, with a few exceptions, made a pitch for such a programme and approximately €12 million was allocated for the remaining months of 2004. That has become a popular scheme, based on feedback from public representatives and others.

Substantial growth is anticipated in affordable housing over the coming years and a significant number of houses are due to come on stream under the Part 5 and Sustaining Progress initiatives. Together with the existing schemes, approximately 11,000 affordable units will be provided in the next three years. A special task force was recently set up to address housing in Dublin and it comprises the managers of the four Dublin local authorities with input from other local authorities in the greater Dublin region. These affordable schemes are of benefit to low and modest income households and they help greatly to meet their needs.

Fundamentally, the Government has placed major emphasis on housing supply and it is expected more than 75,000 units will be built, which is a significant increase. Only ten years ago the number of units built annually was 22,000 houses. A great deal is being done in the housing area. The reduction in stamp duty for first-time buyers of second-hand houses will greatly help and it will complement the other measures taken in the past few years such as mortgage relief and site subsidies. These initiatives are targeted at those most in need.

I am also pleased with the budget allocation for the Department of Community, Rural and Gaeltacht Affairs. Funding to tackle the drugs problem has been increased by 18% to €31.5 million, which confirms the Government's commitment to communities that have a major drugs problem. The funding will allow us to develop and consolidate the valuable work being done through the local drugs task forces and the young people's facilities and services fund. In addition, it will allow us to resource and support a number of new drugs initiatives through the regional drugs task forces, which have been set up. They represent an important part of the Government's ongoing response to the problems of drug misuse. These task forces are working on regional plans, which they will submit over the next few months. We hope the plans will be resourced, financed and rolled as 2005 progresses.

The funding I have secured for next year will ensure a number of these initiatives are implemented. They will deal with different aspects of the drugs strategy such as prevention, education and treatment. Funding will also be

provided for a number of new measures, which have been introduced to tackle the growing cocaine problem. In addition, a number of new capital programmes are planned for 2005 through the task forces and the young people's facilities and services fund. Several premises for drugs projects and large scale community or youth facilities have been built under these schemes and a number of others will come on stream next year in Bray, Clondalkin and Tallaght.

The community development allocation has been increased by 8%. The number of projects sanctioned under the initiative recently increased from 175 to 185, with another five projects at an advanced stage of negotiation. Over the past 15 months, community development projects have been approved for 25 more disadvantaged communities. The aim of the projects is to core fund community development so that locally based responses to the needs of those experiencing social exclusion and poverty in their communities can be developed. A great deal of good work is being done and it is significant that an additional 25 communities received approval when funds were tight.

The allocation will also allow us to increase the spend on the scheme of community support for older people. Funding for the scheme has also increased by 8% and the allocations under next year's programme will be made shortly. The number of applications under the scheme had decreased in recent years but there has been renewed interest this year because the scheme has been extended to cover smoke alarms. Community groups normally only provide alarm pendants, security lighting and locks and, as a consequence, the number of applications has increased.

This was a good budget and the resources provided in the areas for which I am responsible will allow for the significant expansion of programmes. The stamp duty reduction is also a significant move. There was a great deal of hullabaloo in the House two years following the abolition of the first-time buyer's grant but more than €20 million is being spent annually on site subsidies, which are granted to people in a particular income bracket. This funding is much more focused. I am pleased with the moneys allocated to my areas of responsibility in both Departments and I expect to meet my plans and the needs of the people next year.

Dr. Twomey: I wish to share times with Deputies Naughten and Hayes.

I refer to the comments made by the Minister for Community, Rural and Gaeltacht Affairs. A chameleon is a well-known lizard and it is remarkable because it has the ability to change colour. Members of the Cabinet have been attempting to copy this lizard, and their success rate has varied, with the Taoiseach being the best chameleon. He has received the most publicity but other Cabinet members are trying hard to

become little chameleons of the Fianna Fáil Party.

The Minister for Community, Rural and Gaeltacht Affairs completely ignored decentralisation. Last year at a meeting of the Oireachtas Joint Committee on Finance and the Public Service, the Minister of State at the Department of Finance told us the allocation of €20 million provided in the budget would be adequate to get the ball rolling on decentralisation. On the first anniversary of the announcement of the process, the figure has increased to €800 million but the number of civil servants involved has reduced from 10,000 to 3,300. The Government should explain this to the public rather than stating that the Opposition opposes decentralisation. The Government is getting a harsh dose of reality and that is what we were trying to explain during the debates on decentralisation. I hope the Department of the Environment, Heritage and Local Government will relocate to County Wexford and that another building will not be constructed to delude the locals into thinking the Department is coming. I hope there will be civil servants in the building before the next election but I will not hold my breath.

Mr. Hayes: That will be the test.

Mr. N. Ahern: I look forward to travelling there.

Dr. Twomey: A total of 25 towns fell off the decentralisation radar before its first anniversary.

Mr. Hayes: Rome was not built in a day.

Dr. Twomey: It certainly would not be built at the rate the Government is moving.

Most individuals or families, whether they earn €20,000, €50,000 or €70,000, will only receive increases of between 1% and 2% as a result of the budget. The low paid, those on less than €400 per week, must rely on not having to pay the health levy. Any small increase in their wages will wipe out any gains they might have made in the budget. These figures were published by the Government. Much of the benefit for those earning €50,000 will come from the increase in child benefit, but they will get little real increase in take home pay as a result of changes in tax.

People who have been removed from the tax net may end up back in it next April when they receive an increase in the minimum wage. We welcome their removal from the tax net because they have now reached the same lofty heights as numerous millionaires in this country who have enjoyed the benefits of paying no tax for a number of years, an issue to which I will return later. However, it is becoming obvious that although people have received increases of between €10 and €14, there will be no real benefit and stealth taxes are a genuine fact of life.

This Government has moved away from a policy of direct taxation. However, because it has

[Dr. Twomey.]

not controlled public health spending and adopted control of Government excessive waste of taxpayers money, it has been forced to increase indirect taxation. As we know, when we increase indirect taxation, for example VAT which at 21% is one of the highest levels in Europe, and foist all these extra costs on consumers, whether through electricity or home heating oil charges etc., we erode any increases they get in their wages. Therefore, they see little improvement in their lives. Indirect taxation of this type also affects the poorest and most vulnerable in society. There is no way around that, but Department of Finance officials could explain it better than I can.

The increase for the disability sector is welcome. However, it is regrettable that the Minister in his speech yesterday implied that lobbying from the primary care and acute hospital sectors was the reason the disability sector was left out for the past seven years. That is an insult to the groups and families that have been campaigning hard for disability services over past years. We have had one failed attempt to get a disability Bill through the House. The second Disability Bill is now going through, but many of the disability groups are unhappy with it. While we welcome the budget provisions in this regard, it is time the Government recognised the importance of disability services.

The poor treatment of the disability sector is a complete contrast to how the Government has treated tax shelters over the past number of years. I have two years' experience of serving on the Joint Committee on Finance and the Public Service where the issue of tax shelters has been raised on many occasions. The committee tried to find out from the former Minister for Finance, Mr. McCreevy, how many people benefited from tax shelters. We still do not know, and probably will never know, whether it is 500, 1,000 or 5,000 people who have benefited from the numerous tax shelters and convenient property development schemes that have been allowed in the past seven years.

Many of the individuals involved will have earned from between €50 million and €500 million from lax tax shelters they have availed of for property speculation. Perhaps many of them have been solid supporters of this Government. It is natural that anybody getting that sort of largesse from Government would be supportive. Many of the schemes have been allowed continue long after their usefulness to the economy. That is a disgrace.

No matter what has been said, there has been much hypocrisy with regard to the tax shelters and what the Government will do about them. The Taoiseach was back on "Morning Ireland" today saying how unhappy he is about them. There is a bit of playing the chameleon in this regard. The Taoiseach knows well that tax shelters have been around for years and the former Minister for Finance's attitude towards them. Mr. McCreevy's attitude was that they would all go

or all stay, but he was inclined to let them all stay. The issue arose during numerous debates on the Finance Bill in the past two years. The only concession Mr. McCreevy made was that beginning next year there will be a box on the tax return form which people will tick if they benefit from a tax shelter. People will not have to declare how much they made but will simply tick the box to say they have benefited.

The Taoiseach and the Minister for Finance have said they will have a review of the shelters. They will check it out and will discuss the issue for budget 2005. If they examine what Mr. McCreevy said two years ago, they will see most of the tax shelters are due for review in 2006 or 2007. In other words although they may expire in 2006 or 2007, the Government will review them in 2005, despite the fact they have existed since 1997 or 1998. This is hypocrisy and the sort of Government nonsense to which we must listen despite what Ministers say today.

We should also examine a number of problems in the economy as has been suggested more by those outside than inside the House. The tax take from the industries that made the Celtic tiger has stopped growing and many of these industries are regressing. The big tax take from which the Government currently benefits comes from the building industry and stealth taxes. If the situation developing in the economy is that the engines driving the economy, the multinationals in this instance, are leaving, we should be made aware of it. The indication is that there are tough economic times ahead in a couple of years.

Many of these industries appear to be leaving Ireland because they feel we are uncompetitive. We have a highly educated workforce and young people, but so do the Czech Republic and Poland. Many in the Czech Republic also speak good English and that is why many industries are moving east rather than staying here. The Government should examine its policy to see if it is killing the Celtic tiger.

The drive and innovation of a number of people made the Celtic tiger. Many of those of whom I have been critical who have benefited from tax shelters and made from €50 million to €500 million in the past seven years have made their gains by riding on the back of the Celtic tiger and by speculating on land prices and restricting supply. This happened and people were driven to try to buy houses wherever they could.

Most of us were fortunate enough to hold onto the Celtic tiger's tail. We managed to buy our houses and establish our careers before rip-off Ireland came into play. However, what about young people, the Celtic tiger cubs? Where do they stand? For example, let us look at the first-time buyer's stamp duty relief granted in the budget. A person buying a house for €220,000 will benefit to the tune of approximately €12,000. On last night's news auctioneers were more or less saying that they would try to push up the price of

houses in order to get their take of this €12,000. That is what will happen.

In 1994 when I was entering the workplace a person could buy a house for approximately €80,000. That house would now cost approximately €350,000 to €400,000. I do not believe anybody starting off on the same level at which I started could afford that, despite what is said about low taxes. Low taxes made a difference for the first couple of years as house prices increased but they no longer make a difference. Wages have not kept pace and the low tax environment has been overtaken by increased stealth taxes. Many people cannot afford to buy the houses we managed to buy in 1994. That displays a failure of Government to look after the next generation whose job it is to maintain the Celtic tiger. There are many dark clouds on the horizon which this Government has not taken on board.

The poor and most vulnerable have always been neglected by Fianna Fáil. They only receive the crumbs from the Celtic tiger's table. Many of the figures thrown out in the budget are for such small amounts that they will not make up the difference in the increased costs many households will face over the next 12 months.

Unfortunately for the Fianna Fáil-Progressive Democrats Government many middle class people also feel abused by Government policy. Most households have two people working. This has been seen as a bonus by Government which is forcing both parents to get out and work and keep the economy going. Where does that leave people? People are more stressed and they have huge problems with regard to child minding. Children are now being dropped off to childminders at 7.30 a.m. and 8 a.m. and they are not collected until 7.30 p.m. or 8 p.m. because people have to commute long distances on congested roads. Both parents are forced to work to pay the mortgage and child care costs are prohibitive. Are people happier because they are all at work? People are becoming more stressed and less able to cope with life due to Government policy in recent years.

Things become even worse when one adds in the increases in rip-off Government charges. I do not accept the validity of any Minister's claim that stealth taxes are not being imposed. There has been an enormous increase in the cost of living and our competitiveness has declined, as has been acknowledged by independent external reports. We can see this for ourselves when we travel abroad. In Prague, one can get a weekend travel pass for buses and trams costing €7 for four days but a single trip on the bus from Stillorgan into town will cost €1.50. One can travel all over Prague at weekends for the same cost as three or four bus trips in Dublin. The public transport service there is extremely efficient. That is part of what we are talking about and we need to face up to the reality that these are the people we are competing against.

Why are the health services in such a mess? It is regularly said that there has been a tripling in

funding to the health services yet the Government has avoided answering the question of where the €11 billion is being spent. Where is the wastage occurring, given that services have not greatly improved? What has gone wrong and why do we have a health service that is not functioning as well as we expect? The Government should answer these questions, not trot out old figures comparing expenditure in 1997 with today.

In case the Minister did not notice, funding for mental health services has been reduced and there has been an abandonment of funding for primary care. I do not know what will become of the acute hospital sector, as no increase in funding has been made to improve services in that sector.

The Government still has a great deal for which to answer. We can easily criticise the budget because there are only a few positive aspects to it and the rest of it leaves much to be desired.

Mr. Naughten: I welcome the opportunity to speak on the budget. While the Minister for Finance talked the talk yesterday in regard to agriculture, in reality there was very little that was positive in the detailed proposals to which he alluded during the budget debate. If we are to be realistic about agriculture, it is critical that we achieve a viable farming sector. Agriculture is facing significant challenges at present, which, sadly, yesterday's budget failed to address, namely CAP reform, the WTO negotiations which will conclude next year and the impending nitrates action programme. Very little was done to address any of those issues which are vital to the future of agriculture.

This is not surprising when one looks at the Department of Agriculture and Food's budget for 2004. Only 60% of the budget in the area of research and training has been spent to date. In the REPS programme only 58% of the budget has been spent and in the area of agricultural development, which is critically important both in terms of the farm waste management programme and the dairy hygiene budgets, there is only a 44% spend to date. This is a damning indictment of the Department of Agriculture and Food and the Government.

Since 1995, farm incomes are down by a whopping 22%, which is over one fifth. The average farm income in 2003 was just over €15,000. The president of the IFA, who was obviously hoodwinked, went on television yesterday and welcomed the budget. If he had an opportunity to look at the detail in regard to it, he would not have welcomed it.

A progressive one-income farmer earning €30,000 per annum with two children has benefited from the budget to the tune of less than €6 per week. That is the benefit such a farmer has got out of this budget that was announced and welcomed with such fanfare yesterday. In a two-income farm household with total earnings of €30,000, with two children, the benefit is just over €13 per week from. A single farmer earning just

[Mr. Naughten.]

over the average income, with €16,000 per annum, has been generously given just over €1 a week in the budget.

When one takes those paltry increases, which are not even in line with some of the budget's social welfare increases, in conjunction with the proposed increases in bin charges, water charges, ESB, telephone and fuel costs then one can clearly see many of these people will be big losers in regard to the budget. That is not taking into consideration the fact that agricultural inflation is currently running at approximately 6%. The farming organisations that welcomed the budget last night need to think again in regard to it. The Minister for Agriculture and Food needs to look carefully at these proposals because they do not benefit the agricultural community which is facing significant challenges in the coming years.

A number of people welcomed the changes made to stamp duty in regard to the swapping of land. Some people are sadly under the misconception that it also applies to the purchase and sale of land, which it does not. It is purely for land swaps, which is a small element of the total farmland transactions that take place each year. In reality, the proposal the Minister brought forward yesterday will do very little for farm consolidation. Over 30% of farms here consist of four or more parcels of land which leads to inefficiencies and the problem will not be resolved by this proposal.

The issue of roll-over relief has again been ignored. When the Minister of State, Deputy Parlon, was president of the IFA, he negotiated a very positive deal on compulsory land purchase. The State has the right to force farmers to sell land to it for the construction of motorways. However, when Deputy Parlon was appointed as Minister of State at the Department of Finance, he overturned that decision. Farmers are now being taxed even though they are being forced to sell land to the State.

The budget has done very little for them and while the Minister referred yesterday to the need for consolidation in regard to farm development, the reality is that he did very little to encourage it. It is farcical for the Minister to talk about addressing the issue of consolidation when he has not addressed the issue of roll-over relief, especially in regard to farmers who are forced to sell their land.

The Minister made some changes in regard to the control of farmyard pollution, which is a small but positive step. However, it will not do a great deal for many hard-pressed farmers who have the nitrate-gun being put to their heads. Since the Government came to office in 1997, it has failed to take any action on the nitrates directive and has only done so when forced to by the European Commission. The country has been designated even though State-sponsored studies clearly show that in some counties the biggest single polluter is not farmers and agricultural practice but the Department of the Environment, Heritage and

Local Government and local authorities. The Government stated that it would make the case for the 250 kgs of nitrates per hectare limit but it has reduced it to 170 kgs and is seeking derogations. There are no guarantees that the Government will be able to achieve this target, judging by the indications from Brussels at present. The responsibility for this lies with the Government, which has delayed and dragged its heels on this issue. At the same time, the paltry excuse of €4 million in a full financial year is the benefit that will accrue to farmers in this regard.

I had hoped the Minister would increase the control of farmyard pollution grants, in line with the Brosnan recommendations, to 60%, and 75% in disadvantaged areas, especially for the four counties along the Border which will be severely restricted by the proposals on the storage of slurry. On top of that, many intensive farms will have to dramatically reduce the stocking rates, even with slurry storage, to achieve the guidelines which are laid down or are proposed in regard to the nitrates directive. I had also hoped the Minister would increase the ceiling to €100,000 in regard to the dairy hygiene scheme and the farm waste management scheme. That was not done, yet people have been saying this is a good budget for agriculture.

The averaging over three years of the FEOGA direct payment schemes is a step in the right direction but, sadly, it will affect only a number of farmers. Full-time farmers will benefit from the scheme but many of those who have an off-farm income will not. Sadly, because of what the Government has done in recent years in agriculture and the fact that decoupled payments will be introduced in the new year, many farmers will now be looking for off-farm incomes to try to supplement their basic income from agriculture. Moreover, many of them will be taxed to the hilt on their decoupled payments which they will receive later next year. I am disappointed that the early retirement scheme was not index-linked as recommended, which even the Minister of State, Deputy Tim O'Malley, believes is crazy.

Mr. Hayes: I am glad of the opportunity to say a few words on this budget. Many comments have been made in the past few hours and yesterday, but it is very difficult to sum up the Budget Statement. However, I would sum it up as being a cute budget, with one eye on the economy and another on the general election in a couple of years' time. Nonetheless, it is a budget of missed opportunities.

In the context of Deputy Naughten's comments, a huge PR exercise has been undertaken in regard to taxation in agriculture. The accelerated tax relief on farm pollution in the context of the EU nitrates directives is welcome. However, the stamp duty relief for the exchange of farm land among farmers for the purpose of consolidation is very misleading because it cannot benefit many people. Only a small number of farmers are involved in this type of land exchange and

this provision will not have any major effect. A real opportunity has been lost in this budget.

The agriculture scene has changed recently and the direct payments, which were agreed and have been provided for, are now the order of the day. It is worrying to consider what will happen to agriculture in the next few years. Yesterday's Budget Statement was an opportunity to make money available to promote our food industry. Ireland has lost out hugely on the promotion of our food. Foot and mouth disease and BSE created difficulties which have given our food products a bad name on the world food market, particularly the European market. That matter must be addressed. It is not viable for people to stay working on the land. We missed a golden chance yesterday to put in place a structured programme to develop our agriculture industry.

The House heard earlier about worries in regard to industry, which can be volatile and can move to other parts of the world where wages are lower. That is an issue with which this economy must contend. We refer a great deal to stealth taxes. In this regard, very little extra finance has been made available to local authorities. Local authority members from all parties will be in a very difficult position when they try to strike rates in the next few weeks because they are not sufficiently financed. The increases in stealth taxes such as planning charges, water charges and other taxes which have been introduced by various local authorities are driving up the cost of living. It is unfair to run local authorities in such a fashion. The Government has played a trick by imposing taxes locally, which makes it extremely difficult for local authorities to work.

No Government should be proud that it has given just €12 to pensioners who have contributed so much to an economy which we all acknowledge is performing well and in which there is more wealth than some years ago.

Minister for Transport (Mr. Cullen): The provision of a ten year envelope for transport infrastructure in the 2005 budget provides the flexibility, resources and framework to complete the transformation of our country's transport infrastructure. The new ten year envelope is a radical departure in forward budgeting designed to deliver a state-of-the-art transport system by 2014. The Minister for Finance has done his part and I look forward to doing mine. Investment in transport is different from that in other areas. It involves long and detailed planning and extended completion times. Yesterday's announcement by my colleague, the Minister for Finance, recognises these differences and gives us the flexibility to respond to them.

More than €7 billion of Exchequer funds will have been invested in the transport system in the period 1999-2004. On the national roads side, more than €5 billion has been invested in improving the reliability of the road transport system by upgrading major inter-urban routes to motorway or high quality dual carriageway standard, remov-

ing major bottlenecks, remedying capacity deficiencies and reducing journey times. On the public transport side, the rail network has been upgraded and redeveloped following a number of years of under-investment.

In regard to the period 2005-09, the multi-annual financial agreement between my Department and the Department of Finance provides an allocation of €10.2 billion, including €900 million from the private sector for investment in roads, public transport and regional airports. Of the €2.5 billion which is available for public transport in the period to 2008, €1.3 billion is for the greater Dublin area, with the balance for the regions.

Debate adjourned.

Ceisteanna — Questions.

Priority Questions.

Medical Cards.

1. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children if the new doctor only medical card is a permanent feature of the GMS; the limitations which apply to the card; the additional resources she intends putting into primary care to ensure all new medical card and doctor only card patients will be able to avail of treatment under the GMS; and if she will make a statement on the matter. [32003/04]

Tánaiste and Minister for Health and Children (Ms Harney): The commitment to increase income guidelines to increase the number of persons on low incomes who are eligible for the medical card is contained in the health strategy. Families with children are a priority. In keeping with this commitment and the priorities for new health initiatives in 2005 both the income guidelines and the income allowances for children, in assessing eligibility for the medical card, will be increased in January 2005. The higher rate of increase in respect of the allowances for children is specifically aimed at assisting low income families with children in accessing primary care services. It is expected that in the region of 30,000 will benefit from this initiative.

The introduction of the doctor visit card provides free general practitioner services for individuals and families whose income will be up to 25% over the new medical card income guidelines. It is estimated that approximately 200,000 will become eligible for free GP services. Patients holding doctor visit cards will be or may seek to be assigned to particular doctors who hold general medical services contracts with local health boards. The new card is an entitlement to free general practitioner visits for those with otherwise limited category 2 eligibility. These new card holders are also eligible for the drugs payments scheme which provides that no person or family unit pays in excess of a current threshold of €78

[Ms Harney.]

per month, increasing to €85 per month from January 2005, for a range of approved prescribed drugs and medicines.

A sum of €60 million has been provided in the 2005 Estimates for these initiatives in primary care which will assist in overcoming barriers to accessing GP services for those on low incomes. This will also help remove poverty traps and disincentives to people taking up work or progressing to better paying work. An additional amount of €142 million is also being made available to meet the increased costs of the GMS. This represents an increase of 12%.

Dr. Twomey: The Tánaiste did not deal with the core question. Is there a timescale on the doctor only medical cards? I fear patients could be worse off in the long term unless there is a timescale on them. They should be converted to full medical cards within a certain period. Patients will not benefit from the other services available with a full medical card. They could still end up paying €550 if they need to stay ten days in hospital and €1,000 per year if their medication costs more than €85 per month.

One subject that has not been broached in this discussion is the holders of discretionary medical cards who constitute a significant number with medical cards. What approach is the Minister taking to these cards? Discretionary medical cards are given to patients with a serious illness—

An Ceann Comhairle: A question, please, Deputy.

Dr. Twomey: I wish to explain this in case the Tánaiste does not fully understand it. A discretionary medical card is provided where the patient has a certain illness but is above the income threshold for a medical card. Will the Tánaiste ensure everybody who receives a discretionary medical card is given a full medical card rather than a doctor only card? The doctor only medical card might be used as a means of saving money by the health authorities. I hope the Tánaiste agrees every person with a discretionary medical card should have a full medical card.

The Tánaiste has not said what she will do in the primary care area to increase services for patients, especially now that an extra 250,000 will be included in the GMS scheme. In certain parts of north County Dublin which will be hugely affected by this change there is one general practitioner for every 2,500 patients. If certain areas become overloaded with extra medical cards, it could have a huge effect on the service.

Ms Harney: The discretionary cards will remain full medical cards. There are 70,000 such cards in existence. Clearly, under the new unified system, there will be uniformity. There are varying gaps between regions. In some regions, by virtue of the discretion of the chief executive officer, a person

might qualify while in another they might not. With a centralised system there will at least be consistency and uniformity.

It is not intended to convert the doctor only card into a full medical card. I strongly believe in the provision of graduated levels of services. I do not believe there should be one line where one gets everything and another where one gets nothing. This is a form of trying to give free doctor visits to the largest possible number on low incomes in order that they will not have to worry about taking a child to the doctor. Approximately 30% of those who visit doctors do not require follow up treatment and there is no prescription involved.

With regard to the primary care services, I am conscious of the huge gaps, not just in Dublin. However, in north Dublin there are huge gaps which we hope to address as part of our package for next year. There are many innovative proposals for providing GP services in the greater Dublin area, some of which involve collaboration with some of the insurers in the market. We need to examine all the proposals to ensure, for example, that a town such as Mulhuddart with 10,000 people is not left without a doctor, a pharmacy and basic facilities in the primary care area.

Dr. Twomey: Does the Tánaiste—

An Ceann Comhairle: Deputy, the six minutes for this question are concluded.

Dr. Twomey: An important point was missed.

An Ceann Comhairle: That may well be but there are only six minutes allotted. The Chair does not have a choice in the matter.

Cancer Screening Programme.

2. **Ms McManus** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the recent survey showing that death rates from cervical cancer here now exceed those of Britain and Northern Ireland and its finding that the lack of a national screening programme is the most plausible explanation; the steps she intends to take to ensure the early introduction of a national screening programme; and if she will make a statement on the matter.
[31860/04]

Ms Harney: I am aware of the study referred to by the Deputy concerning recent trends in cervical cancer in Britain and Ireland. The study shows that mortality from the disease in Ireland increased by 1.5% annually up to 2001. Data provided by the National Cancer Registry for the number of new cases of invasive cervical cancer for the years 1994 to 2000 show no statistically significant increase.

The number of smear tests carried out annually is approximately 230,000 and represents an increase of almost 20% in recent years. To meet this increased demand, additional cumulative funding of €11 million has been provided by my

Department since 2002 to enhance the laboratory and colposcopy services. The funding has enabled the laboratories to employ additional personnel, purchase new equipment and introduce new technology, thereby increasing the volume of activity and improving turnaround times for results.

A pilot cervical screening programme commenced in October 2000 and is available to eligible women resident in Limerick, Clare and north Tipperary. Under the programme, cervical screening is being offered, free of charge, to approximately 74,000 women in the 25 to 60 years age group, at five year intervals.

The Health Board Executive, HeBE, commissioned an international expert in cervical screening to examine the feasibility and implications of a national roll-out of a cervical screening programme. The examination included an evaluation of the pilot programme, quality assurance, laboratory capacity and organisation and the establishment of national governance arrangements. The expert's report was submitted recently to my Department for consideration. We are now consulting with relevant professional representative and advocacy groups on the report as an essential input into the preparation of a detailed response to the recommendations. These groups are the Irish College of General Practitioners, An Bord Altranais, the Academy of Medical Laboratory Science, the Institute of Obstetricians and Gynaecologists of the RCPI, the Faculty of Pathology of the RCPI, the Women's Health Council and the Irish Cancer Society.

Additional information not given on the floor of the House

I am aware of the benefits of national population based screening programmes. Following the consultation process I have referred to, I will examine options for a national cervical screening programme. Any woman, irrespective of her age or residence, who has concerns about cervical cancer may contact her GP who, where appropriate, will refer her to the treatment services in her area. Appropriate treatment for women diagnosed with cervical cancer is available at major hospitals.

Ms McManus: Does the Minister not accept that it is an abject failure of the Government that the screening programmes are either non-existent or totally under-developed, whether it is breast cancer screening or any other screening? In this instance, the screening programme promised but not delivered is one that saves lives. It is shameful that there has been an increase in the death rate from cervical cancer in this country of 1.5% per annum while in England the reduction has been 5% per annum and in Scotland 4% per annum. The overwhelming evidence is that this results from a universal population based screening programme. Will the Minister make it a priority of the Department to put this preventative measure in place in order that women's lives can be saved and that it does not mean that only

women with money can be tested and screened? That is what is happening at present.

Will the Minister put in place a timeframe? She again referred to consultation. Wry smiles are brought to many people's faces when they hear this new Minister for Health and Children refer to consultation.

An Ceann Comhairle: A question please, Deputy.

Ms McManus: Would she not accept that the former Minister, Deputy Martin, used consultation as a cover for lack of action and that people are deeply cynical when they hear the word "consultation" being used in respect of the health service?

Ms Harney: There is no doubt that I am a great fan of population-based programmes in respect of this and other areas. As regards consultation, a commitment was given to consult, and I do not think it is a bad idea to do so. In the earlier debate on the new HSE, which took place in a different forum, it emerged that most people are strong fans of a consultative process.

Ms McManus: It dates back to 2000.

Ms Harney: Yes. We put our first screening programme in place in 2000.

Ms McManus: Deputy Noonan, as Minister at the time, was responsible for that.

An Ceann Comhairle: The Tánaiste to continue, without interruption.

Ms Harney: Deputy Noonan announced it in 1997 but, as with many other announcements, no resources were put in place in respect of it. We are spending a great deal of money on health care. We have trebled the figure in this regard in recent years. There is a number of priority areas and the evidence clearly suggests that where there is early intervention, great success follows. I refer here to many aspects of cancer care. I want to engage in discussions to see how the facilities can be rolled out. We also have a breast screening programme and although the age category is somewhat different, there are many similarities. We want to see how best we can roll the programme out, while recognising that we must be conscious of resource implications and ensure that it is done in the most cost-effective way.

Ms McManus: Will the Minister indicate a timeframe for that?

Ms Harney: I hope, if not by Easter then certainly by next summer, to have made decisions in respect of how to proceed in this area, in that of breast screening and also with regard to some male related cancers in respect of which there have been some good results.

Ms McManus: Is the Minister going to change the breast cancer screening programme?

Ms Harney: No. I want to identify how to proceed before we continue with the roll-out. For example, should we run two parallel screening programmes which would sometimes deal with the same group of women or is there another way to proceed? I want to do things in a way that is efficient from a cost point of view in order that we can proceed as quickly as possible.

Ms McManus: Cost will determine how it operates and in the meantime people will die.

Infectious Diseases.

3. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children the steps she intends to take to implement the recommendations of the latest report on MRSA; the likely costs of implementing this; and if she will make a statement on the matter. [32006/04]

Ms Harney: MRSA is one of a number of antimicrobial resistant organisms of public health concern in the health care sector. The infection control sub-committee of SARI recently issued draft recommendations in respect of the control of MRSA. These recommendations update and are intended to replace earlier 1995 guidelines. I assume this is the document to which the Deputy refers. It has been issued by the experts for consultation and currently is only in draft form. The strategy, which was issued in 2001, contains a wide range of detailed recommendations to address this issue. Since this document was launched, approximately €16 million in funding has been made available to health boards to implement the strategy. Of this, in the region of €4.5 million has been allocated in the current year. Implementation of the strategy is ongoing.

A national committee comprised of a wide range of experts was established in 2002 to develop guidelines, protocols and strategies in respect of this matter. The National Disease Surveillance Centre collects data from hospitals on MRSA bacteria as part of the European antimicrobial resistance surveillance system. Ireland has the highest level of participation of any country involved in this system. In 2003, 477 cases were reported in Ireland. The NDSC has advised that the total number of cases notified for the first two quarters of 2004 was 274. It should be borne in mind that the number of laboratories notifying cases increased in 2004.

Hand hygiene is a key component in the control of MRSA. The SARI infection sub-committee has just released national guidelines for hand hygiene in health care settings. Chief executive officers at hospital and health board level have corporate responsibility for infection control.

My Department will await the final version of the recently issued draft guidelines which will then be evaluated. Costs arising in this context will be discussed at that stage. I want MRSA to

be a priority issue for the new health information and quality authority when it becomes operational. Cleanliness and hygiene in hospitals are a concern I intend to address through the accident and emergency package of measures we are going to put in place next year.

Mr. Gormley: I thank the Minister for her reply. Unfortunately, it was reminiscent of those provided in 1998 by the then Minister, Deputy Cowen, and in 2001 by her immediate predecessor, Deputy Martin, when I previously raised this issue. The first committee was established in 1993.

An Ceann Comhairle: A question please, Deputy.

Mr. Gormley: Does the Tánaiste agree that the situation has worsened since 1993 when the first committee was established? Does she also agree that antibiotics continue to be handed out like Smarties by general practitioners and others and that we have not dealt with this problem? Will she explain why, in Ireland, MRSA has been shrouded in secrecy? The Tánaiste may be aware of stories about people being identified as MRSA patients but this fact has not appeared on their death certificates. Why is it that only recently we were informed that deaths from MRSA are uncommon in Ireland? It emerged earlier today that the deaths of six patients at the Mater were linked to MRSA. Why is it that there is evidence that up to one in ten deaths in the UK are linked to MRSA, while we in this country have been told that such deaths here are uncommon? How many people in this country have died from MRSA? A league table is being introduced in Britain in respect of MRSA deaths. Would the Tánaiste favour the introduction of such a table here?

Ms Harney: First, the reply I gave earlier was not the same as those previously received by the Deputy. The question may be the same but the reply is not.

Mr. Gormley: I said it was reminiscent of those previously provided.

Ms Harney: It is even different from that I provided to the Deputy on the previous occasion I answered questions on this matter.

League tables have their uses. However, I do not want a situation to develop where the more proactive hospitals will lose out because they are taking more precautions. We must be careful in respect of that matter.

I stated on the previous occasion that it is extraordinary that the main cause of MRSA is the failure of so many people in hospital environments to observe basic rules relating to hand hygiene and other forms of hygiene. If this matter involved the putting in place of high technology, we would probably have done so long ago or there would have been many calls for us take action in that regard. However, it involves some-

thing rather simple. I am extremely concerned about this matter.

I am informed by the medical advisers in my Department that people who contract MRSA mainly die because of the underlying causes connected to the original illness which led to their being in a hospital environment. I do not have statistics or figures at my disposal regarding the number of people who died purely as a result of MRSA. I am strongly advised that it is the underlying condition rather than MRSA which causes death.

I am not happy with the situation and we intend to give the new quality authority a strong role in respect of standards. Hygiene is one of the obvious standards. We need a standards body so that basic hygiene, both in terms of the activities of personnel and the cleanliness of buildings and their surroundings, is observed to the highest possible standard. As stated previously, we pay a great deal of money for these services and we need to ensure that we get what we pay for.

Mr. Gormley: The Tánaiste stated that people are not dying from MRSA but that their deaths result from underlying causes. We know from what is happening in Britain, however, that this is not the case. Does the Tánaiste agree that we can only tackle this problem if we are honest about it and categorically state that people are dying in our hospitals because of MRSA? Does she further agree that, in addition to hygiene, the terrible conditions and overcrowding in our hospitals are fundamental causes of difficulties with MRSA?

An Leas-Cheann Comhairle: We must proceed to the next question.

Mr. Gormley: One of the recommendations in the report is that there should be less overcrowding in our hospitals. Does the Tánaiste agree that this should be the case? Will she promise the House that from now on she will insist that MRSA be listed as a cause of death? Will she do that much at least?

Ms Harney: Basic hygiene is not related to numbers. The fact that a medical professional washes or fails to wash his or her hands has nothing to do with the number of people in a particular environment. Hygiene is a basic requirement. I would like to think that a heightened awareness campaign could be put in place in hospitals in respect of this matter. People must be aware, from the time they first enter a hospital, as to what they should or should not do. It would be a matter for medics and not for me to decide cause of death.

Mr. Gormley: The Minister is——

Ms Harney: That clearly must be done on the basis of medical advice. It cannot be done at political direction.

Mr. Gormley: They want to hide it. The Minister is refusing to do it. She is washing her hands of the matter.

Ms Harney: I do not believe they want to hide it.

Hospital Charges.

4. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children when the 25% increase for a private bed in a public hospital, as announced in the 2005 Estimates, will be implemented; her views on the effect this will have on the private health insurance market; and if she will make a statement on the matter. [32005/04]

Ms Harney: The increased charge for a private bed in a public hospital will take effect from 1 January 2005. In the interests of equity, it is Government policy to gradually eliminate the effective subsidy for private stays in public hospital beds and relieve the taxpayer of the burden of carrying these costs. Even with this increase, the cost of providing services to private patients in the major hospitals will continue to exceed the income arising from the charges.

The cost of private health insurance to the subscriber in our community-rated market remains low by international standards. In addition, it continues to benefit from tax relief at the standard rate. Implementation of this increase will result in an increase of about 5% in health insurance premiums. I believe the impact if any on the numbers covered by private health insurance is likely to be marginal.

Dr. Twomey: Some 50% of the population is covered by private health insurance. Those people will regard access to the health services as a form of double taxation. Does the Minister accept that private health insurance costs could increase by 10% next year, allowing for the extra charges on private beds? Will the Minister agree that health premiums will have increased by 40% in three years if these extra charges are carried through next year? Is she aware that low-income families, especially those with children, will suffer most from the increased cost and may well be forced to give up their private health insurance? Does she accept that average families with health insurance who require the full benefit of the drugs refund scheme could end up paying up to €3,000 a year or more? Under the drugs refund scheme, charges have increased from €53 in 2002 to €85 following this budget, an increase of 60% in the past three years.

There has been very little debate on the private health insurance market. The risk equalisation scheme was not activated under the last review. Does the Minister agree there is very little competition in the health insurance market? Many customers are fearful at the lack of availability of services in the acute hospital sector and feel obliged to take out private health insurance. The

[Dr. Twomey.]
 general population is being fleeced and 50% of those who have private health insurance are using facilities in public hospitals.

Ms Harney: We have a mixed system and it has generally worked very well from the perspective of private insurers. The issue is one of equity. I would like to move to a situation where more of the private activity would be moved to a private environment so that public beds can be used for those in greatest need. I would love to see a situation emerge which would be neutral in terms of how public hospitals are paid for private and public patients, if one wants to use that language. Clearly there are great incentives when one type of bed earns more money than another type. We all know that the 80:20 ratio is not maintained, which is unsatisfactory.

There is increasing competition in the health insurance market. A new entrant recently announced its intention to provide cover and there is also a new entrant in the dental insurance market. I welcome all those developments. There is huge demand for the whole range of policies and products which these insurers offer. The way to keep the costs down is through greater competition. All over Europe, including in some of the countries that are held up as having a model health system, there is a raging debate about the cost of health care in many of the countries which traditionally funded their service from the public purse.

It is not unique to Ireland that health care is expensive because of new products, new technology and higher staff costs. These contribute to insurance and to more expensive health care costs. From the Government's perspective — this has been clear since 1999 — we want to move to a situation where the full economic cost of providing a private bed is charged to the private insurer.

Dr. Twomey: Will the Minister inform the House of the full commercial cost of a private bed in a public hospital? She has increased charges by 25% but that would still be a long way off the full commercial cost of a private bed in a public hospital.

Ms Harney: There is not a uniform cost as it varies from hospital to hospital and on the basis of the specialties. The teaching acute hospitals have a higher cost base than some of the smaller hospitals. I have some figures which I can make available to the Deputy. From an insurer's point of view, there is a range of fees for the use of these beds, which I can make available to the Deputy. The hospital is paid by the insurers for the use of beds. I understand there are three different categories of payment from insurers to the hospital. One of the issues that arises is in the context of ensuring that resources go to best performers. An element of the resource allocation rewards efficiency and effectiveness. In the

future we will require a clearer breakdown of the costs of procedures.

Dr. Twomey: Will the Minister be in a position to supply the information on the full costs?

Ms Harney: I will supply the available figures to the Deputy.

Nursing Homes.

5. **Mr. S. Ryan** asked the Tánaiste and Minister for Health and Children if she has satisfied herself that the Health (Nursing Homes) Act 1990 is being implemented in respect of inspections of private nursing homes; if the statutory requirement of two inspections per year is being met; the problems that are being identified in respect of the inspection of nursing homes; and if she will make a statement on the matter. [31859/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan): Under the Health (Nursing Homes) Act 1990, the inspection of private nursing homes is the responsibility of the health boards. Regulations made under that Act empower health boards to inspect private nursing homes. Having made inquiries of the health boards and the Eastern Regional Health Authority, I am satisfied that the nursing home regulations are being implemented. In the majority of health board areas the requirement of two inspections per year is being met. Health boards which are not meeting the requirement have advanced reasons for this, including the following: the two inspections may not have been carried out strictly within a 12-month period but would have been carried out shortly afterwards and the statutory requirement for six-monthly inspections was being met by environmental health officers. However, the requirement for twice-yearly inspections by the medical and nursing inspection teams was not being met in full in the case of all nursing homes. In many instances these nursing homes would be inspected more than twice a year arising from issues identified in routine inspections or where a change occurred relating to registration details.

An additional factor mentioned by one health board was an increase of 130% in the number of nursing homes established in its functional area over the past two years which has put extra pressure on the nursing home inspection team.

In the context of the health reform programme, added emphasis is being placed on the setting and monitoring of standards generally. It is also planned to extend the brief of the social services inspectorate to include residential services for older people and people with a disability and to establish it on a statutory basis. Building on the existing framework for inspections, my Department is satisfied that these additional measures give grounds for added public confidence in the effectiveness of the inspections regime.

Mr. S. Ryan: Is it acceptable to the Minister of State that there are no inspections of the State's 500 public nursing homes caring for up to 10,000 residents? Is he satisfied that the range of inspections is sufficiently broad to provide information about the quality of life of the elderly residents? Will the Minister of State inform the House of the number of legal cases being processed by the health boards against private nursing homes? Are the health boards sufficiently rigorous in following up problems? There may not be alternative accommodation available if nursing homes are closed down by health boards.

Mr. B. Lenihan: The Deputy raised the matter of private nursing homes, not nursing homes directly administered by the State.

Mr. S. Ryan: I asked the Minister of State a question and he should know the answer.

Mr. B. Lenihan: I will answer the Deputy but it is not the question he asked.

Mr. S. Ryan: The Minister of State is wasting time. He should answer the question.

Mr. B. Lenihan: If the Deputy wishes to ask a question he should formulate the question and table it. He asked a question about private nursing homes and I answered it. On the question of nursing homes under State direction, the position is — I share the concern outlined by the Deputy in this regard — that it will be addressed in the quality legislation to be introduced early next year. The assumption is that the State conducts its business in accordance with proper practices. The inspection requirement is imposed on private nursing homes, as is referred to in the Deputy's question. The Deputy raised a very fair question and it will be addressed in the legislation on the quality issues and the establishment in the new year of the health information and quality authority.

Mr. S. Ryan: Will the Minister of State respond to the important question on the number of legal cases the health boards are processing against private nursing homes for breach of regulations?

Mr. B. Lenihan: I will furnish the Deputy with the information if he requires it. The number of prosecutions taken did not arise in the Deputy's question in which he asked about inspections. I will, however, give him information on prosecutions. While I do not propose to comment on the merits of a particular case because it is still before the courts and must take its course, the difficulty which arose in the High Court in the case in question was jurisdictional in nature. The matter is still before the District Court.

Mr. S. Ryan: Does the Minister of State accept, given the importance of the issue, that the inspectorate reports should be made publicly available

or a mechanism established to bring them to the attention of the House or a committee thereof?

Mr. B. Lenihan: Yes, I agree. The issue can be addressed under health legislation currently in committee. Clearly, these matters should be brought to the attention of the Oireachtas under the new structures to be established under the legislation. At present, it is a matter for individual health boards to seek the information in question in the context of performing their duties.

Other Questions.

Medical Council Registration.

6. **Mr. Wall** asked the Tánaiste and Minister for Health and Children the action she intends to take arising from the serious concerns expressed by the Medical Council regarding non-resident cosmetic surgeons operating here; and if she will make a statement on the matter. [31577/04]

Ms Harney: The Medical Council is the independent authority charged with primary responsibility for the registration and regulation of medical practitioners. The function of the council is to protect the public through implementing appropriate controls on the medical profession. Doctors practising medicine should be registered with it.

Persons who avail of the services of doctors performing cosmetic procedures should endeavour to seek the services of reputable institutions. When invasive procedures are being arranged in so-called cosmetic clinics, persons are strongly advised to check that the services are provided by a medical practitioner appropriately registered with the Medical Council. In addition, before agreeing to undergo any procedure, persons should ascertain the level of follow-up medical support which will be available to them after the surgery has been completed.

It is an offence under the Medical Practitioners Act for a doctor to falsely represent himself or herself to be a registered medical practitioner when he or she is not registered. Registration is required to sign medical certificates and issue prescriptions for certain categories of drugs. In addition, doctors are not entitled to recover in legal proceedings fees charged for the provision of medical or surgical advice or treatment given when they were not registered.

I recently met a delegation from the Medical Council to discuss a number of matters relevant to the current and future system of regulation of the medical profession. Among the issues discussed was that of cosmetic surgical procedures and the requirement for appropriate follow-up medical care for patients who undergo these procedures. The delegation outlined to me its concerns regarding the operation of cosmetic surgery clinics. It is my intention, in the context of

[Ms Harney.]
 upcoming legislation, to actively examine ways to address the issues raised by the Medical Council.

Ms McManus: I thank the Minister for her answer. Although she gave some indication of the position, the beginning of her reply reminded me of the advice agony aunts give to those considering cosmetic surgery. Does she agree that when the president of the Medical Council states there is “dangerous stuff going on” the person responsible for the protection of patients, namely, the Minister for Health and Children, must act?

The number of clinics promoting cosmetic surgery and laser treatment has mushroomed. Ireland has become a magnet for companies selling laser equipment in many cases to people who have little or no training in how to use it. The reason is that the market here, unlike that in many other countries, is unregulated. I ask the Minister to examine this issue immediately. The surgery involved can have a negative impact on patients and the clinics in question do not generally provide after-care. In some cases, patients whose operations have gone wrong have found that no after-care is available. This is a serious matter which must be swiftly addressed.

Ms Harney: I agree with the Deputy. We do not have legislation on the licensing of private clinics and the Government has no authority in the matter. In addition, the Medical Council does not have power to intervene until it receives a specific complaint. These appear to be two deficiencies in the current regulatory environment. I discussed with the Medical Council the need to address these deficiencies in the new legislation. We must do so effectively and cognisant of our responsibilities under European directives and so forth.

This area relates to vulnerable categories of people who assume, when they see the word “doctor”, that the person is a registered practitioner, which is not always the case. Heretofore, the law has been deficient in giving the Medical Council, the regulatory body — I support self-regulation in this area — the necessary powers to intervene on behalf of patients. We will provide for such intervention in the new legislation.

Ms McManus: To which legislation is the Minister referring?

Ms Harney: The relevant legislation is the Medical Practitioners (Amendment) Bill.

Ms McManus: In that case, we could wait for a long time.

Ms Harney: No, I hope to have the heads of the Bill soon. Considerable progress has been made on it.

Dr. Cowley: As regards unregistered medical practitioners, of which there are a few, I am aware of two cases which have resulted in deaths

and the people concerned have had no comeback. The cases in question concerned a person who stopped taking medication on the advice of the unregistered practitioner in question and another with a cancerous tumour of the neck who stayed away from the medical profession, also on the advice of this practitioner. What steps is the Minister taking to address this matter?

Ms Harney: The Deputy is correct that the Medical Council has no role in cases of unregistered medical practitioners. This is the reason we must examine the issue of licensing facilities. It is not acceptable that a person can set up an establishment, advertise cosmetic surgery or laser or other treatment without authorisation or a licence. This could have serious implications for public health or the health of individual patients. We will probably deal with the facilities aspect of the issue through licensing.

Eating Disorders.

7. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children if she will report on the provision of services for persons with eating disorders in all health boards or their equivalent; and if she will make a statement on the matter. [31777/04]

28. **Mr. Deasy** asked the Tánaiste and Minister for Health and Children her plans for the improvement and development of services for persons with eating disorders; and if she will make a statement on the matter. [31776/04]

55. **Mr. Hayes** asked the Tánaiste and Minister for Health and Children her views on a report, A Report on Service Provision in the Eastern Region; and if she will make a statement on the matter. [31775/04]

68. **Mr. Kehoe** asked the Tánaiste and Minister for Health and Children her views on whether it is adequate that the tertiary referral service for eating disorders available in St. Vincent's Hospital, Elm Park, Dublin has three inpatient beds designated for this purpose; if she has plans to increase the number of beds; and if she will make a statement on the matter. [31778/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I propose to take Questions Nos. 7, 28, 55 and 68 together.

Persons presenting with eating disorders are generally treated through the psychiatric services of their local health board. Outpatient psychiatric services are provided from a network of hospitals, health centres, day hospitals and day centres. Where inpatient treatment is deemed necessary, it is provided in the local acute psychiatric unit or hospital, with beds allocated on the basis of patient need at any particular time.

A tertiary referral service for eating disorders is available to public patients in St. Vincent's Hospital, Elm Park, Dublin at which three inpatient beds are designated for this purpose. A similar services is available privately at St. Patrick's

Hospital, James's Street, Dublin and St. John of God Hospital, Stillorgan, County Dublin.

The voluntary organisation, Bodywhys, provides advice and support for sufferers of eating disorders, their families and carers. My Department has provided funding of €394,000 for Bodywhys since 2001 to develop its activities in this area.

The report referred to by Deputy Hayes is entitled, A Report on Service Provision in the Eastern Region, and was written by Joy Wall for Bodywhys. The report details the nature of eating disorders, the services available to those suffering from the disorder in the eastern region and makes recommendations for the future development of such services.

As Deputies will be aware, an expert group on mental health policy is preparing a national policy framework for the further modernisation of the mental health services. The provision of services for people with eating disorders is among the issues being considered by the group. I understand a copy of the Bodywhys report has been provided for the group which is expected to report in mid-2005.

Dr. Twomey: As regards the lack of services for adolescents with eating disorders, I was informed recently that young people with eating disorders are literally fading away, both physically and mentally, in institutions totally unsuitable for their condition. Is it acceptable that just three public beds are available to treat adolescents with eating problems? Beds are made available in private hospitals at the discretion of the health boards. I know from experience that difficulties have arisen in accessing such beds and getting the health boards to cover the cost. The idea in all of this is that there is no equality of services for people with eating disorders. This report shows up a glaring inequality, especially when it comes to adolescents, who are often treated inappropriately in psychiatric institutions. Does the Minister not agree that this represents the lack of service to patients in this country?

Mr. T. O'Malley: I thank the Deputy for his response. The report points out inadequacies in the service, glaring inadequacies in the training of general practitioners in this area and a great disparity between the provision of services for public and private patients with anorexia nervosa and bulimia. This is in spite of the fact that the Department has appointed approximately 50 adolescent psychiatrists in recent years. Nonetheless, there are great anomalies in the service. The expert group will examine this report and take into consideration what the author says. Such inadequacies are not acceptable and I look forward to the recommendations of the expert group.

Dr. Twomey: Is the Minister of State aware that the percentage of the overall budget for mental health services has dropped again, from 6.69%

to 6.15% of the total budget? This in turn has dropped from 11% in 1997. One of the problems for the child and adolescent psychiatrists is that they have very few support staff. The Department may have appointed extra psychiatrists, but the lack of support staff will cause many problems in certain areas.

Mr. T. O'Malley: That statistic is not correct. The figure is approximately 7% at present, which represents €757 million for mental health services this year. I agree it is not sufficient, but it is not all about money. There are other problems in the area of mental health that are coming to the fore. There is a great disparity between the provision of services for public and private patients. We must examine that because it is not all about money. It is about reforming the practices that have been the norm for several years. I am delighted that there are organisations such as Bodywhys which highlight the inadequacies in the service. In meetings that I have held, many general practitioners have informed me that their undergraduate training in mental health is inadequate. The president of the Irish College of General Practitioners openly admitted in public that the undergraduate training of medical doctors in mental health is inadequate.

Dr. Cowley: Does the Minister think that the lack of investment in the psychiatric services, especially for young people, has contributed to the very high suicide rate among young people?

Mr. T. O'Malley: The doctor might be able to give me statistics on the connection between suicide and eating disorders. Some patients might take their own lives, but it would be a very small number. Anorexia nervosa and bulimia are two medical conditions in their own right and there may be no intention on the part of the patient to take his or her life.

Hospital Services.

8. **Mr. Connolly** asked the Tánaiste and Minister for Health and Children if she will give consideration to the possibility of Monaghan General Hospital being used as a location for the delivery of the national treatment purchase fund service; and if she will make a statement on the matter. [31841/04]

11. **Mr. Healy** asked the Tánaiste and Minister for Health and Children if Monaghan General Hospital will be used as a cross-Border centre for the provision of the national treatment purchase fund scheme on an all-Ireland basis; if NTPF funding will be retained in the island of Ireland; and if she will make a statement on the matter. [31855/04]

116. **Caomhghín Ó Caoláin** asked the Tánaiste and Minister for Health and Children the details of the report she has received arising from the recent visit of her officials to Monaghan General Hospital; the action she proposes to take; and if

[Caoimhghín Ó Caoláin.]

she will make a statement on the future for acute hospital services at Monaghan General Hospital. [31582/04]

142. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the timescale for the major revamp of services at Monaghan General Hospital that include a CAT scanner and 24 hours a day, seven days a week medical cover; and if she will make a statement on the matter. [31913/04]

143. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the emergency cases (details supplied) which will be treated at the enlarged emergency room at Monaghan General Hospital. [31914/04]

Ms Harney: I propose to take Questions Nos. 8, 11, 116, 142 and 143 together.

I requested my special adviser to visit Monaghan and Cavan on a fact-finding mission on my behalf. She met representatives of the North Eastern Health Board, the medical board of Monaghan General Hospital, the medical board of Cavan General Hospital, representatives of the County Monaghan community alliance and representatives of Monaghan General Hospital development committee. She also met members of the steering group which was established by the board to oversee the reconfiguration of services at Cavan and Monaghan hospitals. The purpose of the visit was to inform me of the position concerning the proposed reconfiguration of services within the group.

I have outlined to the House the range of developments in the hospital group arising from the report of the steering group. My Department has been advised by the board that it has established an implementation group to continue the various developments in the hospital group as a matter of priority. It is my intention to meet Members from Cavan and Monaghan next week. All options will be explored, including the use of Monaghan General Hospital as a location for the delivery of the NTPF services.

Mr. Connolly: I welcome the additional €20 million for the national treatment purchase fund. It is working well, but I would like to see it delivered from Monaghan General Hospital. Has the Tánaiste read the recent report from the Royal College of Surgeons in Ireland? It openly questions the manner in which the health service reforms are being rolled out and states that it is counterproductive to the Hanly report. It further states that the centres of excellence should not be involved in doing elective, intermediate and minor level surgery. It quoted the example of Drogheda hospital and stated that such surgery could be carried out more effectively in Monaghan General Hospital and Cavan General Hospital. Is the Tánaiste concerned about the impact this will have on the training of junior doctors in major hospitals? The report also stated that a senior house officer sent to Monaghan and

Cavan on a six-month contract would obtain more experience than in a high-tech Dublin hospital. These matters must be taken into consideration.

Question No. 11 questions the cost-effectiveness of sending people abroad to have non-complex surgery performed, such as intermediate and minor surgery, which could be carried out in our hospitals. The capacity exists and it would increase the volume of work in our hospitals. It would also be welcome as a money earner in our locality.

Ms Harney: I am aware of the report by Professor Tanner in the Royal College of Surgeons in Ireland. I have taken advice from the Department and my special adviser has visited Cavan and Monaghan. The situation there is very unsatisfactory. It is not acceptable that a senior sister would almost break down in tears as she showed us the facilities that are not being used. We need to use all the health facilities we have in the most effective way possible and that is not happening.

The national treatment purchase fund was established as a last resort to deal with very long waiting lists and to try to find treatment for people in the private health care sector in Ireland or elsewhere. It has worked extraordinarily well. It may well be that there are possibilities for the fund to be used in facilities like those in Monaghan where there are excellent theatres. We need to explore all those options. Several Deputies have come to me with different suggestions and I would like to discuss all these matters together next week.

Mr. Connolly: The report openly states that the smaller hospitals should be used and it questions whether the health service reforms are heading in the right direction.

Ms Harney: I think the report suggests that Drogheda be the centre of excellence. We must use all the facilities to their best effect.

We want the regions to have autonomy. Many do not have certain specialist consultants, or only have one. No matter how good a specialist is, he or she cannot provide a service for a region. I strongly support the building of services at regional level. It is not about closing services down but about building them. Cavan-Monaghan Hospital, with hospitals in Drogheda, Dundalk and Navan, must be used in the most effective way possible for patients in each region or from outside, if appropriate. Using a little common sense, we should be able to resolve issues in a more satisfactory manner than has been the case to date.

Mr. Connolly: On the subject of common sense, will there be a rethink on the Hanly report?

Ms Harney: Do people understand what the report is about? A lot of people who speak to me about it have not read it.

Ms McManus: People are not stupid.

Ms Harney: What is happening in Cavan-Monaghan Hospital, before implementation of the Hanly report, is not good enough.

Mr. Crawford: I thank the Tánaiste for sending her adviser and agreeing to meet us next week. I assure her I will enter discussions in a positive and constructive manner. She knows me long enough to know that is the case. However, we have had so many promises. Her predecessor as Minister, Deputy Martin, stood on the steps of Monaghan General Hospital and gave assurances that he would look after the problem. The hospital has been off-call since July two years ago. The Minister is here to discuss a question regarding the national treatment purchase fund. Much work could be done in Monaghan General Hospital under that scheme. The hospital was doing work from Northern Ireland before it was taken off-call. It has an extremely modern theatre——

An Leas-Cheann Comhairle: The Deputy should conclude. He must put a question in a one minute time limit.

Mr. Crawford: Will the Tánaiste do everything in her power to ensure the hospital is put back on-call in coming weeks and that maximum use will be made of the facilities available? It is not common sense to send people to Birmingham. Her predecessor refused to advise me as to how much it would cost, yet the theatre is lying empty in Monaghan General Hospital.

Ms Harney: Facilities in Cavan and Monaghan hospitals and elsewhere in the region must be used to greatest effect. Many patients from the region end up in different places because facilities within the region are not used to full effect. This does not make sense from anybody's point of view. I give the Deputy that assurance and look forward to our discussions.

Dr. Twomey: At a recent meeting in Monaghan General Hospital we were told protocols would be in place by the end of January whereby medical admissions by ambulance would be reaccepted. Is this still going ahead? During the course of the debate on our Private Members' motion I was under the impression there was a five day elective and selective surgery service. As the Tánaiste did not contradict me, I thought she had the same assumption. Health board officials in Cavan and Monaghan said there was no such thing, that there was a day surgery service which may extend a little beyond normal hours. When was the Tánaiste made aware that this was the case? This is the impression given to the people of Monaghan in all the discussions we have had in the House since the report was published last April-May. It now comes to light that this is not the case. It is nothing more than an extended day surgery service carried out by an individual sur-

geon who comes from Cavan General Hospital every day. I do not agree or disagree with the service but the impression given to the House was misleading.

Ms Harney: One of the issues which arises is that, depending on who one speaks to, one gets a different answer. This is unsatisfactory with regard to Cavan-Monaghan Hospital and an issue I intend to address. There are badly needed procedures which could be carried out at Monaghan General Hospital. There is capacity to have people stay in overnight. Not all patients would be dealt with on a day case basis. Therefore, we must examine what we can do, how we can do it and how we can use the facility.

Dr. Twomey: The people of Monaghan would prefer——

Ms Harney: Most understand that in respect of elective and selective surgery, one deals with particular specialties. It has now emerged these are carried out on a day case basis.

Dr. Twomey: We know the difference between five day surgery and day surgery. I was led to believe it was a five day service, which was misleading.

Strategic Task Force on Alcohol.

9. **Mr. Howlin** asked the Tánaiste and Minister for Health and Children her views on the recent report of the strategic task force on alcohol; if it is intended to implement the recommendations of the report; if she has brought proposals to the Government on this matter; and if she will make a statement on the matter. [31559/04]

Mr. B. Lenihan: The strategic task force on alcohol was established in January 2002. Its remit is to provide specific evidence based measures for Government to prevent and reduce alcohol related harm. The task force published an interim report in May 2002 and has recently published its second report. Together, the two reports provide 100 recommendations framed using the ten strategy areas for alcohol action outlined in the World Health Organisation European Charter on Alcohol. I welcome the publication of the report and intend to bring it to Government shortly.

Ms McManus: That does not tell me anything I did not already know. The whole idea of this process is to elicit information. There are clear recommendations regarding the reduction of availability, health warnings, the protection of children and advertising controls. The task force did not go as far as the Oireachtas committee report, chaired by the Minister of State, Deputy Batt O'Keeffe, which was very specific. It argued for significant change such as a ban on advertising and sponsorship. These measures would make a significant difference with regard to alcohol abuse. There are many ideas. However, the only people who do not seem to have any views or

[Ms McManus.]
ideas on the matter are the Ministers responsible. Perhaps, as asked in the question, the Minister of State tell us what is the view of the Department of the recommendations.

Mr. B. Lenihan: Specific responsibility in this area has been delegated to the Minister of State, Deputy Seán Power. The position of the Tánaiste and Minister of Health and Children, Deputy Harney, is that the matter will be brought to Government to seek its view on the recommendations in order that an implementation plan can be developed.

With regard to current trends in alcohol consumption and related harm, in 2003 there was a decline in consumption for the first time in over 16 years. We must assume this is as a result of the increased taxation on alcohol products announced in the December 2002 budget.

Ms McManus: We heard a presentation yesterday from Professor Wall who is embarking on a major research project in this area. According to him, the consumption of beer has decreased but the consumption of wine and hard spirits has increased. However, I am not arguing the point. It will be the Minister, not the Minister of State, who will go to the Cabinet on the matter. Can she give us a hint as to what her approach will be? Will it be a case of "Here is another old report from the Department of Health and Children. We do not have to pay it any attention?" or will she state the priorities which are taking being seriously? It would be useful to know. Perhaps she could give us a little hint.

Mr. B. Lenihan: This is not any old report but a matter all Ministers take extremely seriously. There is a suggestion of a difference in approach between Departments. All key Departments are represented on the task force and have signed up to the recommendations, of which there is a wide set in the report which require detailed implementation. A number of recommendations in the interim report, published in 2002, have been implemented such as the increase in taxation on alcohol products which resulted in a decline in alcohol consumption for the first time in over 16 years. In that regard, the Deputy is correct. That resulted in a decline in alcohol consumption in Ireland for the first time in more than 16 years. The Deputy is correct that there has been a secular increase in wine consumption for a number of years but it has not been matched in the case of spirits and beer. The statistics for 2003 are based on overall alcohol consumption. Any product that has alcohol in it is taken into account for the purpose of arriving at that conclusion.

A three-year alcohol awareness campaign proved effective in raising awareness among the public of alcohol as a public health issue. I commend the press and media who have done a good job in recent times in highlighting the dangers of the type of practices in which Irish people have

engaged in this area. The Road Traffic Act extends the grounds for breathalysing requests and represents a move towards random breath testing.

Dr. Cowley: The Select Committee on Health Children met today to discuss the new Health Bill. The Joint Oireachtas Committee on Health and Children, chaired by the Minister of State, Deputy Batt O'Keeffe, spent considerable time compiling a report on alcohol. That report is a valuable document which took considerable time to draw up and was the result of many submissions. Will the Minister of State take that report on board? I had hoped he would comment on this valuable report which, if implemented, could make a difference to the situation.

Mr. B. Lenihan: I will draw the attention of officials in the Department to the report and ensure it is taken into consideration in any submissions made.

Hospital Staff.

10. **Ms O'Sullivan** asked the Tánaiste and Minister for Health and Children the number of nursing posts unfilled at the latest date for which figures are available; if her attention has been drawn to warnings from the INO that the number of vacancies would rise to 2,000 over the next 18 months; the number of vacancies of ICU nurses; and the hospitals in which these exist; the number of nursing vacancies in accident and emergency departments; and the hospitals in which these exist; the steps that are being taken to deal with the shortage of nurses; and if she will make a statement on the matter. [31563/04]

Ms Harney: The most recent Health Service Employers Agency report of nursing vacancies reported that recruitment was well ahead of resignations and retirements. Employers reported that 794 vacancies existed at 30 September 2004. The vacancy rate now stands at 2.34%.

This could be considered to be a normal frictional rate given that there will always be some level of movement due to resignations, retirements and nurses availing of opportunities to change employment and location. The recruitment and retention of adequate numbers of nursing staff has been a concern of this Government for some time. A number of substantial measures have been introduced in recent years. The number of nursing training places has been increased by 70% since 1998. In excess of €85 million in revenue funding is being provided in 2005 for undergraduate nurse training. Nursing continues to be regarded as an attractive career. There were 8,300 CAO applications for 1,640 places in 2004.

My Department introduced a scheme of flexible working arrangements for nurses and midwives in February 2001. Under the scheme, individual nurses and midwives may apply to work between eight and 39 hours per week on a perma-

ment, part-time basis. The promotional structure within nursing, including the introduction of a clinical career pathway, has been substantially improved on foot of the recommendations of the Commission on Nursing and the 1999 nurses' pay settlement. I am confident that the extensive range of measures outlined, including the substantial increase in training places, the recruitment of overseas nurses, the more effective utilisation of the professional skills of nurses and midwives in addition to close monitoring and assessment of the situation on an ongoing basis, will continue to prove effective in addressing the nursing workforce needs of the health services.

The lack of graduates will manifest itself towards the end of 2005. My Department is also in discussions with the interim health service executive on this matter. As there will be a cohort of graduates available by early autumn 2006, the problem has a relatively short life span. A working group representing health service employers and officials from my Department was established last April to examine the issue and provide advice to employers on addressing potential shortfalls. Workforce planners in each health board are liaising with directors of nursing and human resource managers to ensure that sufficient staffing resources are available during late 2005 to autumn 2006.

Ms McManus: Is the Minister not being complacent about the situation? The vacancy rate is increasing despite all the measures introduced by Government and we are facing into a crisis in 2005. Is the Minister aware that the Irish Nursing Organisation predicts there will be 2,000 vacancies in the coming year as a result of the changes in training?

I have looked at the figures which the Minister kindly provided. Is she not concerned about the key tertiary hospital and its nursing complement? For example, Beaumont Hospital recruited 128.5 new staff and 131.9 resigned or retired from the system resulting in 85 vacancies. The pattern is similar at Our Lady's Children's Hospital in Crumlin where 93 were recruited and 83 retired or resigned leaving 54 vacancies. St. James's Hospital recruited 204 new staff and 359 retired or resigned resulting in more than 81 vacancies. These are the most important hospitals in terms of the role they play, not alone regionally but nationally, and they are experiencing severe nursing shortages. We all know there is no problem filling vacancies in the midlands. What is the Minister going to do about the problem in these particular hospitals where the problem is so acute it affects patient care?

Ms Harney: A number of issues arise. A shortfall will arise between the end of autumn next year and 2006 as a result of training. The Government has made available €2 million for the recruitment of overseas nurses. That programme will soon be under way. We need also to examine the nurse-nurse assistant ratio which is 70:30 in

Northern Ireland; 60:40 in the UK and is 87:13 in the Republic of Ireland. The ratios need to be considered, particularly in terms of training for care assistants.

I will have a series of meetings next Monday with An Bord Altranais, the Irish Nursing Organisation and the nurses council on issues which affect nursing. Among the issues raised is the number of nurses emigrating. I recently spoke at a conference held by the INO and was surprised by the figures supplied in that regard. Having checked those figures, of the 2,146 individuals who left Ireland, only 827 were Irish nurses and 1,058 were Filipinos. A person wishing to practise nursing overseas must have verification from An Bord Altranais and it has only provided such verification to 827 people, many of whom have gone to Australia. Like others in the 20 to 35 year age group, many of them go to Australia for at least a year's experience, and that is not unusual. I hope most of them return.

There are many issues involved such as people constantly moving around. We need to use agency nurses. Approximately 1% of all nurses working in hospitals are agency related. We also need to undertake overseas recruitment from places such as the Philippines where nurses have a terrific track record and speak good English. We need to grow the number of people graduating from nursing and in that regard the Government has provided €85 million next year for nurse education.

Ms McManus: Will the Minister deal with the issue of a city weighting? While problems are being experienced in Cork, it is particularly a Dublin problem.

Ms Harney: Is that in relation to salaries?

Ms McManus: Yes, it is in terms of the high cost of living which nurses must endure and which deters them from living in the capital city.

Ms Harney: While issues arise in this regard, they apply to other professions such as teachers, gardaí, civil servants and others.

Ms McManus: They are not the Minister's responsibility.

Ms Harney: Some countries make allowances for those living in the capital but we have not yet explored the issue in terms of public service recruitment policies in Ireland.

Question No. 11 answered with Question No. 8.

Hospital Accommodation.

12. **Mr. Gilmore** asked the Tánaiste and Minister for Health and Children the definition of the word "bed" in regard to the commitment given in the national health strategy to provide an additional 3,000 hospital beds; the number pro-

[Mr. Gilmore.]
 vided to date; if she will list the hospitals in each case; the number that have been provided to date in 2004; the projected number that will be provided before the end of 2004; the number of such beds that are recliners, couches and trolleys; the number of beds lost since 1997; and if she will make a statement on the matter. [31555/04]

Ms Harney: The commitment in the health strategy to provide an additional 3,000 acute hospital beds was based on the analysis in my Department's national review of acute hospital bed capacity. That report identified a need for 2,840 inpatient beds and 190 day beds. Inpatient beds are essentially overnight beds in which patients are cared for before or following treatment.

The definition of a day bed has evolved in the past number of years. Advances in technology and treatment have altered the way in which day care is provided. In practice, care during day treatment can be provided safely in a variety of appropriate locations such as a bed, recliner or couch. The hospital inpatient inquiry system, HIPE, which records activity in acute hospitals, recently defined a day bed as follows: A day-bed or day-place is the bed, trolley, reclining chair or couch, located in a dedicated, named day-ward-unit, allocated to patients who are admitted as a result of their condition. It is used to allow the patient to rest, recline or recover in the course of an elective day-case admission. Since publication of the health strategy in December 2001, funding has been provided for hospitals to open an additional 900 acute hospital beds. This includes 700 beds announced in 2002 and 200 beds being provided as part of the commissioning of new units. While the majority of these beds are traditional inpatient beds, approximately 20% of the additional capacity are day places.

Ms McManus: I thank the Tánaiste for putting the record straight. When this question was asked before, she insisted beds are beds and there was no question of anything else being defined as a bed. The record has finally been put right.

What is the number of beds lost since 1997? The Tánaiste claims that of the beds provided since the 2002 health strategy was announced, 20% are day beds or couches. However, since 1997, how many beds have been taken out of the system?

Ms Harney: Since 1997, there have been 915 more beds in the system. In 1997, 12,473 beds were available and at the end of September 2004, 13,388 were available. In that whole complement, 80 were couches. When broken down, 12,325 are inpatient beds and 1,063 are day beds. There has been an increase of 915 beds since 1997.

I officiated at the recent opening of the Beacon Clinic where I inspected the renal facility. It has 35 renal machines and is the most modern state-of-the-art facility in Ireland and the UK, if not the EU. The facilities for patients are extraordinarily

comfortable. They are broadly described as "recliners" in the system. Half of the patients treated there are public patients. I spoke to several of them that evening who were full of praise for the facilities and the great convenience it is for those who had to travel longer distances before. In some cases, some had to have their treatment during the night because of the huge demand for existing facilities at Beaumont Hospital.

Ms McManus: The question was, how many beds were taken out of the system over the period.

Ms Harney: We now have more beds than in 1997.

Ms McManus: If the Tánaiste does not have the information, she can forward it to me. Beds were put into the system but others were taken out.

Ms Harney: I am giving the figures for publicly funded beds in acute hospitals since 1997.

Ms McManus: The Tánaiste is giving the net figure. However, I would like to know how many beds were taken out of the system during the period.

Ms Harney: There has been an increase as no beds have been taken out.

Ms McManus: Beds would have been taken out. If there is a new development in a hospital, one can end up with fewer beds because standards have been increased. I am looking for statistical information and if the Tánaiste does not have it, she can forward it to me.

Ms Harney: I have a list for every hospital, and additional beds, which all hospitals have. I do not know about beds taken out of the system.

Mr. McHugh: Does the Tánaiste foresee a role for the proposed community hospital in Tuam, County Galway, in the provision of additional beds promised under the national health strategy? When will she make a decision to allow the Tuam health campus project to proceed?

Ms Harney: In his Budget Statement the Minister for Finance announced a multi-annual capital programme for the health services and other areas. In the context of the moneys available, decisions will have to be made. I intend to discuss with the various authorities at regional and national level the priority areas for funding over the next two years. I am not in a position to say when I will be able to communicate with the Deputy on the matter. I hope it will be shortly.

Written answers follow Adjournment Debate.

Adjournment Debate Matters.

An Leas-Cheann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 21 and the name of the Member in each case: (1) Deputy Durkan — if the Minister will comment on the reduction of rent supplement in the case of a person (details supplied); (2) Deputy Cuffe — that the State acquire the Bewley's cafes on Grafton Street and Westmoreland Street in Dublin and franchise them out so that they remain in cafe use; (3) Deputy Upton — if the Minister will provide a voucher system to allow people avail of the public occupational therapy service; (4) Deputy Ó Snodaigh — that the Government creates a positive step to overcome the crisis created in the Irish language daily newspaper; (5) Deputy Costello — that the Minister provide a comprehensive customer service for the public and for public representatives; (6) Deputy Enright — that the Minister outlines the steps she intends to take to provide new school buildings at Tullamore college; (7) Deputy Deenihan — the dispute involving the Disabled Drivers Medical Board of Appeal at the National Rehabilitation Hospital, Dún Laoghaire.

The matters raised by Deputies Upton, Deenihan, Durkan and Costello have been selected for discussion.

Financial Resolution No. 2: General (Resumed).

Debate resumed on the following motion:

THAT it is expedient to amend the law relating to inland revenue (including value-added tax) and to make further provision in connection with finance.

—(Minister for Agriculture and Food).

Minister for Transport (Mr. Cullen): Of the € 7.7 billion for roads, most of the projects are outside the greater Dublin area. The funding provided for my Department in 2005 will enable record infrastructure investment by Government in rail, road and bus transport in the year ahead. This, taken with the capital envelope developments, will benefit jobs, the regions, commuters and businesses.

Among the highlights of the Government's transport spend for 2005 are the continued construction, planning and design on nearly 400 km of new roads, 103 new rail carriages, €5 million for commencement of work on a new rail station in Dublin's docklands, major benefits for the western line for Maynooth commuters, Sligo users etc. and relief capacity constraints on Connolly Station. Five new quality bus corridors for Dublin, three new green routes for Cork and one quality bus corridor for Galway will be provided in 2005. Up to 40 new DART carriages for 30% capacity increase will be supplied.

The sum of €10 million will be spent on a special programme for improving public transport

accessibility for people with mobility and sensory impairments. This is in addition to ongoing investment in public transport infrastructure for accessibility. The sum of €9 million will be provided in 2005 to deliver integrated ticketing. Smart cards will be launched on Luas in early 2005 to be followed by Dublin Bus later in the year at a projected cost of €29.5 million. The rural transport initiative will receive €3 million.

Next year will see significant further improvements in public transport. The additional capacity and increased frequency of services already in evidence as a result of the massive investment of €1.6 billion since 1999 will be further augmented by an investment of €686 million in 2005. The Government is building roads because they protect and grow job opportunities and community life. Over €1.3 billion will be invested in roads in 2005 alone. I have committed €24 million for regional airports in the year ahead.

There will be an increase of 6%, to €686 million, in investment in the public transport system for 2005. The highlights for the coming year include the introduction into service of 36 additional diesel railcars which will increase capacity on the Sligo line and on Maynooth suburban rail services. There will be an increase for DART, phase one, with 30% increase in DART capacity, and for the commencement of phase two, involving upgrade of signalling to give increased train paths across Dublin city. Up to 67 intercity carriages for the Dublin-Cork line will be delivered and introduced, improving service quality on the line and allowing Iarnród Éireann to cascade existing rolling stock to other lines and remove from service older, life-expired carriages.

The Cork commuter rail project will commence in 2007, involving relaying of track from Cork to Midleton and development of a number of new stations from Mallow to Midleton. Work will commence on a new rail station in Dublin's docklands to relieve capacity constraints on Connolly Station and allow for increased service, particularly on the western suburban line. The roll-out of traffic management schemes in Dublin will continue, including the introduction of new quality bus corridors. There are nine quality bus corridors in Dublin, five of which are in the course of construction and will be opened in 2005. In Cork, the first two green routes are due to be completed before the end of 2004. A further three are due to be completed and opened in 2005. Work is proceeding at different levels on another five routes and the programme is due to be completed by the end of 2007. In Galway there is one quality bus corridor under construction, while in Waterford and Limerick they are at planning stage. As part of the phased roll-out of smart cards for passengers under the integrated ticketing initiative, smart cards will be launched on Luas in early 2005 to be followed by cards on Dublin Bus services later in the year.

The total spend on the national roads programme sees an increase in 2005 of 7% to €1.319 billion. This together with a carryover of approxi-

[Mr. Cullen.]

mately €40 million and €245 million of public private partnerships funding will maintain the high level of investment in this major infrastructural programme.

In line with the programme for Government, the NDP and the economic and social infrastructure operational programme, the development strategy for national roads is focused on the completion of the five major inter-urban routes to motorway or dual carriageway standard, completion of the Dublin Port tunnel and the M50, including upgrade, major improvement works on other national primary routes and pavement restoration on national secondary routes. Specifically, 2005 will see the commencement of 17 national roads projects, including phase 1 of the M50 improvements, the N25 Waterford city bypass, the N77 Kilkenny ringroad extension, the M3 at Clonee south of Virginia, the Edgeworthstown bypass and the M1 from Dundalk to the Border road. Construction continues on a further 21 projects, including the M1 Dundalk western bypass, the N4-N6 Kinnegad-Enfield route, the N8 Fermoy bypass, the N2 Monaghan bypass, the N15 Ballyshannon-Bundoran bypass and the N21 Castleisland-Abbeyfeale road. The completion of seven projects is scheduled, including the M50 south-eastern motorway, the N4 Sligo inner relief road and the N6 Loughrea bypass. Funding of €24 million will be provided for regional airports in 2005, of which €20 million is to meet the public service obligation programme for regional services. The remaining €4 million is allocated for capital expenditure.

I turn now to the post-2005 period. The Government recognised in the national development plan and the capital investment framework announced in last year's budget the importance of a long-term strategic and funding framework for the upgrading of our physical infrastructure. This is especially true in sectors such as transport in which major investment programmes are being undertaken over an extended period. Capital projects in the transport sphere are multi-annual in nature, involving long planning lead-in times and substantial construction phases. Given the time considerations, the scale of the projects and the investment involved, the Government considers an extended capital envelope to be appropriate in the transport sector. In this context, my colleague, the Minister for Finance, announced yesterday that he agreed in principle to an extended capital envelope of ten years. This radical departure in forward budgeting will afford the Government greater flexibility and clarity in the planning and delivery of infrastructure necessary in a modern economy.

Investment in road safety is of vital importance. The recently published road safety strategy established the primary target of a 25% reduction in road collision fatalities by the end of 2006 over the average annual number of fatalities in the period 1998 to 2003. This ambitious target will require a strategic, integrated approach by all

road safety agencies. The success of implementing road safety policy as set out in the road safety strategy is critically dependent on major investment in resources by various Departments and their agencies. The Government remains committed to providing ongoing support in the pursuit of road safety policies.

The 2005 Estimates include increased provision for all road safety agencies under the aegis of my Department. The National Safety Council and the Medical Bureau of Road Safety will share €5.37 million in funding next year which represents an increase of 176% on funding provided for the agencies in 1998 when an allocation of €1.942 million was made. The level of investment in road safety measures since the introduction of the first road safety strategy in 1998 has increased significantly. Since then, the implementation of road safety policy has resulted in a 29% reduction in road deaths.

Minister of State at the Department of Foreign Affairs (Mr. C. Lenihan): I thank the Leas-Cheann Comhairle for the opportunity to speak during this budget debate. It is a great pleasure to be able to defend this excellent budget which places the Fianna Fáil Party and the Government of which it is a part in a strong position in terms of the next general election.

The most important aspect of the budget as it relates to my area of responsibility is the significant increase in the level of overseas development aid. The budget provides for the largest single transfer of resources to the overseas development aid fund in the history of the State. The Development Co-operation Ireland programme celebrates its 30th anniversary this year, in the context of which the funding increase represents a momentous feat. It is remarkable that in the short period since 1974, when it could first afford a programme, Ireland's involvement in overseas aid provision has seen it move from a position of virtual inconsequence to one of great significance. Ireland is the seventh largest *per capita* overseas aid donor in the world. The significant increases have only occurred in the period since the Government took office in 1997. Thanks are due to the Taoiseach's enormous wellspring of idealism and his commitment to the achievement of the very ambitious contribution target of 0.7% of GNP. The largesse and sheer magnitude of the budget allocation indicate that we will do so, if not in the timeframe initially set out. We cannot be blamed for failing to keep to the timetable as we lost two years of contributions as a result of the events of 11 September 2001 and the consequent Exchequer reversals.

The budget provides for increases of €190 million over three years. The entire development sector was clear and unanimous in its key demand of the restoration of the multi-annual envelope. I regard the meeting of this demand as a personal negotiating triumph. I thank the Minister for Finance again for consenting to the provision. Typically, Ministers for Finance do not easily make

the concession of a three-year, multi-annual programme. That the multi-annual funding device has otherwise been employed only in the areas of disability and capital funding demonstrates the significance of the Government's commitment to overseas development aid. Ireland remains the world's seventh largest donor on a *per capita* basis.

I hope as we increase the sums we make available for overseas development aid, we will become the world's leading donor. It is not an unreasonable objective. If one calculates Ireland's *per capita* contribution on the basis of the State contribution to the official overseas development aid programme and the private contributions of citizens, one could argue that Ireland is already the largest donor. There is a significant wellspring of goodwill within the Irish community towards the developing world and we must capitalise on it to a greater extent in the years ahead. Overall, Ireland will spend €1.8 billion, which includes significant increases of €60 million in 2005, €65 million in 2006 and a further €65 million in 2007.

As ever, *The Irish Times* is inaccurate in its reporting of what has occurred in this area. Scepticism was expressed in its pages today about the Department of Finance's overseas development aid target of 0.52% of GNP. I am fully confident that we will reach this target in 2007 and, possibly, exceed it. It is only right and proper that we do so. The Taoiseach shares this ambition with me as it is by achieving or slightly exceeding the 0.52% target that we will come within what I described during my first two weeks in office as "striking distance" of the 0.7% figure. By first achieving the 0.52% target, we will get within the striking distance necessary to honour our very strong commitment.

The significance of the multi-annual package has been ignored by Opposition speakers and in some of the comment on the budget from non-governmental organisations. While the multi-annual funding is ring-fenced, it is not capped. There is a Cabinet commitment to me as Minister of State with responsibility for Development Cooperation Ireland that the fund can be increased. There is no golden cage from which one cannot climb. I am very confident we will be able to increase the funding allocation in the multi-annual programme in next year's Estimates and budget. The €60 million target for 2005 and the €65 million target for the following year can be exceeded. We will go forward bearing in mind that we can exceed the 0.52% of GNP in 2007 and, consequently, achieve the 0.7% figure.

I believe, and I put this out merely for debate and not as a statement of policy, that we must look realistically at the following five years, which appears to be the average life span of a Government, as the period within which we can achieve the 0.7% figure. I am open to persuasion on the point that we should legislate for that commitment when we reach the 0.7% target. It would be appropriate to

legislate for it then because it would not be open to other Governments to reduce the amount of money we spend on overseas aid.

To that end and because of the issue of the timeframe within which we achieve our target figure of 0.7% of gross national product, I will publish in January an invitation to the public to make submissions on the White Paper I have flagged in the area of overseas aid. The purpose of the White Paper is to inform the public of the amount of money we spend on overseas aid and also to ask people for their views on how we should spend that money going forward in the context of those amounts increasing dramatically. As Members will be aware, if we were to achieve the 0.7% figure tomorrow, it would mean a doubling of the level of aid from its current level of €475 million to approximately €1.1 billion. That is the amount of money that will be spent and it poses the question about capacity constraints and the ability to spend that money in an efficient manner so that taxpayers are assured they are getting value for money and that it is not being wasted on administrative overheads or projects that cost too much.

We should be mindful of that because even in our country, not to mention what happens in developing countries, there has been criticism of the public capital programme in respect of roads etc. to the effect that we did not get the best value because a good deal of money moved into the system very quickly but the project management skills and the spending controls were not in place. That point has been made by the Committee of Public Accounts and the Comptroller and Auditor General and we should learn from that lesson, particularly when we are spending valuable taxpayers' money in developing countries which would not have the sophisticated systems of budget audit control that we have here.

For those reasons, there will be a White Paper process which will have a duration of perhaps a year, but in the calendar year 2005, on foot of the White Paper consultation, we hope to publish a White Paper along the lines of that published, and to good effect, by the former Tánaiste and Minister for Foreign Affairs, Dick Spring. He engaged in a valuable process of consultation which led to a White Paper on foreign policy. All Members of this House would be fair-minded enough to accept that was a healthy process. The public was invited, for the first time ever, to enter what was then the closed world of diplomacy and foreign affairs which was dominated by elite groups, be they politicians, administrators or diplomats, who had colonised the area, so to speak, kept it to themselves and did not invite the public's view. That process initiated by the former Tánaiste, Dick Spring, was of enormous value because a much more active foreign policy debate is now taking place. The Oireachtas has a Committee on Foreign Affairs and, generally speaking, one can talk now about a public policy formulation process that is more open both to the public and to the elite.

Mr. D. Wallace: I congratulate the Minister, Deputy Cowen, on his first budget which was widely welcomed throughout the community. Any analysis of the 2005 budget will have to take account of the parameters under which the financial decisions were taken. It is important to note that the decisions taken in yesterday's budget are a continuation of the careful management of the finances of this country that has been a hallmark of this Fianna Fáil-Progressive Democrats Government for the past seven years. The development of our economy into one that is the envy of every one of our European neighbours occurred not by chance but by sensible and prudent management of our finances. In that regard, it is important to acknowledge the role of the former Minister, Charlie McCreevy, in maintaining the public finances in good order during his stewardship in the Department of Finance and in handing over the responsibility for the Government finances to the Minister, Deputy Cowen, in good shape.

As we look forward to the coming year, it is important that we maintain strong economic growth and underpin competitiveness and jobs. It is equally important, however, that we confirm our commitment to social inclusion and helping, in a real way, those who are less well off. The OECD report of this week, which predicts strong economic growth of 5% per annum over the next two years, is a welcome development. Equally important, however, with employment expected to grow by 35,000, will be the need to encourage more women and older people to enter the labour market to ensure there is a ready stream of suitably qualified labour to supply the expanding market. In that regard, I particularly welcome the Minister's initiative on taxation and the lower paid, which will act as an incentive for people to return to the workforce.

The Minister's taxation policy will encourage people back to work, and also acknowledges the importance of removing as many people as possible from the tax net. The widening of the tax band and the increasing of the employee tax credit will assist all workers but, crucially, it will result in 650,000 of the lower paid in society being removed from the tax net altogether. This policy will also ensure that no person on the minimum wage will pay tax. The widening of the tax band by €1,400 will also remove many taxpayers from the higher rate of tax. This is a continuation of the successful policy to reward workers for their contribution to the development of the economy and augurs well for a continuation of the growth levels that have come to be the norm in this country. Our ability to look after the less well-off in society is directly related to the level of growth in the economy and, because of these growth levels and other Government initiatives, additional funds are available to cater for this sector of the community.

Expectations have been created that real and telling increases in social welfare rates would be provided to help people who are dependent on

the State. I am delighted the Minister has not disappointed in this regard. If anything, he has surprised many people with the level of the increases that will apply to pensioners, unemployed people and parents in receipt of children's allowance. A €12 per week increase for pensioners, a €14 per week increase in unemployment benefit and increases of 7% in child benefit are meaningful and will improve the quality of life for all people in receipt of those benefits. It is also worth noting that these are just the first such increases the Minister proposes to make as he has made it very clear that he will revisit these areas in his next two budgets.

Ireland has a higher percentage of home ownership than most other states in the western world. It is a unique feature of life in Ireland that most people strive to own their own home. Unfortunately, in the recent past, because of the rate of house price inflation, it has become increasingly difficult for first-time buyers to get on the bottom rung of the ladder and purchase a property. The Government attempted to address this area with various initiatives, including shared ownership, the affordable housing scheme and the serviced land initiative. All these schemes have had a certain amount of success and will in time lead to an increase in supply.

Yesterday's announcement that first-time buyers are to be given a significant concession on stamp duty will undoubtedly be the single greatest incentive in recent times for young people in the marketplace. The financial benefit to a first-time buyer of this measure could be up to €11,000, and this will ease much of the hardship associated with buying a secondhand house. It will also make available to first-time buyers properties that were heretofore outside their reach and, unlike other previous schemes to incentivise first-time buyers, the benefit is immediate. This measure is a clear sign of the Minister's commitment to helping those who are in a position to help themselves and should be welcomed by all sides of the House. There is no greater start in life for young people than to own their own home and any assistance that can be given to support this process deserves to be welcomed.

The most pleasing aspect of this budget for most people is the commitment by the Minister, Deputy Cowen, to put the care of the disabled on a sound financial footing once and for all. The representative groups for disabled people have for many years lobbied for such an approach. The allocation of €900 million for the years to 2009 will provide the necessary services for individuals and their families to receive the care and services that any modern society should strive to provide for its disabled citizens. This funding will undoubtedly ease much of the hardship for families throughout the country and should provide the necessary reassurance to elderly parents that their disabled children will be properly looked after by the State.

The system of multi-annual budgeting using the envelope system of funding, which was introduced last year has proven successful. The fact the Minister has seen fit to extend this system to a ten-year timeframe for transport projects is welcome. The ongoing development and expansion of our economy is as much tied up with the ability of our workforce to adapt as it is with our ability to develop our infrastructure. We have been hampered in the past by our inability to address issues in the long term and the most successful developments have taken place when the proper planning and research was done in advance. This new measure will allow us to avoid the pitfalls of trying to develop our infrastructure in a piecemeal basis and will ensure we benefit from economies of scale by adopting a ten-year approach to our roads and transport network.

The benefit of the works that have been completed include a reduction in journey times on major roads and safer driving conditions on new roads. It would have been unthinkable a few years ago to imagine that one could travel from Portlaoise to Dundalk without leaving a dual carriageway but this is the reality. The road between Cork and Dublin is constantly improving and the money being spent on airports and the rail network under the national development plan will serve the country well. We can build on this progress and further enhance our infrastructure over the next few years with a consequent positive spin off for the economy.

The budget should be acknowledged as one that has, as its primary focus, the requirement to cater for the needs of those most in need in society. The various measures will help to alleviate hardship, offer hope and improve quality of life for people from many different backgrounds. It will do so through the provision of better services and a fairer distribution of available resources. However, the provisions contained in this budget will ensure this can be achieved while fostering enterprise and promoting all that is good about economic life in Ireland. It is a proactive budget to benefit all the people of the State and I am happy to support it. I congratulate the Minister on the budget.

Mr. Penrose: I wish to share time with Deputy Coveney.

I am glad to have the opportunity to address aspects of the budget relating to my brief. The budget has received a mixed response from a broad range of commentators. I congratulate the new Minister for Finance, a fellow midlander, on jumping his first major hurdle, which must be a significant ordeal on a personal level. However, my reaction to the budget is also mixed as it was something of a curate's egg — good in spots.

Like most people, I welcome the social welfare increases and the programme set out for people with disabilities, which is significant. While the social welfare changes are welcome, the increase in the qualified adult dependant allowance is askew because many qualified adult dependants

are women who worked hard in the home rearing families and who are asking why they should not qualify for the same amount as others. The trend has been to increase the allowance to a certain percentage of the original payment. I urge the Government to proceed in that direction, even though it had an ideal opportunity to reform this payment. More work must be done to recognise the tremendous role of people within the home.

The Government has made commitments to people with disabilities, which are both laudable and ground breaking, but the Government and its predecessor made many other commitments over the past seven years, which were subsequently dishonoured. Its actions over the next few years regarding the disabled will be closely monitored. If economic circumstances are not as favourable next year or the year after, I suspect the Minister for Finance will prove as good as the Fianna Fáil wriggle as the Taoiseach, who has become a socialist overnight.

I refer to the savage 16 social welfare cuts about which I took a great deal of flak last year. I was described as sensationalist and alarmist and it was stated that I did not know what I was talking about. I never visited a personal slight or insult on a Member and all my comments are made on a political basis. However, I recall the Minister for Social and Family Affairs taking great umbrage at a number of points I made. I did not make them on a personal basis, particularly as one could not deal with a more personable Minister than Deputy Coughlan.

However, I knew she had been sold a dummy by the former Minister for Finance, Mr. McCreevy, the greatest right wing doctrinaire and ideologue in the State, who had able allies in the Progressive Democrats. He left the Minister for Social and Family Affairs €58 million short in her budget. I was extremely disappointed that the Fianna Fáil Ministers did not come to the aid of the Oireachtas Joint Committee on Social and Family Affairs and the Labour Party. We were first to highlight the impact of those insidious, nasty and mean spirited cuts, which visited hardship on the marginalised and the poor and we were attacked for being sensationalist.

Mr. Parlon: That was last year's budget, the Deputy should move on to this year.

Mr. Penrose: The Minister of State is a great man to hark back to 1997. He was supposed to alleviate the floods in Athlone but he did damn all about it when he got into power.

Mr. Parlon: Has there been a flood there since I took up office?

Mr. Penrose: Yes. If the Minister of State wants a history lesson, I will tell him a thing or two he might not like to hear. He did not support decoupling when I sought it back in the mid-1990s. He ran with his tail between his legs and

[Mr. Penrose.]
he was glad to accept it afterwards. I will give him a lesson in history if he wants it.

Mr. Parlon: The Deputy is rewriting history.

Mr. Penrose: I wanted decoupling but the Minister of State ran away from it.

The new Minister for Social and Family Affairs listened, even though he is a compatriot of the right wing ideologues, because he had no choice. The Society of St. Vincent de Paul spent €32 million last year looking after people and it would be a shameful and sad indictment of a Government if it did not listen. The SVP is a voluntary organisation, dependent on the public for significant funding, but it spent €600,000 a week last year fighting poverty and social exclusion. We were told we were off the wall. The Society stated social exclusion is not just a snapshot of inequality as it encompasses material deprivation certainly and it denies people the opportunity to participate fully in society.

The Government has made a half hearted attempt to address social exclusion but nobody should be fooled because it made 16 savage cuts. The National Widows and Widowers Association subsequently savaged the Government, which we indicated would happen.

Mr. C. Lenihan: The cuts have been reversed.

Mr. Penrose: They have not.

Mr. C. Lenihan: They have been in substance.

Mr. Penrose: I identified the 16 cuts, which were hidden and masked. It took me 72 hours but I found them. I was told they did not exist and, lo and behold, they were itemised, one to 16, by the Minister yesterday. However, I know more about social welfare than many people think. The widows and widowers undertook a campaign and the cut aimed at them was reversed.

Is the Minister trying to tell the House the back to education allowance has been reversed? The qualifying period used to be six months but it was increased to 15 last year. It was reduced by three months yesterday to pretend that the cutback had been reversed. The measure was meddled with and touched up around the edges to pretend it would be reversed. It is absolutely essential that the qualifying period should be reduced to the original six months. I had a case involving a young girl who was 11 months into the qualifying period last September. I applied for the grant on her behalf. She was not abusing the system, as she was returning to a third level institution to become a graduate, but, even though she is from a poor family, she was denied the allowance. If that is a reversal, I know nothing about the English language.

I refer to the one-parent family allowance. Claimants lost out when they took up employment and their earnings were in excess of the upper threshold of €293 per week. I accept that

half a loaf is better than no bread. I come from that sort of environment and background. However, nobody should mislead the public, the community, voluntary organisations or any other recipients. It just needed another €50 million to reverse the cuts, but that money could not be found.

Mr. Parlon: An extra €834 million was provided for social welfare.

An Ceann Comhairle: Allow Deputy Penrose to speak. The Minister of State will have his opportunity.

Mr. Penrose: The Minister could not find €50 million for this. That money will never be found because these are the kind of people for whom the Minister of State has no time. His type of ideology would push them out of the system. These people were not looked after.

There are all sorts of half promises of further reviews. Time will tell. We will come back to this. Let us see for example what funding will go to dietary allowances and the MABS supplement. An additional €700,000 is allocated to MABS to deal with major problems. A MABS supplement was available where people with difficulty meeting their commitments could get €20 or €35 to keep them away from money lenders or high borrowings. This supplement facilitated people and kept them on the straight and narrow. That was removed and the Minister says this allocation is the best way to deal with the matter.

Representatives from MABS made a presentation in committee in which they indicated that few of the people who avail of MABS advice could participate in SSIAs. They suggested that a scheme should be set up for these people to save an amount such as €100 a year, just €2 a week, and that they should then be given a top up by the Government. MABS wants such a pilot scheme or prototype set up. If the Minister does not want to restore the system to the way it was, he should explore this avenue. This is a positive suggestion and I hope he considers it, although I come from a different perspective than him. The Minister has at least started a process. However, I call on him to continue the process of reversal of cutbacks in a meaningful rather than half-baked way.

As Chairman of the Joint Committee on Social and Family Affairs I am appalled at the Minister's failure to deliver anything of significance to carers. If he goes down the country and meets individual carers they will explain the situation. I received a press release from the Carers Association which was disgusted by the Government's failure to deliver on its pledge to support carers. My colleagues on the joint committee and in the Carers Association, who made agreed recommendations on what needs to be done and prioritised for carers, call on the Government to formally recognise the extent of the contribution made by family carers.

We introduced a carers' Bill dealing with needs and assessments. Such legislation has been introduced in Northern Ireland and throughout the United Kingdom and is working well. We also called for a national strategy for carers. Every organisation that made presentations for the proposed legislation made this call. Such a strategy would help reduce costs and bring savings in the health budget if implemented. It would certainly ease the pressure on carers.

Carers save the State a fortune. According to the CSO there are 150,000 carers, some full-time and others part-time. They save the State up to €2 billion annually. We suggested that the means test should be abolished for carers. The carer's allowance was €139.40 but with the increase it is now approximately €150. Abolishing the test would cost approximately €220 million, just a little over 11% of what it would cost the State if all the people being cared for were transferred into institutional care. That is one of the most positive cost savings the Government could get. It has missed a golden opportunity to recognise the work of carers who give of themselves 24 hours a day, seven days a week and 52 weeks of the year.

I acknowledge the increase in the respite care grant of €165 bringing it to €1,000. The Minister has provided an extra €9 million to widen eligibility for respite care. How will he evaluate who will benefit from this? He said that 32,000 carers can now avail of this but this figure only represents a small proportion of those who classify themselves as carers. The grant is essential and we recognise the increase to €1,000. However this is only €18 a week and does not take effect until June 2005. I am interested to see how the Minister will deliver this and who will benefit.

The Minister missed a golden opportunity to make people happy in the context of dual eligibility and on the basis that he cannot pay two social welfare payments. We indicated that at least 50% of the carer's allowance is paid to those who may be widows, widowers, one-parent families or others in that situation. The Government learned a lesson to its cost when it denied the 50% unemployment or disability payments to widows and widowers. It had to row back and pay the 50%. The Government has the opportunity to row back now and, at no great cost, recognise carers.

We all get phone calls from the many widows and widowers who have been carers for 20 or 25 years. For example, a married person on a low income who gets the carer's allowance under the disregard scheme for looking after a mother or mother-in-law, will lose that income if their spouse dies. They now lose that income and just get the widow's pension and end up worse off at a time when they are most vulnerable. We set out a pathway to ensure people in this situation would be helped.

When we contrast carers with high income earners, some of whom do not even contribute to tax revenue, it is clear the Taoiseach's professed

socialism is spurious. He has promised another review. I know some taxation measures and tax shelters are needed to promote industrial development and economic growth in particular areas. Some of them have outlived their usefulness and it is obviously time for a review. Some will continue to be required and some should never have been introduced.

Those schemes are there for everybody and I understand why people avail of them. However, it is time to re-examine them. It is time to introduce a minimum effective tax rate. Everybody should make a contribution. Just because somebody is a millionaire should not mean he or she need not make 1 cent of a contribution. All workers must make a contribution. I am delighted people on the minimum wage are being removed from the tax net. I applaud that. However, I am concerned that when they get their 5% or whatever under Sustaining Progress next February or March, they will return into the net. I know it is a cycle and appreciate it is difficult to deal with, but it should be looked at. At least the effort was made to remove them from the net. We really have to get down to business on that.

The Taoiseach tried to put some distance between himself and the benevolent treatment of taxation freeloaders. He expressed outrage at the freeloaders and then said sanctimoniously that the Government would deal with them in the next budget. The well known prayer of St. Augustine is: "O Lord make me virtuous, but not yet." We wanted this to be done in a transparent manner so that people could see exactly what the schemes are, why they were brought in and what benefit has accrued from them. Any scheme that is not of real economic benefit, that does not lead to industrial activity or economic growth should be re-evaluated and got rid of. The public expects this to be done. We want this examination to be carried out in public.

In the budget, the Minister sought to make a move in the direction of correcting the total imbalance introduced by his predecessor in the finances of the State where the rich and the horses and greyhounds were favoured far more than the underprivileged. I have been involved with horses and, unfortunately, I back them as well, which is not—

Mr. C. Lenihan: Is Deputy Penrose in the "kick the rich brigade" as well?

Mr. Penrose: —a very good occupation. Some of these schemes were introduced in the 1960s and served a purpose. The Minister of State, Deputy Parlon, is aware that I know some horse breeders down the country. We are not talking about those people who produce jump horses and so on, they are all right, but there are breeders who get in the region of €65,000 or €70,000 per service. I would not mind if some breeders were exempt but this area needs to be examined closely.

[Mr. Penrose.]

I have a particular interest in the one-parent family allowance. The maximum earnings allowed under the one-parent family allowance has not been reviewed since January 1997 when it was introduced by Proinsias De Rossa. It is essential that this matter is examined. I accept the premise that the best way out of poverty is to get people working, but in this regard we need to increase the income disregard limit to €400. Nothing was done in regard to the fuel or living alone allowances either.

I am glad of the social welfare increases but I draw the attention of the Minister of State, Deputy Parlon, to the fact that a married couple aged 66 on invalidity pension will have a weekly income of €264.30, but the new medical card threshold for this couple is €222. They will be €42.30 above the threshold for the medical card. We must ensure this threshold is adjusted upwards so that medical cards are not taken out of the hands of invalids. The same is true of a single person living at home who is entitled to €154.30 but the medical card threshold is €136, which is €18 above the limit. We must adjust the limit to ensure nobody loses a medical card unnecessarily.

Mr. Coveney: I thank Deputy Penrose for sharing time with me. If he had not done so, I would have missed out on speaking today on the budget.

The budget document has some positive proposals but also some missed opportunities. I am glad the Minister of State, Deputy Parlon, is here because some of the points I make will be in areas of which he has an understanding. The most important aspect of any budget is that prosperity and capacity for economic growth must not be threatened. In this regard, I welcome the statement of the Minister, Deputy Cowen, early in his speech yesterday that our economic strength must be protected as it gives us the leverage to create social reform. That is what Government wealth is about, having the leverage to improve life for the weaker elements of society.

The key tool for economic management available to the Government is taxation. The ability of the Government to make its own taxation decisions must be protected in an EU context and I hope I will play my part in doing that.

Let us look at the taxation package from yesterday's budget under two headline measurements, the first being competitiveness promotion and the second quality of life support. In regard to corporation tax, the Government's continuation of the low corporate tax rate in Ireland is to be welcomed. In the past, the low corporation tax rate alone was sufficient to make Ireland competitive as a destination but we need to look for new ways of doing that as many of the new central European Union members are adopting a similar approach to corporation tax.

In regard to income tax, an increase in tax credits to remove people on the minimum wage from the tax net is welcome, but I signal to the Govern-

ment that the minimum wage is likely to increase over time and while we have economic buoyancy it is a good benchmark and guideline for Government in each year's budget to have taxes kicking in at the minimum wage so that people above that level of income have to pay some tax but those on it do not.

In regard to the tax bands, people earning up to €29,400 do not have to pay tax at the higher rate. The average industrial wage is in or around that figure and, as was pointed out yesterday by the Labour Party, 50% of taxpayers pay tax at the higher rate. I was glad to hear the Minister of State's colleague, Deputy O'Donnell, say that she would insist, through the Progressive Democrats, that there would be a significant widening of the tax bands next year. I would like to see the Government follow through on that policy, which would not be before time.

We should not entirely disregard the idea of having a middle tax band, as was promoted by Deputy Noonan when he was Fine Gael spokesperson on finance. There is something wrong with a system whereby somebody who is earning €32,000 or €33,000 pays tax at the higher rate on the portion of his or her income that is above €29,400, the same rate as somebody who is earning €80,000, €100,000 or €300,000. There is room for a middle tax band, perhaps for people earning under €50,000, allowing for a higher rate of tax for wealthy people who earn more than that.

Fine Gael welcomes the fact that stamp duty has been removed for first-time buyers of second-hand houses, up to a value of €317,000. This is not before time. We have been calling for this for the past five years or so. However, there is a problem with it, especially in regard to Dublin, as the Minister of State, Deputy Callely, will know. The number of second-hand houses below the value of €317,000 is relatively small. Although many first-time buyers will not be able to afford that anyway, we could have raised the bar a little higher to ensure first-time buyers would have a competitive advantage when bidding against people who are selling one home to buy another or, for that matter, bidding against developers.

In regard to tax shelters the 12-month review before next year's budget is a bit of a cop-out. The Minister, Deputy Cowen, played it safe for his first budget. He could have targeted some tax shelters that are no longer necessary. I am not a person who takes the populist view that all tax shelters should be abolished — I totally reject that approach — but tax should be used strategically to promote development in areas and industries that are not developing, which I will come to in a minute, and to promote elements of society that need support. Tax should be used and the Government should not be afraid to do that, but it needs to justify any tax shelter or tax incentive scheme it introduces.

In regard to indirect taxation, particularly excise duties, it was a popular move not to target drink or cigarettes. However, I disagree with both of these decisions. We should have targeted cer-

tain drinks in terms of excise, though I do not know if that is possible. Alcopops in particular make a major impact on binge drinking by young people. Apparently, it is not possible to target alcopops without targeting other drinks, but the Government should examine ways in which it can be done.

Mr. Parlon: That was done last year.

Mr. Coveney: Yes, but we need to be consistent and continue the policy. I accept that people are getting browned off with anti-smoking measures introduced by the Government, but they are working. Cigarette sales are down 15% this year, so let us continue with these moves and ensure that reduction next year is another 15%.

Mr. Callely: The reduction is not the result of tax.

Mr. Coveney: It is the result of a combination of measures. The smoking ban in pubs, in particular, had a significant impact. The Government is correct not to increase excise duty on fuel as fuel costs are increasing by themselves owing to world oil prices. In this context, the Government has missed a major opportunity, which I hope it is possible to address in the Finance Bill. It should have given a tax incentive by reducing excise duty for environmentally friendly fuels such as bio-diesel and ethanol as a replacement for petrol. If we took a proactive approach in this area, we would see a major new industry developing on Irish farms which could grow energy crops such as oil seed rape and sugar beet for ethanol. It would be mainly on set-aside land, but it is to be hoped that it would also be on land outside that too. Some states in the US and countries in Europe have insisted on a certain percentage of ethanol being included in petrol. This automatically creates an ethanol industry which could be a boost for sugar beet growers in Ireland. We need to pursue other alternatives.

The other significant missed opportunity in the budget is in regard to child care. Dublin Chamber of Commerce announced today that one third of workers in Dublin pay more for child care than for their rent or mortgage. The Government has given these people just €10 per month in extra child benefit to deal with this expense. The time has now come for young working families to be allowed to write off against income tax at least part of the cost of child care when it is €600, €700 or maybe even €1,000 per month. This would be a brave decision and it is one which must be taken.

Mr. Parlon: I wish to share time with Deputies Callely and Browne.

An Ceann Comhairle: Is that agreed? Agreed.

Mr. Parlon: Yesterday afternoon, the Minister for Finance, Deputy Cowen, presented his first and this Government's eighth successive budget to the House. This budget, the third since the

2002 general election, is an important milestone on our progress to achieving the commitments made by the Progressive Democrats and Fianna Fáil in An Agreed Programme for Government. In keeping with that programme the budget has four key objectives, namely to protect and encourage employment in a more competitive business environment, to increase investment in infrastructure so as to guarantee future productivity, to focus our efforts on those in need, in particular those with disabilities, and to distribute the benefits of our economic success in an equitable manner.

This budget is based on sensible policies and realistic targets. It is based on the need to consolidate the gains that have been made in recent years. It commits the Government to low taxes on capital and labour as the proven recipe for a high employment and high growth economy. It recognises that such an economy is the only reliable engine for sustainable social progress.

The significant gains made by Ireland in recent years are in no small part due to the Government's sound budgetary policies. The proof of these policies is in the Government's achievements. Over the course of the past decade, a thriving economic climate has been created in Ireland and we have recorded one of the best economic performances in the world. Between 1997 and 2003, Irish gross domestic product grew by an average of almost 8% compared with an average of just over 2% in the EU.

The fruits of this economic success have been put to good use. The taxation system has been significantly reformed, in particular personal taxation, in an effort to enhance incentives to work. Public services have been improved. Provision for the future has also been made with the establishment of the national pensions reserve fund. Our public finances are on a sound and sustainable footing with the general Government debt at just 30.5% of GDP, the second lowest in the European Union.

This budget aims to build on these successes and strengthen the resilience of our economy. However, the double digit growth of the past decade is a thing of the past and we are now moving towards lower and more sustainable levels of growth. We have the potential to grow by approximately 5% per annum if we remain competitive. Expectations will have to be managed within the context of lower growth. We expect gross national product growth of 4.7% next year. Even at these lower rates of growth, we are well above the European average. The European Commission expects eurozone growth to average 2% next year.

As a small open economy, Ireland's growth performance is closely related to the overall strength of the global economy. We must continue to compete not just to sell our goods and services abroad but also to continue attracting foreign direct investment and creating high quality jobs. In assessing Ireland's growth prospects for the year ahead it is important to note the sit-

[Mr. Parlon.]

uation in the major world economies and reflect on the risks to our economy. The main risks are the sustainability of the international economic recovery, any further rises in the price of oil and other commodities, any potential correction in the dollar exchange rate, and the evolution of interest rates. Any significant negative developments under these headings could impact on the domestic economy. In this context, the challenge for policy is to secure a stable and sustainable growth performance to enhance both social and economic progress into the future.

In 2005, we expect the economy to continue to perform well, assuming no major shocks arise from the risks I have just outlined. Irish GDP is forecast to grow by 5.1% and GNP by 4.7%, employment to continue to grow strongly with around 35,000 new jobs created, unemployment to remain at historically low levels at 4.4%, and inflation to average 2.5%, close to the European average. Our economic record is one of which we can be proud. It far outshines that of our main European partners and has left us well placed to deal with the current economic challenges.

The moderate level of inflation we have seen recently will average 2.5% next year. This is a positive development for our competitiveness. We must continue to focus on competitiveness because it creates jobs and wealth and generates the resources needed to build the sort of society we all want. The Government has made a major contribution to maintaining competitiveness through its decision to bear down on inflation by not increasing indirect taxes in the budget.

The Government is committed to providing public services which are of a high quality but also offer value for money. Since 1997, there have been substantial increases in public spending on social welfare, health, education and infrastructure. The Government continues to provide substantial funding for these key priority areas. In 2005, gross voted spending will be almost €45 billion. This is more than €3.7 billion greater than the figure in 2004. We must be clear about our priorities so that we direct the resources we have available to the best use. We must also focus to a greater extent on achieving more efficiency and effectiveness in the delivery of public services.

The Government is committed to pursuing policies which improve social inclusion, protect those most in need, reduce the numbers living in poverty and raise living standards for all. This budget builds on our work to date and provides substantial funding for the most vulnerable in society. In line with this commitment, a major new disability multi-annual funding package of almost €900 million for the period 2006 to 2009 was announced yesterday. Together with the 2005 funding, it is estimated that by the end of 2009, more than 4,500 extra residential, respite and day places for persons with an intellectual, physical or sensory disability or autism will be provided, approximately 600 persons with intellectual disability or autism will be transferred out of psychi-

atric hospitals and other inappropriate placements, approximately 1.2 million extra hours of home support and personal assistance will be provided for persons with physical or sensory disabilities, and 400 new places will be provided in community-based mental health facilities.

Mr. F. McGrath: Hear, hear.

Mr. Parlon: This new funding package will have a real impact on the lives of disabled persons and their carers and proves this Government's commitment to helping the most vulnerable members of our society.

The increases in social welfare that have been announced are a significant step toward the implementation of the Government's commitments in An Agreed Programme for Government. Despite the need to control public spending this year, we have not shirked our responsibilities to those most in need. The improvements announced by the Minister yesterday provided for increases in social welfare payments in 2005 which are €874 million higher in a full year. All the social welfare rate increases in this budget are well ahead of projected inflation. Moreover, the lowest social welfare rates will be increased by more than four times the expected rate of inflation.

Old age pensions will be increased by €12 a week. This brings the old age contributory pension to €179.30 per week and the old age non-contributory pension to €166 per week. In 1997, the old age contributory pension was €99.04 per week; in 2005, it will be €80.26 higher — an increase of just over 80%. These increases will mean that we are well on our way to achieving the programme for Government commitment to increase the State pension to €200 per week by 2007.

The monthly rate of child benefit for the first and second child will increase by €10 to €141.60 and for the third and subsequent children the rate will increase by €12 to €177.30. This Government has substantially increased the rates of child benefit. The monthly rate for the first and second child in 1997 was €38.09 and in 2005 it will be €103.51 higher, an increase of more than 270%. All other non-old age pension personal weekly rates will be increased by €14, bringing the lowest full personal welfare rate to €148.80 per week. The lowest personal social welfare rate was €83.04 in 1997 and in 2005 it will be €65.76 per week higher, an increase of just under 80%.

In addition, €5 million is being provided to support the development of community services in disadvantaged areas and to complement the contribution of workers employed under the social economy and job initiative programmes operated by FÁS. Improvements in the support provided to carers are also being made. The respite care grant will increase to €1,000 and it is expected that over 9,000 new recipients will benefit from the grant.

The Government has delivered dramatic reductions in personal taxation over the past six years. This policy has helped to generate unprecedented growth in the economy, a spectacular increase in the number of people at work and effective elimination of long-term unemployment. Changes introduced in this budget will ensure that all those earning the minimum wage are fully outside the tax net. The employee credit and the personal tax credit are being increased. This will benefit all workers and ensure that all those on the minimum wage are fully out of the tax net.

The main personal tax changes are: the standard rate band has been increased by €1,400 per year for all earners; the employee tax credit is being increased by €230 to €1,270 per year; the personal tax credit is being increased by €60 single and €120 married, bringing them to €1,580 and €3,160 per year respectively; the health levy threshold is being increased by 12.5% and the incapacitated child credit is being doubled to €1,000 per year. The primary aim of our tax policy has been the use of the tax system to expand our economy, reward work and alleviate the burden on taxpayers, especially for those on lower pay. The changes in this budget will mean that over 650,000 of the 1.9 million income earners will be exempt from paying income tax on their earnings.

This is a strong farming budget. A strong farming sector is vital to maintaining a vibrant rural community and to encourage better utilisation of our agricultural land resources a number of tax measures have been introduced. I particularly welcome the measure to assist farm consolidation by way of a special stamp duty concession to ensure there is no charge for two years on exchanges of farm land for consolidation purposes.

Mr. Crawford: Is that the roll over tax?

Mr. Parlon: The stock relief for young farmers is being extended for a further two years while the farmers' flat rate VAT is being increased from 4.4% to 4.8%. I also welcome the accelerated capital allowances on the much needed investment in pollution control.

I am delighted to commend the budget to the House.

Minister of State at the Department of Agriculture and Food (Mr. Browne): I welcome the budget announced by the Minister, Deputy Cowen, yesterday. It is a wide ranging and imaginative instrument that will enhance the well being of every person in society, including farmers, who form an important part of our community. The continuing care for the management of the public finances has remained a priority of this Government, as well as meeting its commitments to health, disability, welfare and improving infrastructure.

Expenditure by the Department of Agriculture and Food this year will be €3.3 billion, the highest level ever. This record level of expenditure is made up of an Estimates provision of €1.4 billion and EU funded direct payments and other market supports of €1.9 billion. This brings support for the agricultural community to record and historic levels never previously achieved. In addition, the budget provides a further €20 million in specific farm tax measures that will facilitate structural adjustments and investment in necessary pollution control facilities in the challenging times that lie ahead.

The specific farm tax measures include the option of averaging FEOGA direct payments paid in 2005 in respect of entitlements established in 2004 in three equal instalments over 2005, 2006 and 2007 for tax purposes; the renewal of both the general and young trained farmers stock reliefs for a further two years; a reduction in the write off period from seven to three years for the accelerated rate of capital allowances for pollution control facilities; stamp duty relief in the case of land swaps; and increasing the flat rate VAT refund from 4.4% to 4.8%. In addition, the Minister, Deputy Coughlan, intends to ask the Oireachtas to reduce by one third the animal disease levies paid by farmers to reflect the continuing improvement in the general animal disease situation. This is worth approximately €5 million in 2005.

Legislation for trade and the expansion of the EU will offer growth opportunities for Ireland. However, the challenge is to retain and enhance our competitiveness across all levels of the chain, from producer to processor to exporter. This Government's tax strategy of keeping both income and corporation taxes low will benefit all those involved in the agri-food sector and help maintain employment in the sector. The farm measures announced by my colleague, the Minister for Finance, will be of assistance to farmers who wish to increase production, purchase more stock, consolidate their holdings or invest in pollution control facilities.

The introduction of the single farm payment next year will lead to a once off boost of approximately €500 million to farm payments in 2005. This arises as farmers will receive outstanding premia entitlements from 2004 while they will get their full entitlements under the single farm payment in December next year. To allow farmers optimise the benefit of this once off adjustment, all farmers will be allowed to average payments received in 2005 in respect of their 2004 entitlements in three equal instalments. This will be available to all farmers, both full-time and part-time, and will be of most use to farmers who wish to have a consistent income stream.

The renewal of stock relief is an important concession in this budget. It is of benefit to farmers who expect their production levels or the value of their trading stock to increase over coming years. Both a general 25% rate of stock relief available to all farmers and the special 100% relief for

[Mr. Browne.]

young trained farmers have been renewed for a further two years. These reliefs, worth €2 million in a full year, allow farmers write off some or all of the increase in the book value of trading stock for income tax purposes. These reliefs will provide assistance and motivation for those investing for the future.

In addition to full stock relief being available to young trained farmers, a sum of €10 million has also been provided in the 2005 Estimates for the installation aid scheme. The full take up of these funds will benefit 1,000 young trained farmers entering agriculture, an increase of one third on 2004. Again, these are significant measures to encourage young people to enter the farming industry.

The stability and simplicity afforded through the new single farm payment system will help maintain farm numbers and farmer confidence. There is, however, a second strand to this equation, that is, the need to allow farmers to move or consolidate their holdings in a cost effective manner. To assist land consolidation, the Minister for Finance announced in his Budget Statement stamp duty relief for land swaps. This relief, worth €1 million in a full year, will benefit all farmers who wish to swap land parcels to farm more efficiently.

The substantial increase in the flat rate VAT refund from 4.4% to 4.8% will ensure farmers are fully compensated for VAT paid on business inputs next year. The increase also takes account of the revised figures published in June by the Central Statistics Office on agricultural outputs, inputs and income. This is worth €16 million to farmers in a full year.

Farmers are, correctly, required to meet the changed expectations of our modern society with regard to matters such as food safety, environmental concerns and animal welfare. Next year, cross compliance, which includes the nitrates directive, will impact on the agriculture sector. Cross compliance will require beneficiaries of the single payment system to comply with 18 statutory requirements set down in EU legislation and oblige farmers to keep land in good agricultural and environmental condition. These requirements cover animal and plant health, animal welfare, food safety and the environment.

Ireland recently launched a national action programme with the European Commission in respect of the nitrates directive. This programme sets out, among other items, specific requirements relating to the storage periods for animal manure. The Government is aware that this will have financial implications for farmers. To assist them to build adequate animal manure storage facilities during the four-year period of the action programme, the option of writing off the capital costs at a rate of 33% per annum over three years has been provided for in the budget. Farmers who wish to avail of the existing flexible writing down arrangement in respect of €31,750, or 50% of

expenditure, whichever is the lesser, in any one of the three years can do so. This relief is estimated to be worth €4 million in a full year. I encourage farmers who need to invest in storage or other facilities to do so and to avail of the flexible relief being provided during the four years of the action programme. We recognise that certain farmers need to invest, and this budget specifically assists those farmers in achieving their agri-environmental goals.

I have responsibility for forestry and I remind the House that there is a provision of €106 million for it in this year's Book of Estimates. This is in addition to a carry-over of €12 million which was unspent on forestry in the current year. The total amount provides for a planting programme of between 13,000 and 14,000 hectares in 2005. I strongly encourage farmers considering forestry as a land use option to recognise the opportunity presented. The benefits provided for the public by investment in forestry make public investment in this area a legitimate expenditure.

We must continually upgrade our natural environment and gain maximum value for the non-timber benefits forestry represents. I refer here to recreational and tourism benefits. In the financing programme for forestry in 2005, we will continue the support programme for forest roads, nature woodland, the neighbour wood scheme and reforestation. I wish to take some new initiatives in the areas of wood as renewable energy and in increasing public awareness of the multiple benefits of forestry.

I am pleased to announce the Minister's intention to reduce by one third the disease levies paid by farmers. This follows a 25% cut in the same levies last year. The new rates will be €2.54 per head for cattle slaughtered or exported and 11 cent per gallon of milk. This levy reduction will be worth approximately €5 million in 2005. It reflects a welcome reduction of diseases in the national herd and I expect this trend to continue next year. I am also pleased to report that the number of TB reactors has declined steadily from 45,000 in 1998 to under 28,000 last year.

I welcome the budget, particularly the concessions granted by the Minister for Finance to the agricultural sector. I look forward to farmers investing in the area of nitrates in particular during the coming year.

Minister of State at the Department of Transport (Mr. Callely): I welcome the opportunity to participate in this debate on the budget. I congratulate my good friend and colleague, the Minister for Finance, Deputy Cowen, on the presentation of his first budget.

The purpose of this budget is to copperfasten the economic stability that has been so successfully manipulated in recent years by Fianna Fáil-led Administrations. This year's carefully crafted budget is more visibly the old Fianna Fáil philosophy of expanding the economy and using the wealth generated to look after the weaker sections of our society.

6 o'clock

Mr. Crawford: The Progressive Democrats Party is gone.

Mr. Callely: Our great country has enjoyed its longest period of sustained economic growth and is now stable, wealthier and in a far healthier position to face the global challenges of the 21st century. Under the stewardship of the Minister for Finance, Deputy Cowen, we have new confidence in our economic potential with a fresh resolve to make the right decisions and reforms to achieve best practice in the implementation of our Government programme, which was set out in June 2002. Some may challenge us on the ambitious targets we set in that programme and I will accept that there are very ambitious targets contained in that programme. Equally, however, let us consider where we have come from. I refer here to our good proven track record in terms of fully delivering on the 1997 programme for Government. It is our intention to deliver on the 2002 programme.

I read with great interest an address by a person I greatly admire, a former journalist who is now a senior civil servant, who stated:

When I began to put my thoughts together on this topic, I imagined myself not in the future, but rather in the past, let's say twenty years ago, the year 1984 which I think many here today will think of as not so very long ago when most of us were well into our adult lives.

So imagine if I or someone like me had been asked to speak to you then, asked to imagine what this country might dream of being like in the year 2004. I think I might have said something along the following lines.

Imagine an Ireland where few if any of its young people felt forced to emigrate. Imagine an Ireland where immigrants instead came to our shores, seeking our permission to live here, to work and to raise their families. Imagine an Ireland of almost full employment with mainly poorer foreign workers doing the harder, messier, lower paid work, the sort of work WE used to do in Britain and America. Imagine an Ireland where the majority owned a TV set, and a stereo system, and a fridge, and a microwave and a car and central heating and double glazed windows and a mobile phone and enough money for a family holiday AND a spring break.

Imagine an Ireland where an unhappy couple or one unhappy part of a couple was allowed a dignified exit from that marriage through no-fault divorce. Imagine an Ireland where contraception was freely available to everyone no questions asked. Imagine an Ireland where the stigma of single parenthood had largely disappeared. Imagine an Ireland with a woman President, or better still, two women Presidents. Imagine a powerful, female Tánaiste. Imagine a brace of female Supreme Court judges, imagine a female Minister for Agriculture, a female Ombudsman, a female Secretary General of a Government Depart-

ment [it happens to be my Department], a female Assistant Commissioner of the Garda Síochána, a female editor of the Irish Times . . .

She goes on to refer to many other things, including "Imagine Ian Paisley in Dublin for talks with an Irish Taoiseach" and "Imagine the Kildare by pass and the Drogheda by pass, and the Athlone by pass and the restoration of tram lines in Dublin, and bus lanes, dirt cheap air travel and great big cars with DVDs."

Mr. F. McGrath: This is somewhat like John Lennon's song "Imagine".

Mr. Eamon Ryan: This speech is better than anything the Minister of State could come up with. He should keep reading it.

Mr. Callely: The journalist sums up by saying "Imagine all of that and imagine what you, the audience, would have said in response. You would have said . . . that would be paradise." She also stated:

Irish women's lives have also been transformed immeasurably over the last twenty years; our children have opportunities unimaginable two decades ago; luxuries denied to all but the wealthy are now available to the masses; good political choices have been made that have broken the poverty cycles of many, many families . . .

Mr. Eamon Ryan: The Minister of State should read the entire speech.

Mr. Callely: There is no doubt we have come a long way and have witnessed a transformation of our great country, particularly during the past seven years. In terms of tackling unemployment, there are an additional 420,000 people at work and unemployment figures have been slashed from double digits to 4%. In real terms, we are at full employment.

Our economy will enjoy 5% growth this year, is growing three times faster than the European average and has the second lowest national debt. We have the lowest tax wedge in the EU for workers on the average wage. A third of all income earners are outside the tax net as compared to the huge numbers of ordinary people paying the unacceptably high levels of taxation that were demanded on the most recent occasion. Opposition parties were on the Government benches. To put it in clear terms, a worker on the average industrial wage in 2005 will earn €11,300 more and pay less tax than he or she would have done in 1996 or 1997. In 2005, every worker will benefit from the second phase of Sustaining Progress, and the budget 2005 tax package will mean that every worker will be better off next year.

In terms of social progress, there has been a comprehensive expansion across all areas and we have some of the most progressive social measures in the EU. I am pleased that with a

[Mr. Callely.]

pend of €45 billion, budget 2005 places great emphasis on even more social progress. The approach in the budget is fully in line with the commitment contained in An Agreed Programme for Government to deliver “further real improvements to pensioners and to people on low income and to achieve a position where all those on the national minimum wage are removed from the net.”

I am pleased to note that the average tax rate has fallen by almost 10% for all categories of taxpayers. I particularly welcome the package of measures for older people, from social welfare increases to support grants for organisations for older people, the tax exemption limits, the carer’s grant improvements, the additional day care and residential places, and the additional home support and community-based facilities. I fully support the high priority given to this area.

As Minister of State at the Department of Transport, I welcome the budget allocation of €10.2 billion in respect of investment in transport infrastructure. In 2004 my Department enjoyed the first move to a multi-annual capital envelope and will soon enjoy an extended ten-year capital envelope. This will accommodate greater flexibility and clarity in the planning and delivery of an integrated and visionary transport infrastructure which both I and my colleague, the Minister for Transport, Deputy Cullen, intend to deliver.

Tremendous work has been undertaken and the focus is on even more ambitious projects. These will require a ten-year envelope if the extensive transport schemes for Dublin are to be progressed.

Mr. Eamon Ryan: Will the Minister of State build the metro?

Mr. Callely: The answer to the Deputy’s question is that there are some particular transport projects, especially on the north side—

Mr. Eamon Ryan: Let us see them.

Mr. Callely: —which I have in mind and which need this budgeting requirement. That is the reason for the ten-year envelope.

I am happy to record progress on public transport services. The DART system is a tremendous success story. Daily passenger numbers have increased from 35,000 to nearly 90,000. The greater Dublin area has benefited to the sum of €1.3 billion from this budget. Thirty-eight additional DART carriages have been procured. DART trains will be increased from four to six-car units, increasing capacity by 50%. My Department has supported Iarnród Éireann’s plans to completely upgrade and refurbish the entire infrastructure of its lines. Phase one of a programme to extend DART platforms is under way to accommodate eight-car trains, upgrade power supply, replace certain track work and overhead cables and improve accessibility on all transport.

I welcome the allocation of €10 million for the provision of accessible transport.

Phase two of the programme will improve and replace signalling in Connolly Station which will greatly assist in the number and capacity of trains on the loop line, from 12 to 16. Investment has been made in upgrading the service at a cost of approximately €76 million. All south side station platforms have now been extended to accommodate eight-car DART trains and associated overhead electrical wiring works have also been renewed. Work is now under way on the northern line to Malahide and to Howth. When completed next year, the project will see capacity on the DART and commuter service grow by over 100% since 2000.

Other new developments are taking place on the DART and other suburban services. Demand for services on the outer suburban routes from Dundalk, Maynooth, Gorey and Kildare has been growing steadily over recent years. Iarnród Éireann has responded by increasing train lengths and extending platforms. I intend to continue this level of commitment to increasing capacity on all services. Some projects such as Luas have enjoyed great success. I hope to see an extension of that service. The Railway Procurement Agency is advancing plans for further extensions. I commend the budget to the House.

Mr. F. McGrath: I wish to share time with Deputies Cowley, Eamon Ryan and Crowe. I am grateful for the opportunity to speak in this important debate on the budget. The duty of an Opposition Deputy is to oppose, challenge, criticise, examine and push the important issues in politics. This does not rule out commending someone from whatever party if they try to do something that is right and good for the people. This is the reason I commend the Minister for Finance, Deputy Cowen, on beginning the process of putting the disabled and social welfare at the heart of this budget. I am the parent of a daughter with a disability and have been a disability rights campaigner for ten years. I sense a genuine interest in the issue on the part of the Minister and I commend him.

This budget is a step in the right direction but it is also a compliment to all the disability groups, parents’ groups and disabled people themselves for their hard work and struggle over the past ten years. I emphasise the disability groups. Their work and dedication is bearing fruit. I have raised health and disability issues over the past two years in this House, as have my Independent colleagues.

Progress has been made and it is important that we declare that openly and honestly. I welcome the multi-annual investment programme which is being introduced to support the development of high-priority disability support services over the period 2006 to 2009. This will involve almost €600 million in current spending and €300 million in capital spending over these four years.

I also welcome the provision of 875 additional residential, respite and day places each year on top of 760 new places in 2005 for persons with an intellectual disability and those with autism, giving a total of 4,260 places. An additional 80 residential places each year will be provided for persons with physical or sensory disabilities on top of 60 new places in 2005, giving a total of 380 new places. There will be provided 250,000 extra hours of home support and personal assistance each year, to support independent living for persons with a disability on top of an extra 200,000 hours in 2005, giving a total of 1.2 million extra hours. I welcome the 100 new places each year for community-based mental health facilities, giving a total of 400 extra places. These are important services for people with disabilities and their families. It is essential to remind ourselves that these are people with needs and that broader society has a duty to support them.

I offer the Minister a word of caution. I do not want to see money wasted on needless situations. I want to see the extra finance spent on people with disabilities and on services for them. This will be the real test of this budget. I will judge the extra investment next year by an increase in services and a reduction in waiting lists for residential, respite and day care. It is all very well to have the extra spending and all the fanfare of the budget but the real test will be the services in the community for people with disabilities.

Two objectives in this budget were to distribute the fruits of growth to all the people through better services and fairer sharing of resources and to redouble our efforts to help those most in need, particularly those with disabilities. This budget is a start and is a step in the right direction but the results will be judged in 12 months' time and by the reaction from the disabled people.

I ask the Government to go one step more and listen to the concerns of the disability groups on the Disability Bill. If it does this, it will earn real respect from these citizens. I accept it will take courage and vision but there is no longer any reason not to guarantee rights and services for all people with disabilities.

I welcome the extra help for those on welfare, low pay and the €63 million reduction in stamp duty rates for first-time buyer owner-occupiers of secondhand residential property. This Government needs to face up to the fact that we have a housing crisis in the State with 60,000 on local authority waiting lists. Most young couples cannot afford to buy a home of their own in their own city. The reduction in stamp duty will assist some but we cannot allow the Government to keep its head in the sand regarding the housing crisis.

I welcome the €12 weekly increase in the old age pension and the child benefit increase of €12. However, this Government needs to face up to the child care issue and the urgent need to assist young couples. Many now pay the same amount for child care as for a mortgage. This is not good

enough in an economy where economic growth is over 5%. These families need to be helped now.

I hope the extra €111 million will be spent wisely and effectively. The first issue is to resolve the accident and emergency crisis and the lack of beds. The Minister can then move on to deal with the other issues. I emphasise the urgent need for reform and investment in our health services. One without the other is a nonsense and will not do anything for patients on trolleys.

This budget is a significant start in the distribution of wealth in our society. The Independent Deputies have argued this point for over two years. The real test of this budget over the next 12 months will be the delivery of services to the people.

Referring to the current debate on the definition of socialism, it is important to remember the advice of Karl Marx when he observed that philosophers have only interpreted the world. The point, however, is to change it. This budget has the potential for change. I wait to see whether it can deliver services for people.

Dr. Cowley: I am glad to speak in this debate. Some commentators have stated the budget was so good it put the Opposition and Independents in the shade. That is patent nonsense. It provides welcome improvements for the less well-off, old age pensioners and so on, and introduces a sea change in disability payments. Fair play to the Minister in that respect but no provision is made for adequate child care provision and the inequalities, which ensured I was the first Deputy elected in County Mayo, remain. When the people decide, as they are entitled to, the same inequalities will ensure that I am elected first again.

Regional development is as unbalanced as ever and underinvestment in the infrastructure of the BMW region remains. The Indecon mid-term review of the national development plan identified that just 69% of the amount which should have been invested in the BMW area has been spent. This underspend compares to a figure of 134% in the south and east. Nothing has changed to help make the BMW region more competitive and retain its people.

West Mayo, in particular, the north-west of the county, is still the most socio-economically deprived area in Ireland and its depopulation continues. By the end of the century the county will have been completely depopulated west of a line running from Killalla to Newport. Approximately 60% of its graduates move to the greater Dublin area to add further to its congestion and the weight of people sinking the east into the Irish Sea. The mother of all traffic jams continues to grow daily in the east as traffic reaches epidemic proportions.

While travellers through Dublin Airport face ever increasing delays, Knock Airport lies virtually fallow. Despite the glut in Dublin and Cork airports, a second terminal in Dublin Airport is under consideration. Cork and Dublin airports

[Dr. Cowley.]

have a throughput of 20 million passengers compared to projected passenger numbers of 400,000 at Knock Airport. It would make much more sense to divert passengers to the wonderful airport at Knock and the BMW region. Nothing will change while the Government refuses to sanction the €40 million investment required to adequately develop Knock Airport and attract more visitors to the west. With more visitors using the west's quiet roads, congestion in Dublin, where people must endure an ass and cart pace of traffic, would ease.

In the Budget Statement, the Minister for Finance, Deputy Cowen, indicated that his aim was to improve the equity of the taxation system and added that he had taken into account the social and economic benefit of reliefs in delivering investment in housing, enterprise, urban and rural renewal. He stated:

I want to take the time necessary to strike a careful and considered balance in what I do. For the successful operation of such schemes and to achieve the common good, we need to ensure the right balance is achieved between the benefit to the investor and the good of the community.

What about balanced regional development? I agree the Minister should take his time but he must also take a careful and considered approach to balanced regional development and the BMW area, which has been neglected. That would help everyone. He must give us the roads, broadband and power infrastructure we need to make the region competitive. He should help us to keep our children locally and stop IDA grants to the overpopulated east and confine them to other areas, particularly the BMW region. He should give County Mayo tax free status, a special incentive scheme to encourage the development of the BMW region. The Minister must not tell us this cannot be done. Where there is a will, there is a way, as his predecessor demonstrated with regard to the horse and film industries. Horses are better looked after than people. I ask the Minister to look after homo sapiens, an endangered species in the BMW region.

Mr. Parlon: Decentralisation is on its way.

Dr. Cowley: We are still waiting for decentralisation although we need much more, particularly roads, rail, power and broadband infrastructure.

County Mayo is given jobs such as dirty asbestos and sludge recycling which other areas do not want. We want the same type of jobs other areas are getting.

Health apartheid also persists. I was suspended from the House recently because I raised the issue of an embargo on the recruitment of four nurses to provide an extra dialysis shift in Mayo General Hospital. This would prevent seven people having to bypass the state-of-the-art dialy-

sis unit in Castlebar to attend a facility in Galway, as a result of which one man who is not fit to travel has been condemned to death. I was informed that more nurses had been recruited for certain services in County Mayo. Removing nurses from one area to provide a service elsewhere is not the solution. In another case, a man has been waiting for eight months to have a probable cancerous lesion of the kidney attended to in Galway. This is unacceptable. The budget did nothing for him.

Mr. Eamon Ryan: I do not know what to make of this Government. If asked what it represented or stood for, I do not believe its members would know the answer either. They would look to the latest focus group findings from the Fianna Fáil and Progressive Democrats parties' central offices. During its first five years, when Mr. McCreevy was Minister for Finance and we took from the poor to pay the rich, this Government was the most right-wing Administration in the history of the State. To buy us off, it then introduced an inflationary budget prior to the general election.

Since the general election we have had three budgets. The first was a hairshirt budget to correct the incredible splurge in spending the Government used to buy the election. After that, the Government ran out of ideas. The only innovation it could produce last year was the mad-cap decentralisation plan which has nothing to do with proper regional development and will not, incidentally, deliver anything to County Mayo. I agree with Deputy Crowley that development must be concentrated outside Dublin. The national spatial strategy and the decentralisation plan will not achieve that objective. We need to develop alternative centres to attract development elsewhere.

Mr. Parlon: The Deputy would not send anyone to Knock.

Mr. Eamon Ryan: Nothing of this nature emerged from last year's budget. Instead, the Government proposed a ridiculous plan which was already falling apart as the former Minister, Mr. McCreevy, headed off to Brussels.

The Government's latest budget idea is to have socialist government. I do not know what this means nor do I believe the Taoiseach knows what it means. His version, like mine, allows for wealth generation. Although I want a market economy, I do not want society to be nothing but a market economy, which is one of the criticisms one can level at the Government.

Thank God for CORI and the disability groups to which Deputy Finian McGrath referred. If the Government does not believe in anything, at least these groups were able to tell it where it had failed in the past seven years and what groups it had forgotten and ignored. At least the non-governmental and civic organisations were around to hold the Government's hand and point

out some areas on which we need to catch up. I am suspicious of and concerned about the Government's new approach because it is not a product of conviction, political ideology or vision.

If the focus groups are not responsible for the Government's position, the alternative source of policy appears to be the partnership process, which the Taoiseach regards as one of his great successes and the reason for tremendous economic growth in the past ten years. The reasons for our economic growth can be traced to investment decisions made 40 or 50 years ago by individuals, workers, management and politicians of all hues. While the partnership process has its uses and has delivered benefits, it has several key failings.

One welcome aspect of the Budget Statement, in the Minister's closing remarks, was the recognition of the massive amounts of money spent in the multi-annual programmes established in various Departments. However, we have no political vision as regards the reasons for this expenditure, nor has the House debated whether spending strategy is correct. This amounted to an admission by the Government that it does not know what we are doing with all the money we have generated. It has found itself in a fortunate position of being in power during a period of economic boom but is not sure how to spend the wealth the economy has generated.

One of the failings of the partnership process is that it does not provide a good strategic direction or vision by which one can analyse Government spending. One does not seek answers from IBEC or ICTU to questions on how we should spend money. Our transport investment programme, which I often raise, is the glaring example of this problem. There is no doubt that the roads programme, which has been allocated the significant sum of €16 billion, was devised and cooked up in partnership meetings without analysis. The strategy that came out ran directly contrary to the only analysis that had been done at that time, which was the national road needs study. No assessment was done of where it would lead, other than the M50, as all these roads lead to Dublin. The Minister speaks about decentralisation away from Dublin. Why are we then building every single motorway in the direction of the capital? This will suck life into the capital no matter what the Minister tries to do.

Mr. Parlon: They are pointing away from Dublin.

Mr. Eamon Ryan: The experience internationally shows that if major motorways are run into the capital city, it will do nothing but strengthen the core rather than the periphery. That is what is happening and if the Minister cannot see that, he is blind. The reality is that the Leinster counties surrounding Dublin are now a part of Dublin. How many commuters in the Minister's constituency town of Portlaoise are leaving every day? The Minister thinks that this

strengthens Portlaoise as the commuters drive to Dublin and back.

Mr. Parlon: The population of Portlaoise has doubled over the past ten years.

Mr. Eamon Ryan: The Minister's statement on public infrastructure investment and this ten year programme is interesting. I look forward to seeing the details, but I think I have a fair idea what will happen. Lo and behold, the Government will be in favour of public transport, but not quite now. It will widen the M50 and spend another €1 billion in Dublin, despite the fact that it will be clogged the minute it opens. When it comes to the metro, the western rail corridor, rail extensions in Cork or the myriad of other public transport projects, this new ten year programme will be an opportunity for the Government to put off hard decisions on public transport until after the next election. Before the last general election, it promised a myriad of public transport projects but not one of them has been pursued. This ten year programme is a chance for the Government to put the public transport projects back to never-never land, projects that it has been promising to deliver for the past ten years.

I criticise the partnership process in that there is nothing on the environment in this budget, because no one represents the environment. The Taoiseach parades his disregard for it. He jokes about how the swans on some road have never been so happy. How funny of him. The whole issue about diversity of life and the protection of nature is of crucial importance in this century. The Government seems to parade its disregard for the protection of our environment. It is one of the big global issues that should shape any budget, yet it is completely ignored, which is a disgrace. It is ignored within the partnership process, which explains why the Government has nothing to do with it.

I do not believe the partnership process takes the needs of our children into account. The Government funnels massive amounts of money into the IBEC vision of what child care should be, which is the development of employee based crèches. Much as we welcome the introduction of tax credits, the Government is still one of individualisation. For one person of a married couple to stay at home and look after their children is a great investment, is the type of investment that parents have made throughout the years to develop the economy. If parents make that choice today they lose out because a couple where both spouses work get two tax credits. The Government has yet to show vision or initiative towards linking up our social welfare system in a way that might recognise that work and that might give a payment towards the person who stays at home. Raising children is a useful, productive and creative investment in this society. The Government cares not one whit for that, nor does the partnership process.

[Mr. Eamon Ryan.]

There is nothing in the budget about enterprise. The Government thinks we should keep chugging along the way we have been doing. We have a very successful economy. However, a Government with vision would not be so arrogant to believe that it solely caused it. It would look at the threats on the horizon referred to by the enterprise strategy group, but the Government does not believe in that. It believes that it is so successful that we need to do nothing but continue on our merry little way. Such a policy and such a Government will lead this country into trouble — a Government with vision would steer us away from that.

I lament the fact that the Government stands for nothing other than what it believes will get it elected in the next election, what the focus groups tells it and what IBEC and ICTU tell it to do. That is not good government. That hollowness and lack of vision comes through in this budget.

Mr. Crowe: I welcome many aspects of the budget, such as multi-annual budgeting and the money directed towards the disability sector, as well as the increase in social welfare payments. While the budget is a step in the right direction, it is another missed opportunity. The Government has had many opportunities since 1997 to produce a balanced budget but on each occasion it decided to reward the haves rather than the have nots. It is only now, after it got a wake up call in the local and European elections that it has decided to use this budget to soften its appeal. The electorate can congratulate themselves on bringing about this change in Government policy. However, it is not quite the U-turn that is required to deal properly with the inequalities that have been created by the previous seven budgets.

Before the budget, there was the impression that the Government had finally acknowledged the widening gap between the rich and the poor, and that it would use this budget to address these issues. While it has taken a step towards addressing these issues, it has missed the opportunity to prioritise the poor over the rich. The social welfare increases are to be welcomed but they do not go far enough and they do not even meet the Government's targets. As a measure to tackle child poverty, the Government set a target of €149 per month for child benefit by 2005 and it has clearly failed in that regard. The increase of €10 falls well short of what was promised and will be cancelled out by the increased cost of living in Ireland.

The rights of children seem to have been sidelined by this budget to keep the rich happy. The extremely wealthy have not been affected by this budget and many of them will continue to pay little or no tax in 2005 while the commitments on child benefit fail to be realised. We are the wealthiest country in Europe, yet children still go to school hungry. Some 66,000 children live in consistent poverty in Ireland but this budget will

do little to reduce that number. The child dependence allowance is a support for some of the poorest families and it is a disgrace that it has remained unchanged for the past 11 years while the cost of living has greatly increased.

I am very disappointed that the Minister missed the opportunity to reverse the savage 16 cutbacks that were introduced last year and are regarded as among the most draconian cutbacks in recent times. One of these cutbacks was the back to education allowance which had its qualifying period increased from six months to 15 months. The Minister gave us a bizarre reason at the time. She spoke of European tourists abusing the scheme so that they could have the craic in Ireland. The reality was that people used this scheme to get back into education. Although some progress has been made, I appeal to the Minister to scrap these cutbacks.

The real surprise in this year's budget is that it contains little on social housing. This is disgraceful at a time when waiting lists for social housing have reached record levels. Those working with the homeless, who have long argued that an increase in the provision of social housing is the key to eradicating homelessness, have spoken of their severe disappointment with this year's budget. Daithí Downey of Focus Ireland stated that there are nearly 6,000 homeless people and a record 48,000 households on local authority housing lists, but these key areas were not referred to in the Minister's speech. Threshold stated that people on housing waiting lists have been ignored.

The changes in stamp duty will be welcomed, but will mean nothing to those who are on social housing waiting lists. Many of those waiting for social housing are living in overcrowded conditions, with three generations often living in the one household. Adults with children continue to live in cramped conditions in their parents' house while they wait in vain for social housing. I refer to people on the lowest incomes, those on the minimum wage whose only hope of securing housing is by obtaining social housing.

The attempt by the Minister for the Environment, Heritage and Local Government to blame local authorities for the shortfall in the construction of social housing is not good enough. No analysis is given regarding why delays have occurred. Is it because councils are unable to secure land for housing at a cost they can afford? We simply do not know. The Minister of State, Deputy Noel Ahern, has continually given unclear and confusing answers to the Dáil regarding levels of construction of social housing. We need a national housing strategy and agency to co-ordinate all aspects of housing provision. A substantial injection of funding is required if the 48,000 people on local authority waiting lists are to have any hope of being housed.

Sinn Féin has, for a number of years, demanded a comprehensive review of the tax regime. I welcome the Government's commitment to this and again congratulate the electorate

for, as my colleague Deputy Arthur Morgan put it, scaring the living daylights out of the Government. It is clear this is the significant factor behind its change in direction. The review of the tax system must involve all social partners, be time limited and seek to formulate proposals for a truly equitable system. The tax system must be reformed and restructured with the aim of increasing overall tax take to increase social spending and infrastructural development. This must be based on equity and efficiency. It involves removing loopholes and ensuring those clearly in a position to do so pay their fair share.

This budget is probably best summed up by saying a lot done, or I should say a little done, much more to do.

Mr. Parlon: The Deputy was correct the first time.

Mr. J. Brady: The Deputy has done a lot.

Mr. Crowe: The budget has done much for the usual people. It has not gone far enough to eradicate poverty. We were told this budget would put forward proposals to eradicate poverty, but I cannot see them. It should be a goal of any self-respecting Government. The past seven years have been geared towards the more well-off in society. We do not need to go far to see those whom society has failed. There are areas in our constituencies where we see people trying to make things better for their children. However, there is no structure surrounding this budget that will move them out of the poverty trap. It is a missed opportunity, although I welcome aspects of it.

Much has been said about the issue of disability. I recently attended a conference and met a disability activist who spoke about social housing. This person said the Government's answer was affordable housing or shared ownership. This person said the majority of people with disabilities in Ireland live in poverty and rely on social welfare entitlements. They would love the opportunity to apply for social housing or shared ownership, but it is not open to them. The only way they can get accommodation and afford independent living is through social housing. However, the Minister for Finance has ignored the issue in this budget. While he is concerned about the matter and has done much about it, a lot more can be done.

Mr. J. Brady: I am sharing time with Deputies O'Connor, Dennehy, Callanan and Mulcahy. Deputy Crowe spoke of the electorate scaring the life out of the Government. Members of his party scared the lives out of many people in their time. However, they will not scare the parties in Government on this side of the House. Sinn Féin talks about the less well-off sector of society. I remember people in my part of the country who were involved with and hung around Sinn Féin and the IRA. They were quite poor and some of

them did not even have a bicycle. They are very wealthy people today. The rest of us did not get as rich as they did. However, Sinn Féin is very concerned about the less well-off. How did some of its people who were less well off get rich so quickly?

Mr. Crowe: It is easy to say that. The Deputy is on the record, so he should give a few examples of such people.

Mr. J. Brady: It is easy to tell how they got rich so quickly.

Mr. Crowe: The Deputy should let us know.

Mr. J. Brady: We could talk about the matter until the cows come home and even then not all would be said.

I welcome the changes to personal taxation and the additional €682 million in a full year. I also welcome the removal of the minimum wage from the tax net. The former Minister for Finance, Mr. McCreevy, started this initiative and the current Minister, Deputy Cowen, has carried it through. Other tax measures include a comprehensive review of all tax reliefs and exemptions, tax relief on rent paid by private tenants, an increase in tax relief for third level fees and a €63 million reduction in stamp duty rates for first-time buyer owner-occupiers of secondhand residential property.

The Government has been caring with regard to social welfare issues. An extra €874 million in a full year has been provided for all areas of social welfare, including old age pensions, family income supplements, and for an increase in income disregard and the respite care grant. A multi-annual investment programme has been introduced to support development of high-priority disability support services over the period 2006 to 2009.

Farm taxation measures include the option of averaging certain FEOGA direct payments paid in 2005 in respect of entitlements established in 2004 in three equal instalments over 2005, 2006 and 2007 and the renewal of both the general and young trained farmers' stock for a further two years. It is important we keep young farmers on the land.

Other measures include a reduction from seven to three years in the write-off period for the accelerated rate of capital allowance for pollution control facilities as well as stamp duty relief in the case of land swaps. Many of my constituents will be affected by the new M3. They can now swap land without parting with money. In the past, even though they did not part with money, they were eligible for stamp duty. This relief is beneficial for the farming community. There is also an increase from 4.4% to 4.8% in the flat rate of VAT. Woodlands are source of renewable energy and there is increasing public awareness of the multiple benefits of forestry.

[Mr. J. Brady.]

The Minister for Agriculture and Science, Deputy Coughlan, intends to reduce by one third disease levies paid by farmers. This follows a 25% cut in the same rates last year. The new rates will be €2.54 per head for cattle slaughtered or exported and 0.11 cent per gallon of milk. The levy reduction will be worth approximately €5 million in 2005. This reflects the welcome reduction in disease levies in the national herd and it is to be hoped the trend will continue.

The number of TB reactors has declined steadily from 45,000 in 1998 to fewer than 28,000 last year. This was the lowest number of reactors in the past 20 years. The trend is continuing and the best estimate for 2004 is that the number of reactors will not exceed 25,000.

Real progress is being made in relation to brucellosis for which the number of laboratory positives have fallen from 6,400 in 1998 to 900 last year. The number of cattle slaughtered under the programme during the same period fell from 30,000 to 14,700. This positive trend is being maintained in the current year and a further reduction of more than 20% is expected.

In light of the reduced disease levels, and consequently lower Exchequer costs, the Minister for Agriculture and food, Deputy Coughlan, intends to ask the Oireachtas to agree to the new rates of levy on a budget neutral basis. At the new rates the levies are expected to yield approximately €10 million in 2005 or 50% of the projected cost of compensation in 2005.

Mr. Crawford: We agree with that.

Mr. J. Brady: That is €5 million less than the expected yield in 2004.

An Leas-Cheann Comhairle: The Deputy must conclude.

Mr. J. Brady: I will conclude as I do not wish to waste my colleague's time.

Mr. O'Connor: I will keep my contribution as tight as Deputy Brady's and will be happy to provide a few seconds of my time to my colleague from County Meath.

I have been listening with great interest to today's debate and have been wondering from where some of my colleagues are coming. I was asked earlier why I read the *Evening Herald* every night and I told the person I do so because it gives me a good perspective and because it could never be accused of being a strong Fianna Fáil supporter. In that regard, I am interested in what today's *Evening Herald* has to say about the budget. I will quote from the article because I want to put into context what the Opposition has been saying all day. It states: "It is almost impossible to fault this budget which has basically decided to distribute some of the wealth gained by the Celtic tiger in recent years to the less well-off." It goes on to state:

The Minister was able to increase social welfare payments without any hike in taxation. This in itself is a historic moment in the life of our economy. Nobody will quibble with the extra money being devoted to the disabled or indeed the other increases in welfare. The decision to remove everybody on the minimum wage from the income tax net is also to be heartily welcomed.

It goes on to make the point made by the Taoiseach and senior Ministers that:

On a more general front the commitment by the Minister to look at some of the tax breaks which facilitate tax evasion on a huge scale is also to be welcomed. All in all it is a good budget.

Is there anything else to be said?

Mr. Durkan: Does the Deputy believe that? I hope the Minister of State does not believe it.

Mr. Treacy: I believe the people in the street.

Mr. Durkan: Illusion is a dangerous thing.

Mr. O'Connor: Those who have been working themselves into a sweat all evening——

Mr. Durkan: The Government should repent and humble itself.

Mr. O'Connor: I have only four minutes to contribute and the Deputy should relax. Opposition Deputies are working themselves into a tantrum trying to find fault with the budget. They have nothing to say and are no longer credible.

Mr. Durkan: : Humble yourselves and repent.

Mr. Treacy: The Deputy is mixed up.

Mr. O'Connor: We were finished our day's work at 8 o'clock last night because the Opposition had nothing to say. This is one of those historic occasions when the Opposition had nothing to say.

Mr. Durkan: The debate collapsed due to lack of interest. There was no interest in it. Is it true Christmas is to be abolished this year?

Mr. O'Connor: If Fine Gael had its way not only would it abolish Christmas but it would abolish budget day, which is an exciting day. It proved yesterday it has no interest in it.

Mr. Durkan: Bold Santa.

An Leas-Cheann Comhairle: Order, please.

Mr. O'Connor: I do not need the Chair's protection. The budget is a tremendous Government initiative. The Government has listened to what people have been saying. If the media and people in the street welcome the budget, the rest of us

should sit up and take notice. That is not to suggest the job is done, of course it is not.

Mr. Durkan: It is very nearly done.

Mr. O'Connor: There is a lot to be done and this Fianna Fáil-led Government will continue to do that. It does not matter what myth is created, the Fianna Fáil-Progressive Democrats Government, led by the Taoiseach, Deputy Bertie Ahern, with the Minister for Finance, Deputy Cowen, clearly doing his job, will deliver what the people have asked us to deliver.

Mr. O'Dowd: Hallelujah.

Mr. Durkan: The poor people of Ireland.

Mr. O'Connor: It is important we understand what happened yesterday. I am sorry some of my colleagues do not understand what happened.

Mr. Durkan: Some of the Deputy's colleagues do not understand what happened.

Mr. O'Connor: The Government made a very strong move towards eradicating poverty, removing inequality and ending social exclusion. I represent a constituency, like every other constituency, where social exclusion is a strong issue. People speak to me about these issues as I go about my business in Tallaght in particular and in Firhouse, Greenhills and Templeogue. They believe that some of the issues dealt with in yesterday's budget will bring us towards the type of society we want, where social exclusion is dealt with in a definite way.

I look forward to making a lengthier contribution next week on the Social Welfare Bill at which time I will have a great deal more to say. I invite my colleagues opposite to attend that debate.

Mr. Durkan: We will be here. The Deputy need not worry.

Mr. Dennehy: Like other speakers, I am happy and proud to have an opportunity to speak on this motion. As Deputy O'Connor said, if one wants to look for signs that this is a successful budget for all sectors one has only to note that the House rose at 8 o'clock last night rather than 12 midnight.

Mr. Durkan: It was due to a lack of interest.

Mr. O'Connor: The Opposition had nothing to say.

Mr. Durkan: There was no interest in the debate. It was a non-event.

An Leas-Cheann Comhairle: Order, please.

Mr. Dennehy: The Deputy should show a little respect. He is forever telling us for how long he

has been a Member of the House and that he was once a Minister. He should learn the rules of the House.

Mr. Durkan: The Deputy is getting personal now, a true sign of a gentleman.

Mr. Dennehy: The truth is that Members opposite refused to get involved in the debate because things were too good.

Mr. Crawford: That is incorrect.

Mr. Dennehy: If one wanted to get a really good picture of how successful the budget was *The Examiner* devoted two excellent pages to it.

Mr. O'Dowd: The Deputy should read the headline.

Mr. Durkan: He should wait to see it next week.

Mr. Dennehy: There was not a single complaint in the article written by people who are experts in covering budgets.

Mr. O'Dowd: The Deputy should read the editorial which readies things up for the election.

Mr. Dennehy: We will repeat what we have to say outside. The Deputy cannot stop the truth coming out. Despite what Fine Gael might do, it cannot stop the truth coming out. What saw during the week the book on how well we have done during the past 25 years. The years 1986-87 feature prominently in it so the Deputy should not draw me out on that topic. He was not around but some of his colleagues were and they are partly to blame for almost bankrupting the country.

(Interruptions).

Mr. Durkan: The Deputy has a neck to say something like that. Every time he mentions that, he goes back to 1977. The Government tried on more than one occasion to buy out the people.

Mr. O'Dowd: What about Charles Haughey?

Mr. Dennehy: I do not want to call anybody abusive names, like the people who perform in circuses and wear funny hats, but I will do so if the Deputy keeps interrupting.

Mr. Durkan: That would be in keeping with the Deputy's past performance.

Mr. Dennehy: I will put Deputy Durkan back in his box very quickly.

Mr. Durkan: The Deputy does not need a funny hat because it is not funny.

Mr. Dennehy: I will put the Deputy back in his box very quickly. I would like to comment on a number of issues, such as tax breaks and shelters.

[Mr. Dennehy.]

There is a degree of hypocrisy about this issue. Those who received a fair amount of headline on this issue during the past couple of weeks and who were most vocal about it are those who last year led the lobby to obtain that break for the film industry. Many of us subscribe to the need for that, but they were to the forefront and led the lobby. They now pick out one item and disagree with it. This issue is being looked at. Many of us know these breaks have run their course.

The spokespersons for Fine Gael and Labour said that the Government refused to spend €4 million to assist old age pensioners from Ireland now living in Europe — I compliment the former Minister for Finance, Mr. McCreevy, on the work he did in this area — but that, too, is hypocrisy. I campaigned through the 1980s and 1990s for recognition of pre-1953 pension payments by people who are all now old age pensioners. Some 28,277 of these people are now in receipt of a pension thanks to a change made—

7 o'clock

Mr. Durkan: The Deputy means a half pension.

Mr. Dennehy: The half pension is worth—

Mr. Treacy: They are getting the pension.

Mr. Dennehy: —€130.2 million this year. It is being received by 14,772 people in the UK, 2,170 in the USA, 1,010 in Canada, 618 in Australia and 307 in other states.

Mr. Durkan: Fianna Fáil miscalculated that too.

Mr. Dennehy: It was lamented that these people sent money home in the past. As far as I was concerned it was an entitlement. I will name the Fine Gael Minister who refused the scheme when I originally put the case forward. I am glad the former Minister for Finance, Mr. McCreevy, was soft-hearted enough to pass the scheme. I am now told by the Fine Gael Party's spokesman that it is a half pension. However, his party's Members raised this issue with the Committee of Public Accounts to ridicule the former Minister, Mr. McCreevy, and the Fianna Fáil Party.

Mr. Durkan: I have representations from people in Kildare North on this issue. It is like every other promise; it has not been kept.

Mr. Dennehy: I have the record of those Members raising it on the committee. The pre-1953 pensions were never promised in any previous Government programme. The scheme was introduced last year by the then Minister for Finance.

Mr. Crawford: Last year.

Mr. Dennehy: It was introduced after many years of campaigning. It was originally granted by

the then Minister for Finance, Mr. McCreevy. Following lobbying from within the Fianna Fáil Party, it was extended to Irish pensioners in other countries.

Mr. Durkan: Fianna Fáil was not the only party demanding this.

Mr. Dennehy: I am proud of this and I want to see it continued.

On the general front, the economy is doing very well. I must refer back to the time the country nearly went bankrupt.

Mr. Durkan: It was the Fianna Fáil Party that nearly bankrupted the country.

An Ceann Comhairle: Allow Deputy Dennehy without interruption.

Mr. Dennehy: As the Taoiseach said earlier, a strong economy can be coupled with social advances. One example of this is the scheme just outlined for 28,000 pensioners. Wealth cannot be taken as a given. That is why it is important that we are successful in attracting floating foreign investment. We have done this five times better than any of our EU colleagues. It was achieved because of the Government's taxation policies, which have been attacked for the last seven years by the Fine Gael Party. Our taxation policies are why unemployment has been kept below 5%.

Mr. Durkan: It was up and running when Fianna Fáil took office.

Mr. Dennehy: When the unemployment rate is near 9% in Germany and France, this little country has managed to keep it down. Employment has grown by one third, at over 400,000 jobs. It is hard for the Opposition to get a mental grip on this since it was in Government last.

Mr. Durkan: Why is the Deputy going back to this time? Why does he not go back to the 1950s or 1960s?

Mr. Dennehy: Does the Opposition remember when young people were leaving on the boats?

Mr. Crawford: When 1,000 jobs are lost every week, there is a problem.

An Ceann Comhairle: Allow Deputy Dennehy without interruption.

Mr. Dennehy: The figure of 400,000 jobs is incredible when one considers a small country like ours. It has been achieved due to prudent management, good policies and our confidence in the future. It was the first Government to run its full course and we will do that again. I am as concerned about where we get the money from as how we spend it. I am delighted that employment grew by 43,000 new jobs in the last 12 months. We do not want it all just for Fianna Fáil people.

We want to share it with our brethren in the smaller parties. I commend the budget to the House. It is the best one I have seen since I entered the House in 1987. I am happy to be part of the major party that drafted it.

Mr. Callanan: I congratulate the Minister for Finance, Deputy Cowen, on his first budget. This is a good budget, reflecting many issues brought up by backbenchers. This budget helps PAYE workers, farmers, the unemployed, pensioners, children and especially the disabled. A €900 million extra package for disability will be spent from 2006 to 2009, on top of the €2.8 billion to be spent in 2005. This is an increase of €290 million over last year. A total of 1,635 residential respite and day places will be available in 2005 for people with intellectual disabilities and autism, bringing a total of 4,260 new places by the end of 2009.

I also welcome the huge boost to home support in the budget. Provisions have been made with the total of 450,000 extra hours of home support and personal assistance. This works towards a total of 1.2 million extra hours by the end of 2009. It recognises the tremendous contribution that families and carers of those with disabilities play. On social welfare the increases show an extra €1 billion to be spent in 2005, bringing the total spent on social welfare to €12.25 billion, a 8% rise and more than three times the rate of inflation, affecting 1.2 million people.

I congratulate the Minister for Social and Family Affairs, Deputy Brennan, for looking after the less well-off. I welcome the increase of €12 for old age pensioners, bringing the new rate up to €179. This is on target for the Government's promise to bring the old age pension up to €200 in its lifetime. The increase of €14 on all social welfare is welcome. Child benefit is also increased by €10 for the first and second child and €12 for the third and other children. This brings the new rate for one child up to €141.60 per month and a family of four children to €637.80 per month. Family income supplement and maternity benefit have also increased.

There is good news for carers. The weekly income discard for a single person has been increased to €270 and €540 for a couple. This means that a wife, whose husband's income is €540, can now qualify for a full carer's allowance. The respite grant has increased to €1,000. Carers looking after someone needing full-time care, regardless of income, will qualify for this respite grant. This grant is expected to be paid out to an additional 10,000 carers. For all social welfare means-tested payments, the capital assessment is eased, as the first €20,000 of capital is disregarded. An old age pensioner can have a considerable amount of money and still get a full pension. Many other changes in the social welfare budget will help many people.

On taxation, the Minister has taken all workers on the minimum wage out of the tax net. This is a great decision as it encourages people on low pay to work and not be taxed. First-time buyers

of secondhand houses will not pay stamp duty on houses up to the price of €317,000 and a sliding scale of stamp duty up to €650,000. This is a great help to first-time buyers as it will mean a saving of €11,500 on a €310,000 house.

Tax relief on farm pollution control has been introduced. Stamp duty relief has also been introduced for the exchange of farmland between two farmers who wish to exchange farmland for farming purposes. This is a great help for farmers who have split holdings, giving them an opportunity to bring these holdings into one farm. Stock relief will continue for two years. I welcome the new rural social scheme for farmers on farm assist.

I welcome the decision by the Minister for Enterprise, Trade and Employment, Deputy Martin, to allow those over 55 with three years employment on FÁS schemes to go back on schemes for a further three years. I welcome the increase in the health and education budgets and the ten year rollover funding for roads. I commend this budget to the House. The Minister for Finance has done a fine job.

Mr. Mulcahy: I join with my colleagues in congratulating the Minister for Finance on the budget. He has been a Member since 1984. However, I have only been a Member since 2002, although I was a Senator for three years in the 1990s. Rarely has a budget been so well received by the public and the press. It was very difficult for the Opposition to say anything negative about the budget as almost everything about it was positive. The Opposition was right not to call votes.

Mr. Durkan: There was nothing to call a vote about.

Mr. Mulcahy: It showed there was a significant degree of consensus in the House on the positive nature of the budget.

It was apparent from the Minister for Finance's speech that there is no room for complacency.

Mr. Durkan: The Deputy is right about that.

Mr. Mulcahy: The economy is doing very well. I need not recite the figures.

Mr. Durkan: Please, do not.

Mr. Mulcahy: We must remember that Ireland is doing very well because it has become very competitive in an international context.

Mr. Durkan: That is the biggest laugh of all time. Where did the Deputy read that?

An Ceann Comhairle: Allow Deputy Mulcahy to speak without interruption.

Mr. Durkan: I apologise to the Ceann Comhairle, but it is very difficult to put up with that.

An Ceann Comhairle: Time is very limited.

Mr. Mulcahy: We should echo the Minister for Finance to the effect that it is the revenue generated by economic activity which keeps public services going, not higher tax rates as some would have us believe. The budget has sounded the death knell of the high tax and spend philosophy which got this country into serious difficulty many years ago. The philosophy was adhered to by several Governments of different parties.

Mr. Durkan: What about the Government which abolished car and road tax? That was odd.

An Ceann Comhairle: Deputy Durkan should refrain from interrupting.

Mr. Durkan: The legacy was potholes throughout the country.

An Ceann Comhairle: Allow Deputy Mulcahy to speak without interruption.

Mr. Durkan: They still have not recovered.

Mr. Mulcahy: I acknowledge that Deputy Durkan has difficulty controlling the physical functions of his mouth.

Mr. Durkan: That is something Deputy Mulcahy could never be accused of.

Mr. Mulcahy: I urge him to exercise restraint for just a few more minutes.

Mr. O'Dowd: That is a good one.

Mr. Mulcahy: I welcome the change in the stamp duty regime which I have sought for a long time. The Fine Gael leader, Deputy Kenny, made the very good point that the change could have a gone a little further. I agree with him. While I heard an economic commentator on the radio say that in his opinion property prices will increase as a result of the change, it is more likely that the opposite is the case. Many properties in the €320,000 to €330,000 bracket will be sucked down into bracket below €317,000 because of the zero stamp duty regime.

Mr. Durkan: The people who buy them will get sucked in.

An Ceann Comhairle: Allow Deputy Mulcahy speak without interruption.

Mr. Mulcahy: I predict a decrease in prices in that bracket of the secondhand market.

I welcome the 20% increase in capital expenditure for 2005. It has not been referred to enough. I am glad there is a Minister of State in the House to listen to me say we must complete our roads infrastructure as quickly as possible. Ireland is choking on gridlock.

Mr. Durkan: Hear, hear. That is the real issue.

Mr. Mulcahy: While we have made great progress, I want to see the process of infrastructural provision sped up and a fast-tracking of project completion to end all roadblocks. We require the provision of a non-stop ring of roads from Dublin to Cork, Cork to Galway, Galway to Dublin and Dublin to Belfast.

The emphasis on disability services in the budget is revolutionary. No budget since the foundation of the State has been dedicated to such an extent to disability services. The provision of a €900 million programme of funding over four years underlines the Governments firm commitment in this area.

Mr. Durkan: There are many promises.

Mr. Mulcahy: I understand why the Opposition spokesmen on finance might be reaching for their suicide pills given the amount of good news in the budget. I urge them not to despair.

Mr. Durkan: I do not know what pills Deputy Mulcahy was taking before he came to the Chamber, but he should stop.

An Ceann Comhairle: Allow Deputy Mulcahy to conclude.

Mr. Mulcahy: Fianna Fáil is a broad church and, if any spokesman feels genuinely suicidal, he or she can apply for membership. We would gladly let a spokesman become a member if he or she agreed with our philosophy and the positive development of the country. I felt very sorry for the spokesmen last night and especially for one of them who is present.

Mr. Durkan: We are glad the Deputy feels sorry for us, but we do not feel sorry for him.

Mr. Mulcahy: I commend this budget warmly and strongly to the House.

An Ceann Comhairle: I ask Deputy Durkan not to interrupt Deputy Crawford.

Mr. O'Dowd: I second that.

Mr. Crawford: I wish to share time with Deputy O'Dowd.

An Ceann Comhairle: Is that agreed? Agreed.

Mr. Crawford: I must respond to Deputy Mulcahy's last comment which was the saddest which could have been made in this House. On two occasions last week, I raised the issue of suicide. One of my closest friends took his own life. It is not a joke.

Mr. Mulcahy: Suicide is not.

Mr. Crawford: Every year, 450 lives are lost due to some problem in society. Despite all the money in circulation, people do not believe it is

worth living. It is a serious situation and not something about which to make a joke.

Mr. Mulcahy: Deputy Crawford knows I was speaking metaphorically.

Mr. Crawford: It is not something to make a joke about.

Mr. Treacy: He was talking about pills.

An Ceann Comhairle: Allow Deputy Crawford speak without interruption.

Mr. Crawford: The Dáil did not sit past 8.15 p.m. yesterday for the simple reason that there was only one motion on tax to discuss. It involved the matter of VAT and I will refer to it again later. It is sad that the surplus time available last night between 8.15 p.m. and 11.30 p.m. could not have been used to debate the budget given that we are running short of time now. It would have been useful to discuss last night the need to reduce petrol and diesel prices which have moved beyond reach. The Government could have used the budget to offer some relief to the hard-pressed transport sector. It would certainly have made us more competitive. It must be remembered that Ireland is becoming one of the least competitive countries in the world.

Mr. Mulcahy: What?

Mr. Crawford: It is a simple fact.

Mr. Mulcahy: It is rubbish.

Mr. Durkan: It is a fact that Ireland is 24th out of 25 countries.

An Ceann Comhairle: Allow Deputy Crawford speak without interruption.

Mr. Crawford: If Deputy Mulcahy were to talk to ordinary representatives of the furniture, food and other industries to find out about the pressures they face, he would know exactly what I am talking about. Stealth taxes have driven people out of business.

Mr. Treacy: There is no such thing. They are service charges.

An Ceann Comhairle: Allow Deputy Crawford to speak without interruption. I remind the Deputy not to invite interruptions.

Mr. Crawford: As I have some responsibility in the context of agriculture, I wish to raise some relevant issues. While any reduction in stamp duty is welcome, I became greatly concerned when listening to the Taoiseach that the amount of red tape involved will mean the reduction is worth very little. I await the Finance Bill at which stage I will discuss the matter in more detail.

Mr. Treacy: The Opposition should promote it among farmers.

Mr. Crawford: I guarantee the Minister of State that we will promote it if it is worthwhile.

Mr. Durkan: If not, we will not.

Mr. Crawford: While the capital allowance provisions should prove worthwhile, few full-time farmers will be able to gain from them in the areas in which significant storage is required to comply with the nitrates directive. This is because they are not taxable.

Mr. Treacy: They are not paying tax.

Mr. Crawford: They are not taxable, which is a different story as the Minister of State knows well.

Mr. Durkan: They are on the minimum wage.

Mr. Crawford: While stock relief is beneficial and I welcome the budget's provisions in this area, we must ask how many young farmers can increase stock under the quota and other regimes. While there will be no major benefit from the budgetary provisions, I welcome that at least the current relief has been retained.

I welcome the provisions on averaging without reservation. It is an absolutely necessary and beneficial allocation. I have already spoken about the flat-rate refund and will not spend much more time on it. While I welcome the provision, I note that we lost €30 million because it was not adjusted when it should have been when VAT was increased two years ago. I guarantee the Minister of State that Fine Gael will support the Government's action on the disease levy.

I listened with interest to the Minister of State, Deputy Browne, speaking about his great success in the forestry sector. Between 13,000 and 14,000 hectares will be planted in 2005 but that is because the targets were not reached last year. When the plan was drafted by the former Minister for Agriculture, Ivan Yates, in 1996, he stated 25,000 hectares should be planted per year.

Mr. Treacy: That plan was drafted by the former Minister of State, Deputy Molloy.

Mr. Crawford: It was not. Mr. Bacon, who was employed by the Government, made the same recommendation, yet only 14,000 hectares will be planted next year. It must be ensured that if the land is not being planted, it should be used for biomass plants to generate electricity, heat and power.

I welcome the abolition of the stamp duty on secondhand homes for first-time buyers. When Fine Gael made a similar proposal before the local elections, we were ridiculed and told the market would be destroyed. However, I thank the Minister for Finance for adopting our policy, which I welcome.

[Mr. Crawford.]

I also welcome the Minister's statement regarding people with disabilities but I am slightly anxious that the funding will be spread over a long number of years. The extra €900 million will be provided between 2006 and 2009. The Minister means well in regard to people with disabilities but we will watch with interest how the implementation of the programme progresses.

While I acknowledge the increases in social welfare, why did old age pensioners who built the State receive lower increases than other groups? I also query the changes in the tax allowances. I am glad the departmental officials supplied examples with the Budget Statement because they make interesting reading. A self-employed man on tax schedule D earning €35,000 who is married with two children will gain €300 next year as a result of the changes. Another example is Aidan, a single man with a daughter, who will gain a total of €350. While the adjustments are welcome, they have not gone far enough. More needs to be done to take account of the failure to index the tax bands over the past year and the various stealth taxes that were introduced.

Mr. Durkan: It is worth 95 cent a day to poor old Aidan.

Mr. Treacy: What about the widening of the tax band?

Mr. Finneran: What did Fine Gael do in Government?

Mr. Crawford: The failure to fund local authorities properly will mean an increase in service charges but my colleague, Deputy O'Dowd, will address this shortly.

I refer to the carer's allowance. I was a member of the Oireachtas Joint Committee on Social and Family Affairs for a number of years and there was unanimity that something radical and realistic needed to be done for carers. However, the Minister for Finance only provided for minor increases in the income disregard and the allowance. He did not go in depth into the proposals put forward by the joint committee. We sought the provision of at least half an allowance to widows or widowers who are left to care for an elderly or disabled parent or relative. Not a single cent has been provided to them despite the committee making a strong recommendation in this regard.

I welcome the increase in the respite care grant which, according to the Budget Statement, will benefit 9,000 people. Is the Government suggesting that only 9,000 people care for the elderly and people with disabilities? That is a serious issue. No help was provided for child care providers. A sum of €2 million was needed to fund the rural bus service but that was not provided. The decentralisation programme has been allocated the same amount as the package for the disabled but no jobs have been transferred to Cavan,

Monaghan or even Donegal. Ulster has been left out.

Mr. Treacy: John Wilson secured a major office for Cavan.

Mr. O'Dowd: The budget is important. Given that the coffers have never been so full and many people are in employment, one would expect much better delivery of services, particularly in local government. However, the increase in the local government fund was fixed at 1%, which means that local authorities will receive less money next year than they did this year. I do not know what the Minister for the Environment, Heritage and Local Government was doing at the Cabinet table but he was not speaking out loud. The Estimates provide that the increase in permitted total expenditure to local authorities is only 1%. The net result will be higher charges for householders, higher rates for local businesses and a continuation of the stealth taxes introduced by the Minister for Finance's predecessor. Service charges and local authority rents will increase.

The Progressive Democrats Party stated in its general election manifesto that it would introduce a waiver scheme for local authority charges for everybody on local incomes, whether the service was supplied by the public or private sector.

Mr. Finneran: Is the Deputy opposed to it?

Mr. O'Dowd: Where is the waiver scheme for local income families?

Mr. Durkan: Another promise gone by the wayside.

Mr. O'Dowd: I asked the Taoiseach about this on the Order of Business earlier. The answer was there was nothing coming because the Progressive Democrats Party was not delivering. It delivered nothing in the budget.

Mr. T. O'Malley: Is a total of €900 for people with disabilities nothing?

Mr. O'Dowd: The abolition of stamp duty for first-time buyers of secondhand homes is Fine Gael policy and we are glad it has become Government policy. However, every first-time buyer of a house in Dublin will pay stamp duty because the ceiling of €317,000 set by the Minister is the average price of a house currently. This will not benefit people in Dublin city.

Mr. Finneran: That is absolute rubbish.

Mr. O'Dowd: This is the first generation of young people who cannot look forward to buying their own homes. They cannot do so unless their parents help them or they wait many more years than we had to.

Mr. Finneran: The Deputy should acknowledge what has been done.

Mr. O'Dowd: Stamp duty will have to be paid on all secondhand houses sold in Dublin. The Deputy should cop on and learn. The Government is neglecting the most important people in this city and is doing nothing for them.

I challenge the Minister of State at the Department of Health and Children to explain what he is doing for people with disabilities. For example, sufficient money was not provided in the Estimates for the disabled person's grant. In 2003, 6,153 grants were awarded at an average cost of €6,094. By July 2002, 11,393 people had applied for the grant. If only 10,000 were successful, the Minister of State would need an extra €10 million, which was not provided in the Estimates. He is surrounded by clap-happy Deputies who are not examining the reality of the budget. This grant is disgracefully underfunded.

Debate adjourned.

Adjournment Debate.

Health Board Services.

Dr. Upton: I thank the Ceann Comhairle for the opportunity to raise this important matter on the Adjournment. I wish to bring to the Minister's attention the serious problem of long waiting lists for occupational therapy services via health board health centres. I understand that this is a problem across the country, but I deal with it on a daily basis in the South Western Area Health Board area, especially Ballyfermot, Crumlin and the south inner city. It is older people who have lost out most. They have been told that they must wait three or more years for assessment and a further period before the work is carried out. The health board's clients are looking for household adaptations to their bathrooms, bedrooms or entrances to their home to facilitate their mobility. The elderly people in question are still active and wish to remain in the community. They need a little assistance to allow them remain at home.

The people in question are on pensions and work on tight budgets. They have little discretion to obtain the services of private occupational therapists and to get the work done privately. They often live in the large housing schemes built by Dublin City Council and constructed with no regard for the fact that the residents will grow old. It seems the health boards have allowed their public occupational therapy services to run down. It also seems as though the professionals have not moved to rectify this situation.

The problems with the public occupational therapy service is a reflection on the corrosive effect of our public-private health service. Why have the public waiting lists been allowed to grow so long? A professional occupational therapist employed by the health board may be available

for private work. At the same time the public waiting lists grow ever longer.

I would like to bring to the attention of the Dáil the case of an elderly lady living in the Islandbridge area of Dublin 8. This lady urgently needed an initial occupational therapy assessment but was told that it would be three years before she was seen by an occupational therapist. She is a member of a family of limited means. The lady and her husband are pensioners, while their only son is in receipt of disability benefit. As I know this family well, I offered to pay for a private occupational therapy assessment and to submit this report to the health centre in Cherry Orchard for it to provide the necessary chair and other devices. However, the health board refused to entertain this proposal and the private occupational therapist I contacted refused to do the initial assessment.

As a Labour Deputy, I would prefer a properly functioning public health service that puts the interests of the patient and client first. We are a great distance from this standard of care. We have a hybrid public-private system within which vulnerable people lose out.

I propose that the Minister for Health and Children put the power into the hands of the patient. In this case, I propose that the clients on the health board waiting lists be given vouchers to allow them obtain occupational therapy services from qualified occupational therapists. There is a similar system for chiropody services, which operates satisfactorily.

Nothing has been done to provide a more efficient public occupational therapy service. There is little or no use of occupational therapy assistants or walk-in centres. Advantage has been taken of a delay in providing occupational therapists.

It is disappointing that the health board structure, including the Dublin area health boards, continues to put such a stranglehold on the delivery of health services. The boards have considerable budgets and huge power but no accountability. It is impossible to track down responsibility for any given service. The mantra is that it is always somebody else's responsibility.

The South Western Area Health Board which covers my Dublin South-Central constituency has its headquarters in Naas, County Kildare. Responsibility for the services is dispersed geographically through the area health board and different boundaries operate, depending on the service. From a geographical point of view it is a mess. Could the health board services not be divided according to Dáil constituency boundaries, as is the case with the delivery of Dublin City Council services?

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I thank Deputy Upton for raising this matter on the Adjournment. I am pleased to clarify the matter relating to the public occupational therapy service.

[Mr. T. O'Malley.]

The Department's policy on older people is to maintain them in dignity and independence at home in accordance with their wishes and to provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

The Department has been encouraging health boards to introduce personal care packages, PCPs, and home subvention for older people as an alternative to long-stay residential care. PCPs are specifically tailored to meet the individual's needs and could include the provision of a home help service, home subvention payments, arrangements for attendance at a day centre or day hospital and other services such as twilight nursing and occupational therapy. Services provided at day hospitals include therapy services, including occupational therapy services. PCPs allow older people the option to remain living in their own home rather than going into long-stay residential care.

The Department is aware of the need for additional occupational therapy services for people with disabilities. The Deputy is aware of the proposed investment by the Government in services for people with disabilities. The recent increases in funding of €205 million for services for people with disabilities, included in the Book of Estimates for 2005, brought the overall level of expenditure on disability specific services to over €2 billion. This included additional funding amounting to €70 million which will be used to put in place a range of new support services for people with intellectual, physical or sensory disabilities, autism and mental illness. It will entail the employment of more than 1,000 additional personnel to deliver these services. The €60 million capital funding announced yesterday in the budget will assist with the provision of the infrastructure required to support these developments in 2005.

The commitment announced yesterday by my colleague, the Minister for Finance, Deputy Cowen, regarding the revenue and capital funding investment programme over the period 2006-09 will amount to a cumulative investment of approximately €900 million. This unprecedented commitment to both revenue and capital funding will greatly assist the Department and the health services to build additional capacity within the services in a planned and co-ordinated manner to support the implementation of the key elements of the national disability strategy.

As part of that strategy and in accordance with a commitment in Sustaining Progress, the Department is conducting a strategic review of existing service provision, in consultation with relevant interests, with a view to enhancing health and personal social services to meet the needs of people with disabilities. As part of this review, I will arrange for the Department to give full consideration to the proposal Deputy Upton has put forward this evening.

Disabled Drivers.

Mr. Deenihan: I thank the Ceann Comhairle for the opportunity to raise this matter on the Adjournment. Yesterday I contacted by telephone the disabled drivers medical board's appeals office at the National Rehabilitation Hospital in Dún Laoghaire. I contacted the office again today to be greeted by a message on the answering machine that the disabled drivers medical board of appeal has ceased to function from the National Rehabilitation Hospital campus and to contact the budgets and economics division of the Department of Finance.

I was trying to contact the board of appeal to find out when a family friend would be called for assessment, following refusal by the Western Health Board to grant him a primary medical certificate on 6 May 2004. This was an extraordinary decision by the board as the individual in question suffered a severe stroke on his left side resulting in having no power in his left arm and leg. He was also left with other medical problems.

This man needs to have his car adapted to drive and have some independence. His wife wrote to the board of appeal on 23 June requesting an early call for assessment by the medical board of appeal. In response to her letter she was informed by the chairperson of the board of appeal in a letter of 5 July that there was a very long waiting list and that it might be a considerable time before the board was in a position to offer him an appointment.

In response to a parliamentary question tabled by the leader of Fine Gael, Deputy Kenny, on Tuesday, 19 October, the Minister for Finance stated that following two of the recommendations of the report of the interdepartmental review group concerning the peace process, amendments to the regulations governing the scheme were drafted to improve the operation of the medical appeals board and were signed on 23 July 2004. The amendments provided, among other provisions, for expanding the panel of medical practitioners serving on the medical board of appeal from three to five and introduced a six-month waiting period between an appeal and a subsequent application. However, despite the increase in medical practitioners from three to five, the individual in question was not called for assessment during the past six months. I understand he is not in a position to change his car without the tax concession.

The appeals system appears to have broken down and there is a serious disagreement between the board of appeal and the Department of Finance. Will the Minister of State explain to the House the nature of the problem with the board of appeal and when the dispute and apparent stand-off will be resolved? It is very unfair on this individual and many more like him. Not alone will he have to wait for six months to be assessed but now the appeals board is no longer in operation. As this may only affect a number of individuals it may not be of much concern to the Government. However, that is most unfair on

those people and, in the case of this individual, whom I know, it is both a source of considerable hardship to the man concerned and his wife whose health is also affected by virtue that this concession has not been granted to her husband.

I urge the Minister of State follow up this matter. He has given a commitment and I know that he will do so. I am glad he is present because I know I can rely on him to do something about it.

Mr. T. O'Malley: I am pleased to take this opportunity to clarify the matter relating to the disabled drivers medical board of appeal.

The disabled drivers and disabled passengers' tax concessions scheme is operated by the Office of the Revenue Commissioners. The scheme provides for certain tax concessions in regard to the purchase and running of a vehicle for persons who meet particular medical criteria relating to physical disablement. The criteria of medical eligibility are as follows: the applicant is wholly or almost wholly without the use of both legs; the applicant is wholly without the use of one leg and almost wholly without the use of the other leg such that the applicant is severely restricted as to movement of the lower limbs; the applicant is without both hands or without both arms; the applicant is without one or both legs; the applicant is wholly or almost wholly without the use of both hands or arms and wholly or almost wholly without the use of one leg; the applicant has the medical condition of dwarfism and has serious difficulties of movement of the lower limbs.

To qualify for tax concessions under this scheme, a person must be in receipt of a primary medical certificate issued by the senior area medical officer in his or her local health board. The disabled drivers medical board of appeal was established to hear appeals from individuals who have been refused such a certificate. The medical board of appeal to the disabled drivers and disabled passengers' tax concessions scheme is regulated by the Department of Finance under the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994.

The role of the Department of Health and Children in the scheme is to provide nominations to the medical board of appeal, which is provided for in section 6 of these regulations. Amendments to the regulations governing the disabled drivers and disabled passengers' tax concessions scheme were drafted to improve the operation of the medical appeals board. These were signed by the Minister for Finance on 23 July 2004. As required under section 92 of the Finance Act 1989, both the Minister for Health and Children and the Minister for the Environment, Heritage and Local Government were consulted. The amendments provide for two changes to the existing regulations, namely to expand the panel of medical practitioners serving on the medical board of appeal from three to five and to amend the appeals process to the medical board of appeal by introducing a six-month waiting period

between an appeal and a subsequent application and introducing the requirement for a second application to be certified by a registered medical practitioner to the effect that there has been material disimprovement in the medical condition since the previous application.

With regard to those serving on the medical board of appeal, the existing regulation states that, "On the nomination of the Minister for Health, the Minister for Finance shall appoint, for a period in each case of four years, three medical practitioners to the Disabled Drivers Medical Board of Appeal." The current situation, therefore, is that only three doctors sit on the board and that all three doctors must be present for an appeal hearing. To deal with the backlog of appeals cases under this scheme, it is proposed to increase the number of doctors on the medical board of appeal from three to five.

In accordance with the current regulations, the Tánaiste and Minister for Health and Children has been asked for and has provided the names of a number of medical practitioners considered to be suitable as nominees for the medical board of appeal. I understand the Minister for Finance is now making arrangements for these appointments.

My Department has been informed by the Department of Finance that the appeals board is in the process of being reconstituted. Issues also arise in regard to the staffing and administration of the work of the board arising from staffing changes. My Department and the Department of Finance are working to resolve these issues.

Social Welfare Benefits.

Mr. Durkan: I am glad to have an opportunity to air this issue by way of the Adjournment debate. Through no fault of the Ceann Comhairle or of mine, I have unsuccessfully tried to raise this issue over recent weeks. Thankfully it has come before the House but, ironically, the issue has been resolved in the meantime, which is rather interesting. I am not sure if the Minister of State is aware of that. Ordinarily, I would be able to anticipate his speech and quote it word for word.

In this situation, an unfortunate individual was rendered homeless by virtue of the implementation of the savage 16 cuts imposed in last year's budget. It is appropriate that in discussing this issue, we would, by way of commemoration of that event, move into more fertile fields. However, while this particular case is resolved, identical cases to it are still in the offing. In my constituency, single people with housing needs are being asked to find rented accommodation for €500 per month. I do not know what kind of world the authorities live in but there is nothing available in my constituency in the private sector by way of flat or apartment for €500 per month. The same applies to the housing needs of a mother with one child.

The individual concerned was a single parent with two children who was in private rented accommodation. When it was discovered that he

[Mr. Durkan.]

was on a FÁS course and that his income was slightly higher than it would otherwise have been, his rent contribution was raised from the equivalent of a county council rent to something in the region of €100 per week, which with two children was difficult for him to pay. Countless other cases identical to this happen every day.

A row has broken out between the health boards and the Department of the Environment, Heritage and Local Government. The health board has said as recently as today to a constituent of mine that it is not its job to house people but that of the Department of the Environment, Heritage and Local Government. I agree, but the Department is not doing so because no houses are available. When that happens, the supplementary welfare scheme, by way of rent support, is the only option left to support people with housing needs.

This situation warrants a close examination by the Minister of State, Deputy Tim O'Malley. I believe he is a caring and compassionate man who has genuine concerns and, in those circumstances, he should examine this situation. I can give him chapter and verse on many similar situations. I am sure my colleague, Deputy Costello, is aware of similar situations where people have no home. For reasons beyond their control, people cannot get a local authority house because thousands of others are on the list ahead of them. The only way they can get local authority houses is by becoming homeless, which is exactly what the unfortunate individual in my constituency had to do. He could not pay his rent so he ended up on the road. He was put into a hostel and was eventually housed from there. I am not sure that is the way it was intended to happen, but that is the way it did.

I urge the Minister of State, Deputy Tim O'Malley, to examine this. The situation is anti-family and anti-people. It is uncaring and has no regard to the situation in the marketplace in which the rent support system is supposed to pick up where the local authority system is unable, incapable or unwilling to help. If this is not addressed sooner rather than later, despite all the claims from the Government side of the House about how well the country is running, I assure the House that situations will arise this Christmas the like of which we have never heard before. I refer specifically to the hardship which is experienced by unfortunate individuals who are dependent on rent support and who would ordinarily be housed by the local authorities but who have no chance of being housed by them and are being sent around in circles to prove their case which involves the creation of further hardship for them.

Mr. T. O'Malley: The supplementary welfare allowance scheme provides for the payment of a weekly or monthly supplement in respect of rent to an eligible person whose means are insufficient to meet his or her accommodation needs and who

does not have accommodation available to him or her from any other source. As the Deputy is aware, the scheme is administered by the health boards and neither I nor my Department has any role in decisions on individual claims.

Rent supplement is no longer in payment in the case raised by the Deputy because the person concerned has been allocated housing by the local authority. Social housing is a better solution than rent supplement for people on low incomes with long-term housing needs.

Mr. Durkan: I agree.

Mr. T. O'Malley: The health board in this case, the South Western Area Health Board, has confirmed that one of its officials visited the person concerned at his new accommodation. Arising from this, the board has provided assistance by way of substantial exceptional needs payments to assist with the purchase of essential household appliances arising from his change of accommodation. The amount of rent that had been paid by the person concerned when he was on rent supplement was never a difficulty in this case. That was because his rent was below the board's maximum rent level applicable to a family of that size. This demonstrates that the Deputy is incorrect in stating that no accommodation is available at the rate allowable under the rent supplement scheme.

Mr. Durkan: The Minister of State is wrong. His information is wrong. He should check the facts.

Mr. T. O'Malley: Under the standard assessment rules of the supplementary welfare allowance scheme, rent supplements are calculated to ensure that an eligible person, after the payment of rent, has an income equal to the rate of supplementary welfare allowance appropriate to his or her family circumstances less a minimum contribution, currently €13, which each recipient is required to pay from his or her own resources.

Up to €50 per week of additional income from part-time employment is disregarded in the means test. From January, this will rise to €60 as part of this year's budget package to further enhance the incentive to take up employment or training opportunities.

Mr. Durkan: That is a massive increase.

Mr. T. O'Malley: Community employment is regarded as part-time employment for these purposes. Separately, there are also earnings disregards applied to the one-parent family payment to the person concerned. The aim of these earnings disregard is to help ensure that a person is better off as a result of taking up such an opportunity.

In my reply to Question No. 148 of 4 November 2004, I informed the Deputy that the South Western Area Health Board had advised my Department that the amount of rent sup-

plement in payment to the person concerned up to June 2004 was based on the person's income from his one-parent family payment only. At that time, the board reviewed his entitlement to take account of the fact that the person concerned had additional income due to his participation in a CE scheme. Following this review, a reduced amount of rent supplement was put into payment in July 2004.

Mr. Durkan: Now we are coming to the issue.

Mr. T. O'Malley: The board also advised that the person concerned was unsuccessful in appealing against this decision to reduce his rent supplement because the correct amount was in payment.

Mr. Durkan: The board appealed to itself.

Mr. T. O'Malley: He was €50 per week better off because of participating in the CE scheme. He was subsequently requested to provide documentation confirming his continued participation in the CE scheme. As he failed to provide the details sought, payment of his rent supplement was suspended by the board at the end of August 2004.

Mr. Durkan: They are to be put out on the road.

Mr. T. O'Malley: The Deputy will appreciate that people claiming a means-tested payment must provide relevant documentation about their income and that failure to do may lead to the suspension of payment, as happened in this case.

Departmental Offices.

Mr. Costello: I hope the Minister of State can grant me some light relief on this matter.

A comprehensive customer service for the public and for public representatives is vital. All public representatives and every member of the public who has had reason to contact the Department of Justice, Equality and Law Reform on some issue relating to non-nationals would say "amen" to the call for decent customer service in this regard. The number of obstacles which are in place is heart-breaking, as is the lack of a mechanism to communicate with and get information from the Department of Justice, Equality and Law Reform. Before the Minister for Justice, Equality and Law Reform, Deputy McDowell, was elected to the House, he made a huge rigma-rolé about an occasion on which he drove into the city and saw non-nationals queuing outside the Department in Mount Street. He described the scene as disgraceful and called for something to be done about it.

However, the same level of discrimination continues to operate now. Nothing has been done to facilitate a decent service for non-nationals. It is largely because there is an antipathy abroad that this is not an issue which needs to be fast-tracked

or dealt with in a normal fashion. I can imagine that if the farmers wanted the headage scheme, a system would be in place whereby both members of the public and public representatives would be able to access the data immediately. They would never tolerate a situation in which they have to wait for long periods at the end of a telephone after which they still receive no answer.

The only access point to the relevant information in this case is the Garda immigration and citizenship division in Burgh Quay through which all queries must be processed. The queries are many in number and variety and include issues relating to residency, refugee status, Irish-born children, naturalisation and citizenship, visa applications for family reunions, marriage recognitions and deportations, all of which are dealt with by that one office. The office is only open in the morning and only on certain days. Visas for nationals are dealt with on Mondays, Wednesdays and Fridays and citizenship and naturalisation issues are dealt with on Tuesday and Thursdays, all between 10 a.m. and 12.30 p.m.

My secretary and I often spend an hour dialling constantly to get through to the office on any given day. Even then, one often receives an answer which is devoid of any real information informing one that, due to the large number of cases outstanding, it is not possible to state when the file will be examined or that the matter is in train and is being dealt with. No specific timetable or deadline information is available. It is a disgrace that people should be treated in this fashion. These are all vulnerable people who do not know what is their status or that of their families or spouses.

For example, a large number of people who have residency under refugee status or who are on work permits have applied to have their family members come to Ireland on visitors' visas for Christmas. I was informed today that thousands of such cases are with the Department but it cannot state when any of them will be granted. Christmas is coming and will not wait. Something must be done about this issue. If it is a question of personnel, they should be put in place. These cases involve family reunions, which should be a joyful time, and these people are in the country validly. Therefore, they should be entitled to some decency and courtesy.

As I do not have time, I will not refer to Irish-born children and their citizenship status. The number of such children who have been processed in a two-year period is very small. Can we create a system from which public representatives can get answers and which can be accessed by the general public? Can some type of public and transparent guidelines be provided so we can know what is happening?

Mr. T. O'Malley: I thank Deputy Costello for raising this matter. On behalf of the Minister for Justice, Equality and Law Reform, who cannot be here tonight, and for the benefit of the House in general I am pleased to respond to the matters

[Mr. T. O'Malley.]
raised by the Deputy. These matters have loomed large in the context of debate on the Irish Nationality and Citizenship Bill which is currently before the Oireachtas.

One objective of that Bill, and indeed the referendum which preceded it, is to facilitate the management of a sensible and orderly system of migration into the State. This is key to addressing the issues raised by the Deputy. The problems of bogus asylum claims and citizenship tourism must be tackled fairly and squarely, giving the Department of Justice, Equality and Law Reform an opportunity to provide a first class service to those members of our non-national community who are resident here lawfully, whether for economic, social or humanitarian reasons, and to those who wish to come here for genuine reasons.

The subject the Deputy raises is not new, although it may be more prominent in public debate given the huge increase in our non-national population. Deputies from all sides of the House have raised concerns about access to the immigration and citizenship division of the Department since the early 1990s, if not earlier. Whatever actions were taken in respect of those concerns clearly did not stand the test of time.

Bear in mind that no one contemplated then that Ireland would one day be seen as a good mark for people with no prospect of gaining access under normal immigration criteria, because of its thriving economy within the European Union. Nobody contemplated at that time that Ireland's asylum seeking population would mushroom from less than 100 per year to the second highest *per capita* in Europe. Nobody anticipated the extent to which the Irish born child phenomenon would grow. The Department of Justice, Equality and Law Reform was simply engulfed by these problems.

I acknowledge that the level of customer service on immigration and citizenship matters is less than it should be. The roots of that problem go back to the early 1990s and the resolution of those problems has been impeded by the large

numbers of people attempting to abuse our immigration and asylum systems. To date this year the helplines in the immigration and citizenship division have dealt with over 40,000 telephone queries and not all of those calls were from persons whose intentions were honourable. The Minister is aware that there were many genuine callers who were unable to access those helplines.

As a result of the success that has been achieved in the area of asylum numbers — from almost 12,000 in 2002 to about one third of that this year — and the imminent enactment of sensible citizenship laws, the Minister is now in a position to deploy significantly more resources in the provision of mainstream immigration services without impacting on overall public service numbers. His approach will be imaginative and designed to stand the test of time. He is, for example, actively looking at the possibility of establishing a single immigration and naturalisation entity as a service within his Department. He is looking at mechanisms to allow the public to access information without having to contact the immigration and citizenship division.

Just yesterday the immigration division launched, on an experimental basis, a facility on the Department of Justice, Equality and Law Reform website which allows visa applicants who know their visa application number to determine whether a visa decision has been made and the nature of that decision. This initiative will, hopefully, become a permanent feature of the system within the next week or so, thus reducing the demand for access to the phone lines. In addition, the redeployment of staff which is already underway will also result in speedier decision making, resulting in a further reduction in the necessity for telephone contact.

These are but examples of the initiatives which are currently being contemplated and the Minister expects to make further announcements in the new year in that regard. The announcements will take account of the concerns of all interested parties, including those of Oireachtas Members.

The Dáil adjourned at 8.05 p.m. until 2.30 p.m. on Tuesday, 7 December 2004.

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies received from the Departments [unrevised].

Questions Nos. 1 to 12, inclusive, answered orally.

Hospital Services.

13. **Mr. R. Bruton** asked the Tánaiste and Minister for Health and Children her plans to reduce waiting lists for neurology; and if she will make a statement on the matter. [31802/04]

59. **Mr. O'Dowd** asked the Tánaiste and Minister for Health and Children her views on the concerns of the Neurology Alliance of Ireland that almost 30% of persons with the fatal neurological diseases, multiple sclerosis or motor neurone disease, have never, or rarely ever, seen a neurologist; and if she will make a statement on the matter. [31800/04]

114. **Mr. Timmins** asked the Tánaiste and Minister for Health and Children her plans to increase the number of consultant neurologists, in particular, in the west of the country; and if she will make a statement on the matter. [31787/04]

Tánaiste and Minister for Health and Children (Ms Harney): In April 2003 Comhairle na nOspidéal published the report of a review of neurology and neurophysiology services. The report recommended significant enhancement of such services, including increases in consultant staffing. It also recognised that aspects of other specialties and services, such as rehabilitation medicine, geriatric medicine and old age psychiatry, are related to and overlap with neurology services. Comhairle recommended that a national multi-disciplinary review of rehabilitation services be undertaken. This would further inform the policy framework in relation to the development of neurology services.

Consistent with this recommendation, a national action plan for rehabilitation services is currently being prepared by my Department. The rehabilitation action plan, together with the Comhairle report and the work undertaken by the Neurological Alliance of Ireland through its own publications, will offer a comprehensive policy framework for the future development of neurology and neurophysiology services in this country.

The implementation of the Comhairle recommendations will be progressed with consideration to the evolving policy framework in this area, competing funding priorities and the report of the National Task Force on Medical Staffing.

Responsibility for the management and monitoring of waiting lists, including waiting lists for neurology services, rests with individual hospitals

and health boards. It is a matter for each hospital to prioritise its services based on patient need and use their available resources to best effect to ensure that patient services are delivered efficiently and effectively.

Infectious Diseases.

14. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children the steps she intends to take to implement the recommendations of the latest report on MRSA; the likely cost of implementing this; and if she will make a statement on the matter. [31707/04]

Tánaiste and Minister for Health and Children (Ms Harney): The response to Priority Question No. 3 refers.

Mental Health Services.

15. **Mr. R. Bruton** asked the Tánaiste and Minister for Health and Children the areas in which she intends spending the €15 million announced in the 2005 Estimates for mental health services; her plans for investment in the infrastructure of mental health services; and if she will make a statement on the matter. [31758/04]

Tánaiste and Minister for Health and Children (Ms Harney): An additional €15 million revenue funding will be made available for the further development of our mental health services in 2005, bringing the total spend on mental health to approximately €725 million. Priority areas for additional funding will include child and adolescent psychiatry, community-based adult mental health teams, the provision of additional community residential places and the opening of new mental health facilities. It is also my intention to provide additional funding to assist voluntary agencies in the mental health area.

In addition to the €15 million for mental health services, a further €10 million is being allocated to the Mental Health Commission to enable the mental health tribunals to commence their work in 2005.

16. **Dr. Upton** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to concerns expressed in relation to the split in responsibility for mental health that will arise in the new Health Service Executive structure; the steps she intends to take to ensure the provision and delivery of a proper integrated approach; and if she will make a statement on the matter. [31574/04]

Tánaiste and Minister for Health and Children (Ms Harney): I understand that this matter is being examined at present by the interim Health Service Executive. My Department will be meeting with the interim Health Service Executive shortly to discuss the issues involved. It would be essential that any new arrangements would provide for cohesive and integrated management structures for the mental health services.

Health Board Services.

17. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the extent to which steps have or will be taken to ensure the provision of adequate medical, surgical and nursing staff to facilitate the delivery of the degree of services required by the public; and if she will make a statement on the matter. [31585/04]

Tánaiste and Minister for Health and Children (Ms Harney): As I have indicated previously, responsibility for the management of the workforce in a given region lies exclusively with the chief executive officer of relevant health board-authority. However, in order to improve recruitment and retention prospects my Department has put in place a number of important initiatives to meet the human resource needs of the health services.

Specific human resources initiatives in key areas such as pay rates, improvements in career structure and enhanced opportunities for professional and career development have and will play a part in increasing staffing levels. Overseas recruitment by health agencies has, over recent years, also contributed significantly to meeting the workforce needs of the health services, particularly in the medical, surgical and nursing professions.

The Department of Health and Children has made substantial investment in consultant numbers in recent years. In the past five years the number of consultant posts in Ireland has increased by 31% to 1,824 posts at 1 January 2004. The current number of permanent consultant posts approved by Comhairle na nOspidéal is 1,912. Between 1993 and 1 January 2004 there was a 56% increase in consultant posts. This has included significant investment in consultant staffing in regional hospitals. I expect this increase to continue.

In the nursing area, the recruitment and retention of adequate numbers of staff has been a concern of the Government. A number of substantial measures have been introduced in recent years. The number of nurse training places has been increased by 70% since 1998 to 1,640 from 2002 onwards. The promotional structure within nursing has been substantially improved. Some 1,600 clinical nurse specialist and advanced nurse practitioner posts have been created. The Department of Health and Children has also introduced a scheme of flexible working arrangements for nurses and midwives. In addition, a comprehensive range of financial supports have been introduced to support nurses in pursuing part-time degrees and specialist courses, including “back to practice” courses.

My Department gave approval in late 2003 to the rollout, on a national basis, of the health care assistant training programme. The main objective of the programme is to upskill health care assistants to enable them to take on a wider range of duties. This frees up nursing resources to concentrate on exclusively nursing tasks.

Given the large numbers of staff employed and the unique nature of the services being delivered, a coherent, strategic approach to workforce and human resource planning needs to be developed further. This should be aligned closely with strategic objectives and the service planning process. Planning for the development of new and existing services in the future must be soundly based on a robust and realistic assessment of the skill and human resource needs to deliver these services. Enhanced skills mix by matching skills to service needs benefits patients and empowers health personnel to reach their full potential. This optimises their contribution to quality care. The continued implementation of the action plan for people management has a crucial role to play in improving retention and reducing the turnover of skilled staff. The Health Service Executive will have a central role to play in the development of an integrated workforce planning strategy for the health sector.

18. **Mr. Naughten** asked the Tánaiste and Minister for Health and Children the action she is taking to cater for Alzheimer’s patients in the Western Health Board region; and if she will make a statement on the matter. [31836/04]

Tánaiste and Minister for Health and Children (Ms Harney): As the Deputy will be aware, the provision of health services in this case, is in the first instance, the responsibility of the Western Health Board.

The board has advised my Department that residential services are provided throughout the board’s area in the community nursing units and long-stay hospitals. In addition, specialist residential facilities are available in St Brigid’s Hospital, Ballinasloe, St Brendan’s Hospital, Loughrea and St. Anne’s Unit, Castlebar. Community based services are provided throughout the board’s area through assessment and support by nursing staff and also through the provision of day care services. Respite services are provided in the board’s community nursing units and long-stay units where there are approximately 47 beds allocated for the provision of respite care.

Two consultant psychiatrists of old age have been appointed, one in 2003 to Mayo Mental Health Services and one in 2004 to West Galway Mental Health Services. The board has established a project team to prepare a project brief for the development of a 12 bedded unit, within Our Lady’s Unit in the Sacred Heart Hospital, Roscommon. Following completion of the project brief, the board will be seeking approval from my Department to appoint a design team for this project. The board has included the provision of a dementia unit in Merlin Park Hospital, Galway in its schedule of major capital projects submitted to my Department for funding. The West of Ireland Alzheimer Foundation, which is grant aided by the board through section 65 funding, provides the services throughout Galway, Mayo and Roscommon. Long-stay residential facilities and respite care are provided at Maryfield House,

Athenry, County Galway, which caters for 21 patients. Respite care and day care facilities are provided in Marion House, Ballindine, County Mayo, which has 12 respite beds and an annual throughput of over 100 service users. The foundation also provides an in-home support service where trained staff visit the Alzheimer patients' homes on an ongoing basis to provide respite to carers. In addition, the foundation facilitates and supports carer support groups throughout the Western Health Board region. Grant aid amounting to €555,283 has been approved for the foundation in 2004. The board is currently in discussion with the West of Ireland Alzheimer Foundation for the provision of a facility in Galway city for Alzheimer patients.

The Alzheimer Society of Ireland is also supported by the board through section 65 funding and the grant approved for 2004 amounts to €206,890. Services provided by the society throughout the board's area include home care services, day care services, advice and information.

Hospital Staff.

19. **Mr. Deenihan** asked the Tánaiste and Minister for Health and Children when a cardiologist will be appointed at Tralee General Hospital, County Kerry; and if she will make a statement on the matter. [31840/04]

Tánaiste and Minister for Health and Children (Ms Harney): Additional funding of €500,000 was allocated to the Southern Health Board under the cardiovascular health strategy in April this year. The funding has allowed the board to begin establishing a consultant-led cardiology service for patients in Kerry. I am advised by the Southern Health Board that interviews to fill a consultant cardiologist post by way of a sessional partnership between Bon Secours Hospital Tralee and Kerry General Hospital have taken place recently and it is expected that an appointment will be made shortly.

Suicide Prevention Initiatives.

20. **Mr. Neville** asked the Tánaiste and Minister for Health and Children the funding allocated in the Estimates of 2005 for development of suicide prevention. [31719/04]

Tánaiste and Minister for Health and Children (Ms Harney): Since the publication of the Report of the National Task Force on Suicide in 1998, my Department has given special attention to the resourcing of suicide prevention initiatives. A cumulative total of more than €17.5 million has now been provided towards suicide prevention programmes and for research activity at local and national level involving various agencies, including the health boards, the National Suicide Review Group, the Irish Association of Suicidol-

ogy and the National Suicide Research Foundation.

As the Deputy may be aware, an additional €15 million revenue funding will be made available for the further development of mental health services, including suicide prevention measures, in 2005. Details of the allocation are being finalised at present and it is not possible at this stage to be specific regarding the level of funding to be provided for suicide prevention.

Medical Inquiries.

21. **Ms McManus** asked the Tánaiste and Minister for Health and Children the expected completion date of the inquiry, to be chaired by Judge Maureen Harding-Clarke into the activities of a person (details supplied); if her attention has been drawn to the call made by a number of victims for the establishment of a redress board; if she intends to act on this suggestion; and if she will make a statement on the matter. [31540/04]

53. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children if she intends to set up a redress board in order to assist the victims of a person (details supplied); and if she will make a statement on the matter. [31706/04]

127. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children if she intends to set up a redress board in order to assist the victims of a person (details supplied); and if she will make a statement on the matter. [32007/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 21, 53 and 127 together.

The inquiry referred to is expected to have completed its work by the end of March 2005. I have received proposals from the group, which represents former patients of the person referred to by the Deputy, requesting the establishment of a redress board. These proposals are being examined, and I will revert to the group as soon as possible.

Hospital Services.

22. **Mr. Costello** asked the Tánaiste and Minister for Health and Children the timetable for the implementation of each of the planned measures in regard to the package of measures announced in the Estimates 2005 to improve accident and emergency services; and if she will make a statement on the matter. [31552/04]

44. **Mr. Costello** asked the Tánaiste and Minister for Health and Children the progress made towards addressing the continuing severe difficulties in accident and emergency units, especially in hospitals in the greater Dublin area, which are causing such hardship for patients and staff alike; and if she will make a statement on the matter. [31553/04]

125. **Mr. Crawford** asked the Tánaiste and Minister for Health and Children the dedicated cleaning services and security measures she intends to provide for accident and emergency departments as announced in the Estimates for 2005; and if she will make a statement on the matter. [31750/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 22, 44 and 125 together.

I have identified the delivery of accident and emergency, A& E, services as a priority area for attention. Many of the difficulties and delays experienced in emergency medicine, A&E, departments reflect system-wide issues. It is, therefore, necessary to take a whole-system approach, involving primary care, acute care, and sub-acute and community care in tackling the problems in emergency medicine departments.

I have secured additional funding of €70 million in new current expenditure in 2005 to implement a number of initiatives to improve the delivery of emergency services. These include improvements in the following areas: patient flows through A& E departments by developing and expanding minor injury units, chest pain clinics and respiratory clinics in hospitals; acute medical units for patients with urgent medical problems; GP out-of-hours services; the physical environment for patients and staff, including cleaning and security measures; direct access for GPs to diagnostic services; sourcing of capacity in the private nursing home sector for those patients who have completed their acute phase of treatment; and expanded home care packages to support older people at home.

I am confident that the measures that I have announced will have a significant impact on the delivery of accident and emergency services. Details regarding the implementation of these measures will be a matter for the incoming Health Service Executive to negotiate with the individual hospitals concerned.

Infectious Diseases.

23. **Mr. Murphy** asked the Tánaiste and Minister for Health and Children her views on a report (details supplied) that MRSA is present in many hospitals and in nursing homes here; and if she will make a statement on the matter. [31811/04]

24. **Mr. Coveney** asked the Tánaiste and Minister for Health and Children the amount of funding she has allocated to prevent the spread of MRSA and other hospital bugs; and if she will make a statement on the matter. [31812/04]

79. **Mr. Allen** asked the Tánaiste and Minister for Health and Children if she will report on her efforts to combat the spread of MRSA in public hospitals and nursing homes; and if she will make a statement on the matter. [31809/04]

135. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children her concerns on a report (details supplied) which revealed that Ireland has significantly higher levels than a number of EU countries of MRSA; and if she will make a statement on the matter. [31814/04]

171. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of fatalities recorded that have occurred arising from MRSA infection; the action taken to address the issue; and if she will make a statement on the matter. [31971/04]

172. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children if in the case of the reported incidents of MRSA, action was taken to identify the cause or causes and to prevent a recurrence; and if she will make a statement on the matter. [31972/04]

173. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children to indicate the number of reported incidents of MRSA in the past five years; if such incidents occurred in the same hospital or institution more than once; the action taken to prevent a recurrence; and if she will make a statement on the matter. [31973/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 23, 24, 79, 135, and 171 to 173, inclusive, together.

Staphylococcus aureus is a bacteria commonly carried on the skin or in the nose of healthy people. Occasionally, “staph” can cause infections — such bacteria are one of the most common causes of skin infections. Over the past 50 years, treatment of these infections has become more difficult because bacteria have become resistant to various antibiotics — antimicrobials. MRSA, methicillin-resistant Staphylococcus aureus, is a resistant form of Staphylococcus aureus. The proportion of Staphylococcus aureus bacteraemia caused by MRSA in Ireland in 2002 was 42.7%.

The National Disease Surveillance Centre, NDSC, collects data on MRSA bacteraemia, also known as bloodstream infection or “blood poisoning”, as part of the European antimicrobial resistance surveillance system, EARSS. Ireland has the highest level of participation of any country involved in EARSS and EARSS data in Ireland represent at least 95% of the population; thus the EARSS data for Ireland approximate the true total number of cases of MRSA bacteraemia in Ireland. In 2003, there were 477 cases of MRSA bacteraemia reported here. The total number of cases of MRSA bacteraemia notified for the first two quarters of 2004 is 274; it should be borne in mind that the number of laboratories notifying cases has increased in 2004.

The level of antibiotic resistance in Ireland in relation to MRSA is one of the highest in Europe. Two of the reasons for this, and the responses to

date, are as follows. The first reason is that one of the common strains of MRSA in Ireland is highly contagious and it is particularly difficult to control its spread. This strain is also seen in the UK and that partially explains the reason both the UK and Ireland have such high rates.

The second reason relates to the overuse of antibiotics in hospitals. The SARI hospital antibiotic subcommittee has completed draft guidelines for hospitals on promoting prudent use of antibiotics. Many of the regional SARI committees have also appointed clinical pharmacists to individual hospitals to improve antibiotic prescribing habits. A pilot project on promoting more rational use of antibiotics has been funded by my Department, through the SARI national committee, and has commenced in the Midland Health Board region.

In 1995, my Department prepared a set of guidelines in relation to MRSA; these guidelines have been widely circulated and include an information leaflet for patients as well as guidelines for use in acute hospitals, district-community hospitals and nursing-residential homes. The Infection Control Subcommittee of SARI has recently issued draft recommendations in relation to the control of MRSA in Irish hospitals and community health care settings for consultation; these draft recommendations update and are intended to replace the 1995 guidelines referred to above. It is assumed that the report referred to by the Deputies is in fact the new draft recommendations. The document concerned has been issued for consultation and is currently in draft format. The key recommendations cover such areas as environmental cleanliness and overcrowding, isolation facilities, hand hygiene, appropriate antibiotic use and early detection of MRSA. These draft guidelines, based on the best evidence available internationally, are a key component in the response to MRSA in Ireland.

In 1999, my Department asked the NDSC to evaluate the problem of antimicrobial resistance in Ireland and to formulate a strategy for the future. The NDSC gave detailed consideration to these issues and drew up a Strategy for the control of Antimicrobial Resistance in Ireland, SARI. This report contains a wide range of detailed recommendations to address the issue of antimicrobial resistance. The SARI recommendations can be grouped into five main categories, as follows: surveillance of antimicrobial resistance; monitoring of the supply and use of antimicrobials; development of guidance in relation to the appropriate use of antimicrobials; education of health care workers, patients and the general public; and infection control in the hospital and community setting.

The Strategy for the control of Antimicrobial Resistance in Ireland, SARI, was launched in June 2001. Since then, approximately €16 million in funding has been made available by my

Department to health boards under the strategy; and, of this amount, approximately €4.5 million has been allocated in the current year. It is at the discretion of each health board CEO, in consultation with their respective regional SARI committee, to prioritise measures to be taken in their region to implement the recommendations of the SARI report.

The Strategy for the control of Antimicrobial Resistance in Ireland recommended that a national SARI committee be established to develop guidelines, protocols and strategies in relation to antimicrobial resistance. This committee was established in late 2002 and as part of its remit provides advice to the regional SARI committees in each health board area which were established as a result of the strategy's recommendations. The national SARI committee is comprised of a wide range of experts in the field.

I assume by "incidents of MRSA" the Deputies are referring to cases of MRSA infection. MRSA tends to be a recurring problem in most hospitals not just in Ireland but in most countries in Europe, North America and elsewhere; however, it is acknowledged that Ireland has a relatively high incidence of MRSA infection in international terms. Even in countries with very low levels of MRSA infection, such as Scandinavia, recurrent infections are seen over time in individual hospitals. The fact that a hospital sees multiple cases of MRSA infection over time is to be expected from international experience and may reflect the type of patient seen at that hospital, rather than implying some lapse in infection control practice. No country has ever succeeded in completely eliminating MRSA; even countries such as the Netherlands and Denmark, which have very low MRSA rates, still see MRSA infections and have to deal with MRSA outbreaks from time to time.

At national level, MRSA bacteraemia is now included — since 1 January 2004 — in the revised list of notifiable diseases of the Infectious Diseases Regulations, so laboratories are now legally required to report cases of serious MRSA infection to health board departments of public health and to the NDSC. The reporting process for MRSA bacteraemia remains the same for now, that is, direct reporting to the NDSC via the EARSS protocol which is done on a quarterly basis, as this has proven extremely effective; as MRSA bacteraemia is a laboratory diagnosed disease, notification is done per clinical laboratory rather than on a hospital by hospital basis.

MRSA infection is generally confined to hospitals and, in particular, to vulnerable or debilitated patients — these include patients in intensive care units and on surgical or orthopaedic wards. MRSA does not generally pose a risk to hospital staff, unless they are suffering from a debilitating disease, or family members of an affected patient or their close social or work

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contacts. MRSA does not harm healthy people, including pregnant women, children and babies. MRSA can affect people who have certain long-term health problems. Visitors to patients with MRSA infection should be advised by the local nursing-medical staff to wash their hands thoroughly after visiting patients so as to avoid spreading MRSA.

Infection with *Staphylococcus aureus*, including MRSA bacteria, can be prevented by practising good hygiene, that is: keeping hands clean by washing thoroughly with soap and water; keeping cuts and abrasions clean and covered with a proper dressing, namely, a bandage, until healed; and avoiding contact with other people's wounds or material contaminated by wounds.

Infection control, including hand hygiene, is a key component in the control of MRSA and the SARI infection control subcommittee has just released national guidelines for hand hygiene in health care settings; these guidelines have been widely circulated by the NDSC and are available on the NDSC's website.

Each health board-authority region has a regional SARI committee and it is the responsibility of each health board CEO, in consultation with the regional committee, to identify and prioritise the appropriate measures required to implement the SARI strategy in his or her region.

It is not possible, outside of detailed research settings, to determine the exact number of fatalities due to MRSA. This is because many, if not most, people who die with an MRSA infection die from their underlying disease rather than the MRSA infection. To routinely measure the number of deaths directly related to MRSA infection would be extremely difficult and would still only result in an estimate, given the complexities involved. For this reason few, if any, countries try to routinely measure deaths directly related to MRSA.

However, the NDSC has advised that international research shows that patients with MRSA bloodstream infection are, on average, approximately twice as likely to die as patients with bloodstream infections caused by sensitive strains of *Staphylococcus aureus*, that is, those that respond to antibiotics. The attributable mortality from hospital-acquired bloodstream infections, including bloodstream infections caused by MRSA, is about 20% to 30%. Thus, MRSA bloodstream infection is serious and potentially life-threatening.

One other key factor in transmission of infections in hospital is hospital bed occupancy. Basically it is difficult, if not impossible, to effectively control infection if a hospital is running at close to 100% bed occupancy. This both promotes transmission of infection and also further contributes to the bed crisis by causing beds to be blocked or closed as a result of infection. The

steps taken to address the current bed crisis will also benefit the control of infection.

My Department will await the final version of the recently issued draft guidelines which will then be evaluated in conjunction with the Health Service Executive.

Hospital Waiting Lists.

25. **Mr. Naughten** asked the Tánaiste and Minister for Health and Children the action she is taking to address the waiting list for appointments to meet consultants prior to gaining access to the official waiting list; and if she will make a statement on the matter. [31835/04]

31. **Mr. Hayes** asked the Tánaiste and Minister for Health and Children the steps she has taken to reduce waiting lists for outpatients' care in view of the extra funding for the NTPF; and if she will make a statement on the matter. [31793/04]

84. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children the way in which she intends to deal with the silent waiting list, that is, patients waiting to attend outpatient services; and if she will make a statement on the matter. [31786/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 25, 31 and 84.

In accordance with health strategy objectives, the Government's immediate focus is on the reduction of waiting lists and waiting times for inpatients and day case treatments in acute hospitals. This is being particularly facilitated by the national treatment purchase fund, NTPF.

To date the fund has arranged treatments for some 22,000 patients. It is now the case that, in most instances, anyone waiting more than three months will be facilitated by the fund. I have increased the funding available to the NTPF to €64 million in 2005 and I expect that it will be able to provide treatment for a further 17,000 patients during the coming year.

Responsibility for the management and monitoring of outpatient waiting lists rests with individual hospitals and health boards. It is a matter for each hospital to prioritise their services based on patient need and use their available resources to best effect to ensure that patient services are delivered efficiently and effectively. However, I intend to raise with the NTPF the question of how we might begin to make progress in relation to outpatient appointments in 2005.

Cancer Screening Programme.

26. **Mr. G. Mitchell** asked the Tánaiste and Minister for Health and Children the timeframe for the rollout of the cervical screening programme nationally; and if she will make a statement on the matter. [31804/04]

37. **Mr. Kenny** asked the Tánaiste and Minister for Health and Children her plans for a national cervical screening programme; and if she will make a statement on the matter. [31803/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 26 and 37 together.

A pilot cervical screening programme commenced in October 2000 and is available to eligible women resident in Limerick, Clare and Tipperary North. Under the programme, cervical screening is being offered, free of charge, to approximately 74,000 women in the 25 to 60 age group at five year intervals.

The Health Board Executive, HeBE, commissioned an international expert in cervical screening to examine the feasibility and implications of a national rollout of a cervical screening programme. The examination included an evaluation of the pilot programme, quality assurance, laboratory capacity and organisation, and the establishment of national governance arrangements. The expert's report was submitted recently to my Department for consideration. My Department is now consulting relevant professional representative and advocacy groups on the report as an essential input into its preparation of a detailed response to the recommendations. These groups are: the Irish College of General Practitioners, An Bord Altranais, the Academy of Medical Laboratory Science, the Institute of Obstetricians and Gynaecologists of the RCPI, the Faculty of Pathology of the RCPI, the Women's Health Council and the Irish Cancer Society.

Any woman, irrespective of her age or residence, who has concerns in relation to cervical cancer should contact her GP who, where appropriate, will refer her to the treatment services in her area. Appropriate treatment for women diagnosed with cervical cancer is available at major hospitals throughout the country.

Medical Education.

27. **Mr. Ring** asked the Tánaiste and Minister for Health and Children if she has had discussions with the Department of Education and Science regarding a postgraduate medical school at the University of Limerick; and if she will make a statement on the matter. [31821/04]

40. **Mr. J. O'Keeffe** asked the Tánaiste and Minister for Health and Children whether it is preferable to have a postgraduate medical school at the University of Limerick rather than extend the places at the established medical schools; and if she will make a statement on the matter. [31822/04]

60. **Mr. English** asked the Tánaiste and Minister for Health and Children her plans for a postgraduate medical school at the University of Limerick; and if she will make a statement on the matter. [31820/04]

77. **Mr. O'Dowd** asked the Tánaiste and Minister for Health and Children the progress which has been made on the medical school for the University of Limerick. [31819/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 27, 40, 60 and 77 together.

The arrangements for the provision of third level primary medical education is a matter in the first instance for my colleague, the Minister for Education and Science, Deputy Hanafin. I have, however, noted a number of media reports regarding proposals by the University of Limerick to establish a graduate school of medicine, although I have not seen any submissions or proposals in this regard to date.

As the Deputy may be aware, the Ministers for Education and Science and Health and Children jointly established, in 2003, a working group to examine and make recommendations on a range of aspects of primary medical education and training in Ireland, such as course curriculum, teaching methods, interdisciplinary work and other issues relating to the organisation and delivery of undergraduate medical education and training. In this context, the working group was asked to consider and provide advice on issues arising from a Higher Education Authority, HEA, report which recommended a move to graduate entry for medicine and other health science disciplines.

The working group is chaired by Professor Pat Fottrell and is expected to complete its report in early 2005. Both the Minister for Education and Science and I will consider the group's recommendations when its report is published.

Question No. 28 taken with Question No. 7.

Hospital Waiting Lists.

29. **Mr. M. Higgins** asked the Tánaiste and Minister for Health and Children when the next hospital waiting list figures will be published; if there is preliminary information available on the figures; the reason for the delay in view of the fact that the equivalent figures were published at the beginning of November in 2003; and if she will make a statement on the matter. [31557/04]

81. **Mr. Noonan** asked the Tánaiste and Minister for Health and Children when she will publish waiting lists for surgical and medical treatments at each hospital in each health board region in view of the fact that the last comprehensive waiting list is from December 2003; and if she will make a statement on the matter. [31795/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 29 and 81 together.

Responsibility for the collection and reporting of waiting lists and waiting times now falls within the remit of the national treatment purchase fund, NTPF. My Department understands that the NTPF is collating data for the position as at 30 June 2004. It is expected that the NTPF will

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report on this data as soon as it has completed its analysis.

Hospital Services.

30. **Mr. Coveney** asked the Tánaiste and Minister for Health and Children the steps being taken to transfer the acute psychiatric unit to Wexford General Hospital, in view of the recommendations that acute psychiatric units should be in general hospitals; and if she will make a statement on the matter. [31755/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): A brief on the redevelopment of Wexford General Hospital, including the provision of a new acute psychiatric unit, has been submitted to the Department of Health and Children. The Department is currently considering this brief.

Question No. 31 answered with Question No. 25.

General Practitioner Co-operatives.

32. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children if she will report on progress since the end of 2003 in the promised extension of general practitioner co-operatives; and if she will make a statement on the matter. [31724/04]

91. **Mr. McCormack** asked the Tánaiste and Minister for Health and Children her views on the out of hours general practitioner co-operatives; her views on the future for same; her plans to extend these co-operatives; and if she will make a statement on the matter. [31770/04]

97. **Mr. McGinley** asked the Tánaiste and Minister for Health and Children the funding that she has allocated to facilitating out of hours co-operative; her plans for these co-ops; and if she will make a statement on the matter. [31796/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 32, 91 and 97 together.

One of the most significant developments in providing access to primary care to patients, in recent years, has been the development of out of hours general practitioner led co-operatives. These allow people easy access to appropriate care, outside of normal working hours, in the evenings, at weekends and on bank and public holidays.

The patient, both medical card holders and private patients, access the service by calling a local number. Calls are received at a call centre and are handled by trained call takers. All cases are triaged by either a nurse or doctor. Advice, treatment at a specified location or domiciliary visits are provided for patients where appropriate. The service is available free of charge to medical card holders. Private patients must pay a consultation fee. In cases where a co-operative doctor decides that a domiciliary visit is clinically

necessary, specially equipped vehicles, driven by experienced drivers with local knowledge, are provided to take the doctor to the patient's home. Vehicles also have radio communications so that contact can be made with the co-operative base centre. Information about patient attendance and-or treatment by the co-operative is relayed to the patient's own doctor the following day.

Independent evaluations of the out of hours services in the North Eastern Health Board and the South Eastern Health Board found them to be an enhancement of the care available to patients. They also found that the services were held in high regard by both patients and service providers.

Funding for full out of hours co-operatives commenced in 2000. Between 2000 and 2003 a total of €46.5 million was provided. All of these moneys were allocated to health boards on a once off basis. From 2003 funds for out of hours co-operatives have been allocated to health boards as base funding. In 2004 the funding allocated for co-operatives was in excess of €26 million.

All health boards have expanded their out of hours co-operatives and services since 2003. Co-operatives are now found in part of all health board areas, providing coverage in part of all of 25 of the Twenty-six Counties. Decisions in relation to the geographical areas to be covered by co-operatives and any expansions are for each health board to make, having regard to the strategic, financial and other issues involved.

In 2005 it is intended that funding will be provided to allow further expansion of the out of hours co-operatives in line with agreed policy in this area as detailed in the primary care strategy.

Clinical Indemnity Scheme.

33. **Mr. Rabbitte** asked the Tánaiste and Minister for Health and Children the position regarding her discussions with the Irish Hospital Consultants Association regarding the proposed new system of medical insurance; if she will confirm the commitment she gave to the recent IHCA conference in Kilkenny that no hospital consultant would be left without cover and no patient without redress; and if she will make a statement on the matter. [31568/04]

Tánaiste and Minister for Health and Children (Ms Harney): Discussions are continuing with the Irish Hospital Consultants Association and the Irish Medical Organisation on aspects of the coverage of claims against consultants by the clinical indemnity scheme. The major concern of both organisations is that there should be no doubt as to the position of consultants facing personal injury claims arising from events which occurred prior to the inception of the scheme. The Government's position on this matter has always been clear. The clinical indemnity scheme should not have to cover claims where insurance companies or mutual indemnity bodies had accepted premiums or subscriptions to cover these claims. This position is accepted by all of

the insurers and indemnity bodies with the exception of the Medical Defence Union. The MDU has written to several of its former consultant obstetrician members in Ireland threatening to leave them without assistance in dealing with personal injury claims against them. I believe that the MDU has a moral and ethical obligation to provide assistance to these members. I also believe that these decisions may be in breach of the MDU's memorandum and articles of association. Against that background the first source of indemnity should be the body which accepted payment to cover these claims. The legal advice available to us suggests that it is not appropriate at this time for this State to grant an indemnity for past liabilities of consultants in light of our firm belief that the MDU should meet its legal responsibilities. That body should be subjected to the maximum pressure, including legal pressure, to ensure that it lives up to its obligations. In the event that it continues to refuse assistance in these cases, I believe that the plaintiffs and doctors involved cannot be left in an uncertain position while the MDU is pursued to honour its obligations.

I am as interested as the IHCA in having this matter resolved to the satisfaction of all. However, I wish to have the matter addressed as part of the overall framework which deals with a number of related issues, including the negotiation of a new contract for consultants in the context of reforming the acute hospital service and advancing the health service reform agenda,

Hospital Services.

34. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of general hospital beds available in 1990; the number currently available; the extent to which it is likely that the reduction in the intervening period can be made good; and if she will make a statement on the matter. [31584/04]

Tánaiste and Minister for Health and Children (Ms Harney): The information sought by the Deputy is set out in the table below.

Publicly Funded Acute Hospitals In-Patient and Day Beds 1990, 2003 and to date in 2004.

Type of Bed	1990	2003	January to September 2004
In-Patient	11,868	12,314	12,325
Day	284	909	1,063
Total	12,152	13,223	13,388

Source: 1990 — Health Statistics Report 1990, Department of Health 2003 & 2004 — Integrated Management Returns, Department of Health and Children — provisional figures.

Abuse of the Elderly.

35. **Mr. P. Breen** asked the Tánaiste and Minister for Health and Children the amount of fund-

ing which has been given to each health board to appoint case officers to deal with abuse of the elderly; and if she will make a statement on the matter. [31808/04]

Tánaiste and Minister for Health and Children (Ms Harney): As the Deputy may be aware, the report of the Working Group on Elder Abuse, Protecting Our Future, was launched on 11 November 2002. This report, in starting with a definition of elder abuse and recommending the putting in place of structures to deal with suspected cases will, hopefully, give older people who feel they are the subject of abuse in any shape or form, the confidence to report their anxieties, as appropriate, to a social worker, a public health nurse, a member of the Garda Síochána or any professional or care worker.

One of the recommendations in the elder abuse report is the establishment of a national implementation group and this group was established in December 2003 and has commenced its work.

In addition, funding of €0.8 million was provided in 2003 to commence implementation of the elder abuse programme. In 2004 an additional €0.075 million was allocated to each health board for its continued implementation, including the appointment of case workers.

Childhood Obesity.

36. **Mr. Eamon Ryan** asked the Tánaiste and Minister for Health and Children if she will cooperate with the Department of Transport to ensure that more school children have safe ways to walk and cycle to school in order to reduce the levels of childhood obesity; and if she will make a statement on the matter. [31714/04]

Tánaiste and Minister for Health and Children (Ms Harney): The National Task Force on Obesity established in March of this year to address the growing levels of obesity in Ireland is cognisant of the fact that a societal approach and cross sectoral working are required to identify solutions to halt the rise and reverse the prevalence of obesity in Irish society. The task force has conducted an extensive consultation process which included relevant Departments and this will be reflected in the final report. The task force is due to present a strategy document by the year end.

Question No. 37 answered with Question No. 26.

Prescribed Medicines.

38. **Mr. Boyle** asked the Tánaiste and Minister for Health and Children the steps she is taking to reduce the use of antibiotics; and if she will make a statement on the matter. [31708/04]

Tánaiste and Minister for Health and Children (Ms Harney): Prescriptions are issued by health professionals based on the symptoms of the presenting patient at the time of consultation. The level of medication prescribed, therefore, is

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a matter of clinical decision for the particular doctor involved.

At my Department's request, the National Disease Surveillance Centre, NDSC, drew up a strategy for the control of antimicrobial resistance in Ireland, SARI, in 2001, including a strategy to control the inappropriate use of antibiotics. The SARI recommendations can be grouped into five main categories: surveillance of antimicrobial resistance; monitoring of the supply and use of antimicrobials; development of guidance in relation to the appropriate use of antimicrobials; education of health care workers, patients and the general public; and development of principles in relation to infection control in the hospital and community setting.

A national SARI committee was established in 2002 to develop guidelines, protocols and strategies in relation to antimicrobial resistance. It provides advice to the regional SARI committees established in each health board as part of the strategy's recommendations.

Tackling the problem of antimicrobial resistance is a multi-faceted issue which will require action on a number of fronts. The strategy is being implemented on a phased basis and will take a number of years to complete. To date, approximately €16 million has been allocated by my Department to health boards to enable them to put in place measures to control antimicrobial resistance. It is ultimately a matter for health board CEOs to determine the priorities in each region. These priorities should take account of the recommendations in the SARI report and also the recommendations put forward by each regional SARI committee. Much of the funding is designated for improving hospital infrastructure for control of infection and for appointing additional microbiologists, infection control nurses and other health care professionals involved in the control of infection.

Health Board Services.

39. **Mr. McCormack** asked the Tánaiste and Minister for Health and Children if she is satisfied that dental treatment for children and adults with special needs is adequate; and if she will make a statement on the matter. [31762/04]

96. **Mr. G. Mitchell** asked the Tánaiste and Minister for Health and Children the dental services which are available to persons with disabilities; the dental work which is the State's responsibility; if her attention has been drawn to problems in this area nationwide; and if she will make a statement on the matter. [31772/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 39 and 96 together.

As the Deputy is aware, the provision of dental treatment to patients with special needs is the statutory responsibility of the health boards in the first instance.

The Deputy may also be aware that the level of dental caries has declined in all socio-economic groups in Ireland. However, it is recognised that those from socially disadvantaged groups and those with disabilities suffer disproportionately from the effects of oral disease. Important steps have already been taken to focus greater attention on developing dental services for people with special needs.

There is significant research under way examining the oral health needs of persons with disabilities. This research is part of the National Survey of Adult and Children's Dental Health being carried out by health boards, University College Cork and the Department of Health and Children. The outcome of this research will be used in the formulation of a new strategy for the dental services; ultimately, it will have a major impact on the evolution of dental services in the future.

In 1994, the dental health action plan was agreed which allowed for the reorientation of the dental services towards the provision of structured care for special needs patients. In this regard, health boards have restructured their dental services to give greater recognition to those involved in delivering dental services to persons with special needs.

A grade of senior dental surgeon in special needs duties has been created. The remit of the senior dental surgeon in special needs includes the identification of specific target groups in the community who may have difficulty in gaining access to or accepting oral health care or who may be at greater risk from dental disease or oral dysfunction than the majority of the population. Such target groups include the medically compromised and those with physical and intellectual disabilities. In addition, the senior dental surgeon in special needs is responsible for the prioritisation of the oral health needs of these groups and the supervising of the ongoing training needs of dental staff working with people with special needs.

My Department recognises the importance that leadership in the area of special needs dentistry can bring to the future direction and development of this area. I am pleased to advise the Deputy that the Department has funded the appointment of a professor of special care dentistry at the Dublin Dental School and Trinity College Dublin. A professor for this post has been appointed and is playing a very important role in developing education, training and research in the arena of special care dentistry.

A number of boards refer patients who are medically compromised and who need complex care to specialist dental units in Cork University Hospital and Our Lady's Hospital for Sick Children, Crumlin. In this way, the health boards ensure the welfare and safety of these patients. The Dublin Dental School and Hospital acts as a national resource for health board and general practice dentists for the referral of patients who require specialist treatments that dentists cannot provide. The school and hospital has service

agreements with a range of agencies to provide specialist care services and these play an important role in specialist-consultant training programmes as well as delivering specialist care for patients. At the Cork Dental School and Hospital, senior staff, including specialists in paediatric dentistry, provide an important consultant service within their area of specialisation.

Notwithstanding the developments outlined above, my Department is committed to continuous improvement in dental services for people with special needs over the period ahead.

Question No. 40 answered with Question No. 27.

41. **Mr. J. O’Keeffe** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the huge number of children awaiting orthodontic treatment and assessment, which in some instances can involve a waiting time of up to eight years; and her proposals to deal with the situation. [31834/04]

Tánaiste and Minister for Health and Children (Ms Harney): The provision of orthodontic services is the statutory responsibility of the health boards-authority in the first instance.

The aim of my Department is to develop the treatment capacity of orthodontics in a sustainable way over the longer term. I am pleased to advise the Deputy that a number of measures have been adopted to improve orthodontic services on a national basis.

The grade of specialist in orthodontics has been created in the health board orthodontic service. In 2003, my Department and the health boards funded 19 dentists from various health boards for specialist in orthodontics qualifications at training programmes in Ireland and at three separate universities in the United Kingdom. These 19 trainees for the public orthodontic service include six dentists who successfully completed their training in September 2004 and have taken up duties with the boards. These measures will complement the other structural changes being introduced into the orthodontic service, including the creation of an auxiliary grade of orthodontic therapist to work in the orthodontic area.

Furthermore, the commitment of the Department to training development is manifested in the funding provided to both the training of specialist clinical staff and the recruitment of a professor in orthodontics for the Cork Dental School. This appointment at the school will facilitate the development of an approved training programme leading to specialist qualification in orthodontics. My Department has given approval in principle to a proposal to further substantially improve training facilities for orthodontics at the school, which will ultimately support an enhanced teaching and treatment service to the wider region under the leadership of the professor of orthodontics.

In June 2002, my Department provided additional funding of €5 million from the treatment purchase fund to health boards-authority specifically for the purchase of orthodontic treatment. This funding is enabling boards to provide both additional sessions for existing staff and purchase treatment from private specialist orthodontic practitioners.

The chief executive officers of the health boards-authority have informed my Department that at the end of the September 2004 quarter there were 11,041 patients awaiting orthodontic treatment with an average waiting period ranging from 12 to 48 months. The chief executive officers of the health boards-authority have also informed my Department that at the end of the September 2004 quarter, there were 22,168 patients receiving orthodontic treatment in the public orthodontic service. This means that there are over twice as many patients getting orthodontic treatment as there are waiting to be treated and more than 6,000 extra patients are getting treatment from the health boards-authority since the end of the September 2001 quarter.

Occupational Injuries Prescribed Diseases.

42. **Mr. Stanton** asked the Tánaiste and Minister for Health and Children if she will consider including chronic obstructive pulmonary disease in the list of occupational injuries prescribed diseases; the extent of COPD here; and if she will make a statement on the matter. [31839/04]

Tánaiste and Minister for Health and Children (Ms Harney): Responsibility for the list of occupational injuries prescribed diseases rests with the Health and Safety Authority and, therefore, the inclusion of a disease on that list is a matter for the authority.

Statistics on the prevalence of chronic obstructive pulmonary disease are not routinely collected by my Department.

Hospitals Building Programme.

43. **Mr. Deenihan** asked the Tánaiste and Minister for Health and Children if approval will be given to the brief, submitted by the management at Kerry General Hospital, for a new accident and emergency unit, in view of the inadequacy of the existing infrastructure for accidents and emergencies at the hospital; and if she will make a statement on the matter. [31718/04]

Tánaiste and Minister for Health and Children (Ms Harney): The Southern Health Board proposes to provide improved infrastructure for the accident and emergency service at Kerry General Hospital. The proposed scheme consists of renovation works at, and a new extension to, the existing accident and emergency department at the hospital.

A draft brief has been prepared by the Southern Health Board. My Department has recently given approval to the board to establish a project team, which includes representatives from the

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board and the Department. The project team will consider and approve the brief for the works. Once the brief is formally approved, the next stage would involve the appointment of a design team to allow the detailed planning stages to be undertaken.

Question No. 44 answered with Question No. 22.

Water Fluoridation.

45. **Mr. Gogarty** asked the Tánaiste and Minister for Health and Children the reason the recommendations of the fluoride forum have not been implemented; and if she will make a statement on the matter. [31713/04]

Tánaiste and Minister for Health and Children (Ms Harney): As the Deputy is aware, a Forum on Fluoridation was established to review the fluoridation of public piped water supplies in Ireland. The main conclusion of the forum report was that the fluoridation of public piped water supplies should continue as a public health measure.

In all, the report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation and the establishment of an expert body to oversee the implementation of the recommendations.

The expert body, to be known as The Irish Expert Body on Fluorides and Health was set up earlier this year. The terms of reference are: to oversee the implementation of the recommendations of the Forum on Fluoridation; to advise the Minister and evaluate ongoing research — including new emerging issues — on all aspects of fluoride and its delivery methods as an established health technology and as required; and to report to the Minister on matters of concern at his/her request or on its own initiative.

The expert body will oversee the implementation of the wide-ranging recommendations of the forum and advise me on all aspects of fluoride going forward.

Health Board Staff.

46. **Mr. Eamon Ryan** asked the Tánaiste and Minister for Health and Children the level of remuneration and expenses for those on the board of the new Health Services Executive; and if she will make a statement on the matter. [31715/04]

Tánaiste and Minister for Health and Children (Ms Harney): I am assuming that the Deputy is referring to the interim Health Service Executive, iHSE.

My Department has approved the payment of fees to eligible members of the board of the interim executive at category one level for state bodies, that is, €12,697.38 per annum. Board

members are also entitled to claim travel and subsistence expenses in accordance with standard rates as approved by the Department of Finance. The remuneration of the executive chairman of the iHSE is €100,000 per annum.

Food Safety.

47. **Dr. Upton** asked the Tánaiste and Minister for Health and Children her views on the statement from a leading food safety expert recently that food-borne hazards are a major threat to the country's health, economy, social stability and security; and if she will make a statement on the matter. [29315/04]

Tánaiste and Minister for Health and Children (Ms Harney): I recognise the concern that food-borne hazards pose a threat to public health and to the economy of food producing countries such as Ireland. The basis of our public health control and prevention strategy is to have systems in place to prevent hazards developing into risks. A number of measures have been taken in recent years to ensure that these potential food-borne hazards do not become a major risk to the health of consumers.

In 2000 the European Commission published its White Paper on Food Safety which proposed a new legal framework for the Community covering the whole of the food chain. This sought to establish a high level of consumer health protection and to clearly attribute primary responsibility for safe food production to industry, producers and suppliers. The White Paper set out a comprehensive legislative programme with more than 80 separate action points to achieve this new framework. This undertaking is now almost complete. Appropriate official controls at both national and European level have now been agreed which will provide for, among other things, product traceability through the whole food chain and will allow the Community to take rapid and effective safeguard measures in response to health emergencies.

Against a background of consumer concerns, the Food Safety Authority of Ireland was established in 1999. The authority is a statutory, independent and science-based agency with a mandate to protect consumers' health and consumers' interests by ensuring that food consumed, distributed, marketed or produced in the state meets the highest standards of safety and hygiene.

Considerable resources have been invested in recent years to ensure consumer protection and I am confident that, while we must not be complacent, our food safety controls meet the highest international standards.

Alcohol Products.

48. **Mr. Gogarty** asked the Tánaiste and Minister for Health and Children if she intends to introduce a health warning on alcoholic products; and if she will make a statement on the matter. [31712/04]

Tánaiste and Minister for Health and Children (Ms Harney): International research in the use of warning labels on alcohol products has shown increased awareness of the potential risks of alcohol use in the areas specified on the label, for example, pregnancy, driving a car or operating machinery.

The Strategic Task Force on Alcohol examined this issue and in its recently published report, recommended the use of a health warning label on alcohol products and alcohol promotional materials. Cabinet approval has been granted for the introduction of an alcohol products Bill to control alcohol advertising, sponsorship and sales promotion-marketing practices. This will allow for the introduction of regulations requiring a health warning to be placed on alcohol advertisements.

Nursing Homes.

49. **Mr. Rabbitte** asked the Tánaiste and Minister for Health and Children if she is satisfied that the powers available to the inspectors of nursing homes are adequate to guarantee the health and safety of residents, generally older persons; the type of problems that are being identified; the action that is being taken to address these problems; the number of court actions pending; and the details of the nursing homes in question. [31580/04]

Tánaiste and Minister for Health and Children (Ms Harney): The inspection of private nursing homes is the responsibility of the health boards under the Health (Nursing Homes) Act 1990 and Regulations made under this Act empower health boards to inspect private nursing homes. Having had inquiries made of the health boards-Eastern Regional Authority, I am satisfied that the Nursing Home Regulations are being implemented properly.

A range of problems have been identified by the inspection teams which include: staffing levels and nursing policy issues; maintenance of accommodation standards; hygiene problems; lack of activities for residents; poor record keeping; insufficient or no active involvement from the local authority in fire safety; lack of equipment appropriate to clinical practice, for example, pressure mattresses; and discrepancies in the contracts of care.

In general, where problems occur, the inspection team will discuss their findings in detail with the nursing home owner-operators and this will generally ensure the matters raised will be addressed. However, reservations have been expressed that the powers of the nursing home inspection teams are limited under the legislation and this is one of the issues to be considered by the working group reviewing the nursing home subvention scheme.

There is one case pending before the courts and as the Deputy will be aware, I am not in a position to discuss the details of this case, as

doing so may prejudice the outcome of the case itself.

Nursing Home Subventions.

50. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children if she has plans to regularise the subvention payments across the new HSE; and if she will make a statement on the matter. [31752/04]

72. **Mr. Murphy** asked the Tánaiste and Minister for Health and Children if she intends increasing the maximum subvention rate to local offices that will not be able to benefit from the plan to put beds in private nursing homes, as announced in the Estimates for 2005; and if she will make a statement on the matter. [31754/04]

82. **Mr. Allen** asked the Tánaiste and Minister for Health and Children if she plans to dramatically increase subvention payments to take the burden of care away from many families; and if she will make a statement on the matter. [31753/04]

123. **Mr. P. Breen** asked the Tánaiste and Minister for Health and Children if the contribution made by health boards or by the HSE after 1 January 2005, in accordance with the Health (Nursing Homes) Act 1990 and the Nursing Home (Subvention) Regulations 1993 will alter in any way in the future; her plans to improve the subvention awarded to patients; and if she will make a statement on the matter. [31751/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 50, 72, 82 and 123 together.

The Deputy may wish to note that a working group, comprising of all stakeholders, has been established by my Department to review the Health (Nursing Homes) Act 1990 and associated regulations. This follows on from the publication of Professor Eamon O'Shea's report, Review of the Nursing Home Subvention Scheme and the Mercer report on the Future Financing of Long-Term Care In Ireland which was commissioned by the Department of Social and Family Affairs. The review will also take into account issues arising from the interpretation of certain aspects of the 1990 Act and regulations which have arisen over the years and the Ombudsman's report on the operation of the scheme.

The objective of the review is to develop a scheme which will be transparent, offer a high standard of care for clients, provide equity within the system to include standardised dependency and means testing, be less discretionary; provide both a home and nursing home subvention depending on need; be consistent in implementation throughout the country; be financially sustainable and draw on experience of the operation of the existing scheme.

At this stage it is not proposed to make any changes to the nursing home subvention scheme pending the outcome of the review of the scheme

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which is currently being carried out by the working group.

Drugs Payment Scheme.

51. **Mr. Broughan** asked the Tánaiste and Minister for Health and Children when the increase in the drugs refund threshold, the cost of an overnight stay in a hospital and the cost of a visit to an accident and emergency department will be implemented; the estimated additional revenue that will accrue from these charges; if whether these increases will be applied before the promised 30,000 additional medical cards and 200,000 general practitioner cards have been issued; and if she will make a statement on the matter. [31544/04]

80. **Mr. Kehoe** asked the Tánaiste and Minister for Health and Children if patients with doctor visit medical cards are liable to the overnight hospital charge of €55 per night; if they are liable for accident and emergency charges of €55 per visit; and if she will make a statement on the matter. [31790/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 51 and 80 together.

The increase in the threshold for the drugs payment scheme, the statutory outpatient charge for attendance at an accident and emergency or casualty department and the statutory inpatient charge will each take effect from 1 January 2005. The estimated saving arising from the increase in the threshold of the drugs payments scheme is €7.5 million and the additional revenue that will arise from the increases in the statutory inpatient and outpatient charges is approximately €8.5 million.

The extension of the medical card scheme, aimed at enabling an additional 30,000 persons to obtain medical card eligibility will also take effect from 1 January 2005. Subject to clarifying legislative and administrative issues, the introduction of the “doctor visit” card to enable free access to GP visits to a further 200,000 people on low income will come into effect as soon as possible in 2005. The new card is an entitlement to free GP visits for those with otherwise limited category two eligibility.

All those ordinarily resident in the State have eligibility for treatment in a public hospital, subject, in the case of those with limited eligibility, to the statutory inpatient and outpatient charge. In relation to the outpatient charge for attendance at accident and emergency or casualty departments, the charge will apply except in circumstances where the person has been referred by a medical practitioner or where the person’s attendance results in admission as an inpatient. There is a number of exemptions to the statutory charges, including medical card holders with full eligibility, women receiving services in respect of motherhood, children up to the age of six weeks

and children referred for treatment from child health clinics and school health examinations. Also exempt from these charges, in respect of treatment for the particular condition, are children suffering from prescribed diseases, that is, mental handicap, mental illness, phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, haemophilia and cerebral palsy; holders of a Health (Amendment) Act Card; Out-patient (Amendment) Regulations 2003; persons receiving services for the diagnosis or treatment of infectious diseases prescribed under Part IV of the Health Act 1947; and members of the Defence Forces personnel and their dependants. Those holding a “doctor visit” medical card will not be exempt from the statutory charges in question unless they are covered by one of the exemptions specified above. Where exemptions do not apply, the charge may still be waived if, in the opinion of the chief executive officer of the appropriate health board, payment would cause undue hardship.

Ambulance Service.

52. **Mr. Crawford** asked the Tánaiste and Minister for Health and Children the number and percentage of ambulance personnel that are trained medical technicians; the plans there are to further train these EMTs to paramedical status; and if she will make a statement on the matter. [31768/04]

102. **Mr. Ring** asked the Tánaiste and Minister for Health and Children the additional resources which the health boards or others have received to train emergency medical technicians; and the areas in which additional funding has been or will be spent. [31769/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 52 and 102 together.

My Department does not routinely collect information on the numbers of ambulance personnel who are trained medical technicians. My Department has, therefore, asked the health boards executive to collate the information requested and to respond to Deputy Crawford directly.

The Report of the Strategic Review of the Ambulance Service 2001, which forms the basis for the development of pre-hospital emergency medical services into the future, identified aspects of the current emergency ambulance service which need to be addressed in order to bring it into line with best international practice to ensure effective and quality driven practices.

One of the principal recommendations of the report was the rollout of the advanced paramedic training programme. A new Statutory Instrument amending the Pre-Hospital Emergency Care Council’s (PHECC) Establishment Order, to facilitate the introduction of the programme, was signed in September 2004. The introduction of the advanced paramedic training programme also

requires amendment of the Misuse of Drugs Regulations 1988 and the Medicinal Products (Prescription and Control) Regulations 1996. These legislative changes are being progressed as a priority by my Department.

The combined amendments will provide a statutory basis for the administration of additional medications, for example, cardiac medications, and it is intended that this expanded service will commence rollout in 2005, following the completion of training of ambulance personnel. Additional revenue funding of €500,000 was provided to the Pre-Hospital Emergency Care Council in 2004 to facilitate the commencement of the training element of the programme.

My Department is advised by the PHECC that training of the first cohort of 16 EMTs will be completed in May 2005. Groups of 16 EMTs will undergo training every three months thereafter.

I would like to assure the Deputy that the Government is fully committed to the development of our emergency ambulance service and that my Department will continue to pursue a policy of improving key aspects of the emergency medical service in order to ensure that those calling on the service receive timely and appropriate care.

Question No. 53 answered with Question No. 21.

Hospital Services.

54. **Ms Burton** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the decision of the National Maternity Hospital in Dublin to place a cap on the number of babies it is prepared to deliver during the summer months and similar concerns expressed by other maternity hospitals, including Limerick Regional Maternity Hospital regarding their capacity; the steps she intends to take to address the capacity problem in the maternity sector; and if she will make a statement on the matter.
[31551/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services for eligible patients at the National Maternity Hospital are provided under an arrangement with the Eastern Regional Health Authority, ERHA.

The National Maternity Hospital manages approximately 8,300 deliveries each year, an average of just under 700 per month. My Department has been advised by the ERHA that the National Maternity Hospital will continue to manage 700 deliveries per month. If demand exceeds this number, there may be a situation where a small number of women will have to attend another maternity hospital.

In July last, the then Minister, Deputy Martin, and officials of the Department met with representatives of the board and management of the National Maternity Hospital and of the authority to discuss proposals for a number of devel-

opments aimed at relieving infrastructural deficits at the National Maternity Hospital.

The then Minister, Deputy Martin, approved short-term proposals which are designed to increase capacity in delivery rooms, theatres and neo-natal intensive care units, as well as providing improved post-natal facilities for mothers and babies. Approval was given to the appointment of staff to oversee and manage the project, and the process of selection of a design team is under way. In addition, considerable work has been done in preparing plans for the longer-term redevelopment of the hospital. The project team charged with overseeing this work has completed a development plan that recommends a significant increase in the current level of accommodation at the hospital.

The Eastern Regional Health Authority has also been working with the other maternity hospitals in Dublin to address the increase in births. Approval has been given to the appointment of a design team at the Coombe Women's Hospital to allow planning to commence on a new capital development which will include an extension to the neo-natal intensive care unit; upgrading of the existing ICU; a new caesarean section theatre; a day assessment unit; an ultrasound suite; a parentcraft-admissions unit; an upgrade of mechanical and electrical services and ward upgrading. The estimated capital cost of these works will be almost €20 million.

At the Rotunda Hospital, a development which included the amalgamation of the paediatric and neo-natal intensive care units, as well as the upgrading of post-natal beds on the third floor was commissioned in 2003, at a capital cost of about €10 million.

The provision of services at Limerick Regional Maternity Hospital is a matter for the Mid-Western Health Board. The board has recently received financial clearance for a seventh consultant obstetrician-gynaecologist, and a capital development is under way to provide an additional delivery suite, theatre and an extension to the admissions-reception area at an estimated capital cost of €3.8 million. These improvements are expected to be ready in early 2005.

Work has also commenced on the development of new midwife-led maternity units at Our Lady of Lourdes Hospital, Drogheda and at Cavan General Hospital at a combined estimated capital cost of €1.5 million. This service will offer women greater choice and control within the maternity services. It is anticipated that these units will be fully commissioned early next year.

My Department has provided additional revenue funding of €1.2 million to commission the new maternity unit at Letterkenny General Hospital in early 2005, together with equipping costs in the region of €0.8 million. The new unit will provide enhanced facilities and additional midwife staffing, as well as some increase in capacity.

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Construction work is continuing on a new amalgamated maternity unit at Cork University Hospital which is expected to be completed by the middle of 2005. This new maternity hospital represents an investment of €75 million and will replace the existing facilities at St. Finbarr's Hospital, Erinville Hospital and the Bons Secours Hospital, Cork. The unit is designed to cater for approximately 7,000 births annually.

I am committed to the further development of maternity services in line with available resources.

Question No. 55 answered with Question No. 7.

Hospital Staff.

56. **Mr. Noonan** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the age profile of the existing nursing staff in psychiatry (details supplied); the steps being taken to remedy this issue; and if she will make a statement on the matter. [31766/04]

Tánaiste and Minister for Health and Children (Ms Harney): The Government recognises that the age profile of the psychiatric nursing workforce is increasing and is conscious of the need to provide for the future needs of mental health services as existing staff retire. The final report of the nursing and midwifery resource group, *Towards Workforce Planning, 2002*, projected that, by 2007, over 65% of psychiatric nurses would be over 45 years of age. However, this report is based on nurses on the psychiatric division of the register maintained by An Bord Altranais, ABA, rather than those actually in employment in the public health service. For instance, there are almost 9,300 nurses on the psychiatric division of the register of nurses — active — while there are just over 5,000 whole-time equivalent psychiatric nurses — over 5,400 individual psychiatric nurses — in the public health service.

Psychiatric nurses who joined the health service before 1 April 2004 are eligible to retire at age 55. My officials have estimated that around 11% — 550 psychiatric WTE nurses — of the current workforce would be eligible to retire by the end of 2007. The Government has been conscious of the need to increase the domestic supply of nurses across all disciplines, to replace staff who retire and to provide for the development of services. In 2005, over €85 million in revenue funding will be spent on undergraduate nurse training. Since 1998 the Government has increased the number student nurse places across all disciplines by 60%. There is now an annual intake of 1,640 student nurses, of which 343 are training specifically to be psychiatric nurses. It is estimated that even with an attrition rate at the higher end of the spectrum — 15% — over 2,600 psychiatric nurses will graduate over the next ten years and this resource will meet the demand for additional

nurses. It is expected that limited numbers of overseas nurses will continue to seek employment in mental health services in addition to the domestic supply of nurses.

It should also be noted that there is a pilot project under way to introduce the health care assistant, HCA, grade into mental health services. The introduction of HCAs into mental health services will assist psychiatric nurses to more effectively utilise their professional skills.

Cancer Incidence.

57. **Mr. Sargent** asked the Tánaiste and Minister for Health and Children the number of skin cancers here and the number of deaths resulting; if there has been an increase in the past 20 years; the steps she intends to take to deal with this problem; and if she will make a statement on the matter. [31716/04]

Tánaiste and Minister for Health and Children (Ms Harney): Statistics on the incidences of new cancers cases are collated by the National Cancer Registry. My Department has asked the director of the registry to examine the issue raised and reply directly to the Deputy.

The main cause of skin cancer is over-exposure to ultraviolet rays from the sun. The health promotion unit of my Department works in partnership with the Irish Cancer Society to develop health promotion programmes with communities and workplaces and to undertake regular public information and awareness campaigns that focus on cancer prevention, risk prevention and early detection.

Health Board Funding.

58. **Mr. Gilmore** asked the Tánaiste and Minister for Health and Children if the Eastern Regional Health Authority is facing an overrun of €25 million in 2004 and the main teaching hospitals in Dublin had a deficit of €17 million for the first eight months of 2004; the steps that are being taken to address these financial problems, especially having regard to their potential impact on services for patients; and if she will make a statement on the matter. [31554/04]

Tánaiste and Minister for Health and Children (Ms Harney): The most recent figures reported by the Eastern Regional Health Authority, ERHA, show that the authority has a cumulative variance over period budget of €9.5 million to the end of October 2004, €5 million of which is recorded in the voluntary acute sector. In his report for October, the regional chief executive is forecasting a break-even position for the region by the end of 2004. This will be achieved through the use of the remaining funds, including the authority's and individual agencies' contingency funds, and by the continued effective management of the situation by the authority and its service providers, including the Dublin academic teaching hospitals.

On the impact on services for patients, the activity figures for acute hospitals in the region show an increase of 4.9% to the end of September over the same period last year.

Question No. 59 answered with Question No. 13.

Question No. 60 answered with Question No. 27.

Medical Cards.

61. **Caoimhghín Ó Caoláin** asked the Tánaiste and Minister for Health and Children the timescale for delivery of the promised 200,000 general practitioner-only cards; the legislation that will be necessary to provide for them; the estimated cost per card in comparison with the cost per card of the full medical card; and if she will make a statement on the matter. [31583/04]

62. **Mr. Stagg** asked the Tánaiste and Minister for Health and Children when she intends to honour the commitment previously given to extend eligibility in order to provide an additional 200,000 full medical cards; and if she will make a statement on the matter. [31542/04]

100. **Mr. Boyle** asked the Tánaiste and Minister for Health and Children when she intends to introduce the 200,000 full medical cards as promised; and if she will make a statement on the matter. [31709/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 61, 62 and 100 together.

The health strategy includes a commitment to making improvements in the income guidelines in order to increase the number of persons on low incomes who are eligible for the medical card and to give priority to families with children. With a view to implementing this commitment, an additional €60 million has been provided for in the 2005 Estimates for health to improve access to primary care by enabling 30,000 additional persons to become eligible for a medical card, and free access to GP visits for a further 200,000 people on low income.

The Government's policy remains as stated in the programme for Government, that is, to extend eligibility for medical cards rather than to achieve coverage of a certain percentage of the population or to issue a specific number of medical cards.

The annual cost of the new "doctor visit" card is estimated to be €250 and the annual cost of a full medical card is estimated to be €1,000. Subject to clarifying legislative and administrative issues, the new doctor visit card will be introduced as soon as possible in 2005.

My Department will be working closely with the health boards-authority over the coming weeks, and the HSE, which is due to assume responsibility for the service in 2005, to oversee the operation of the scheme and arrangements

have already been agreed to put the processes required in train.

Genetic Testing.

63. **Mr. Connolly** asked the Tánaiste and Minister for Health and Children the reason the national diagnostic test centre at the National University of Ireland, Galway, at which testing has been suspended, failed to contact persons who had been tested for fragile X syndrome until now when its attention had been drawn to its faulty genetic testing techniques in July 2004; the action she proposes in order to resolve the situation at the centre; and if she will make a statement on the matter. [31837/04]

Tánaiste and Minister for Health and Children (Ms Harney): The National Diagnostic Centre in Galway is not part of the public health services. It is a private service which operates under the aegis of the National University of Ireland, Galway. The centre provides testing services to hospitals and health boards on a fee-per-item basis. It is not funded either by my Department or the Western Health Board.

Cancer Screening Programme.

64. **Dr. Cowley** asked the Tánaiste and Minister for Health and Children the progress she has made on the all-Ireland rollout of the BreastCheck programme; when the BreastCheck programme will be rolled out to the rest of the country; and if she will make a statement on the matter. [31857/04]

Tánaiste and Minister for Health and Children (Ms Harney): The rollout of the national screening programme to the remaining counties is a major priority in the development of cancer services. This will ensure that all women in the 50 to 64 age group in every county have access to breast screening and follow-up treatment where appropriate.

A capital investment of approximately €20 million has been approved to construct and equip two static clinical units, one in Cork and the other in Galway. This investment will also ensure that mobile units are available to screen women in the relevant age group throughout the country.

My Department and BreastCheck are fully committed to an expeditious rollout of the programme. Detailed planning for the units is progressing as a matter of priority. A design brief will be completed shortly and it is expected that a design team will be in place early next year. The design, construction and commissioning of the units will take approximately two and a half years.

Any woman, irrespective of her age or residence, who has immediate concerns or symptoms should contact her GP who, where appropriate, will refer her to the symptomatic services in her region.

Medical Cards.

65. **Ms McManus** asked the Tánaiste and Minister for Health and Children when the legislation providing for the new free general practitioner service will be introduced; when she expects that the scheme will be operational; if she will list the services or facilities that are available to those with medical cards that will not be available to persons holding the new general practitioner card; and if she will make a statement on the matter. [31543/04]

Tánaiste and Minister for Health and Children (Ms Harney): Subject to clarifying legislative and administrative issues, the new “doctor visit” card will be introduced as soon as possible in 2005. The card will cover visits to general practitioners who hold general medical services, GMS, contracts with health boards to treat GMS patients, and to whom these patients have been, or have expressed a wish to be, assigned under the GMS medical card scheme. As I have stated previously, I wanted to use resources to benefit as many people on lower incomes as possible. Persons aged 70 years and over have a statutory entitlement to a medical card from 1 July 2001, on the grounds of age alone and persons whose sole income is a social welfare pension will not be disadvantaged by any budgetary changes which might bring their income over the income guidelines for medical card assessment.

Parents on low incomes should not have to worry about the cost of bringing their child to a doctor. People will now be able to get the advice and reassurance they need from their GP, and in many cases, no additional costs will arise. Persons who hold “doctor visit” cards will be entitled to avail of drugs and medicines under the drugs payment scheme which provides that no person or family unit must pay in excess of €78 per month — €85 from 1 January 2005 — in respect of a range of approved prescribed drugs and medicines. With the introduction of this card, the number of persons now covered for free general practitioner services will be 1.38 million.

The services in respect of the supply of medicines and a range of services provided free of charge under the GMS medical card scheme, such as pharmacy, dental, ophthalmic and aural services, will not be available to those who hold “doctor visit” cards. However, it should be pointed out that responsibility for the assessment of applications by persons for medical cards lies with the chief executive officer of the relevant health board-authority. Each case is assessed on the grounds of income and medical need. In cases where the income guidelines are exceeded, a chief executive officer may grant a medical card where, in his opinion, the circumstances of the case might cause undue financial hardship on the applicant to provide medical and other services for himself or his dependants.

Nursing Homes.

66. **Ms Shortall** asked the Tánaiste and Minister for Health and Children if she is satisfied that the Health (Nursing Homes) Act 1990 in respect of inspections of private nursing homes is being implemented; if the statutory requirement of two inspections per year is being met; and if not, the reason therefor. [31579/04]

Tánaiste and Minister for Health and Children (Ms Harney): I refer the Deputy to my response to Priority Question No. 5 of today, which deals with the issues raised in her parliamentary question.

Medical Cards.

67. **Dr. Cowley** asked the Tánaiste and Minister for Health and Children if emigrants with benefits such as the disability living allowance, incapacity benefit or the severe disablement allowance from the United Kingdom qualify for a medical card under EU regulations on their return here; and if she will make a statement on the matter. [31838/04]

Tánaiste and Minister for Health and Children (Ms Harney): The arrangements for the co-ordination of social security systems, including health care benefits, among EU member states are set out in EU Regulations 1408/71 and 574/72.

Persons covered by these regulations who are residing or staying in Ireland are entitled, free of charge, to all health care provided for by Irish legislation, where the cost of this treatment is payable by the institution of a member state other than Ireland.

In general, this means that a person residing in Ireland and in receipt of a contributory social security payment from the UK or any other member state may receive a medical card under EU regulations where he or she is not also in receipt of a contributory social welfare payment from the Department of Social and Family Affairs or employed in Ireland and subject to PRSI.

Non-contributory social security payments are not usually exportable under the regulations, that is to say, such payments cease when the recipient has transferred residence from the country making the payment. An individual who was receiving such payments and to whom these payments were no longer being paid on taking up residence in Ireland would therefore be subject to the standard means test for a medical card in these circumstances. On joining the EU, the arrangements for the co-ordination of Ireland’s social security system, including health care benefits, with those of the other member states were agreed under the terms of EU Regulations No. 1408/71.

Question No. 68 answered with Question No. 7.

Mental Health Services.

69. **Mr. Cuffe** asked the Tánaiste and Minister for Health and Children her views on whether stress causes much illness; her further views on the latest Feasta review that much of this stress is due to the economic system and in particular to inequality in society here; and if she will make a statement on the matter. [31710/04]

138. **Mr. Perry** asked the Tánaiste and Minister for Health and Children the measures she has in place to improve mental health and address the environmental factors which impact on mental health, ranging from poverty, poor housing and inadequate public services; if increased funding will be invested in mental health promotion measures; and if she will make a statement on the matter. [31869/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 69 and 138 together.

Mental health is equally as important as physical health to the overall well-being of a person and poor mental health can have a significant impact on both the quality of life of the individual as well as on their contribution to society. It is a strategic aim of the National Health Promotion Strategy 2000-2005 to promote positive mental health and contribute to a reduction in the percentage of the population experiencing poor mental health. An expert group on mental health policy was recently established to prepare a national policy framework for the further modernisation of mental health services. The group has also undertaken to examine, *inter alia*, measures to reduce stigma in the area of mental health. On foot of submissions made to the expert group, a subgroup on mental health promotion and the prevention of mental ill-health has been established to examine the issues around the promotion of positive mental health. It is envisaged that the subgroup will make recommendations, based on best practice and current policy, for the inclusion of mental health promotion and prevention of mental ill-health in any new national policy, as well as identifying and recommending priority areas for action. The subgroup is to report its findings to the expert group in the near future.

The health promotion unit of my Department continues to support the promotion of positive mental health nationally, as well as at regional and local levels. The unit also supports the health promotion efforts of mental health organisations such as Mental Health Ireland, Schizophrenia Ireland and GROW. All these organisations are committed to raising public awareness of mental health issues, to educating the population with regard to these issues and work to eradicate the stigma associated with mental health.

Pharmacy Regulations.

70. **Mr. Penrose** asked the Tánaiste and Minister for Health and Children the position regard-

ing her consideration of the report of the pharmacy review group; and if she will make a statement on the matter. [31565/04]

Tánaiste and Minister for Health and Children (Ms Harney): The pharmacy review group was established in November 2001 to examine the pharmacy issues raised in the OECD report on regulatory reform in Ireland. I expect to take definitive decisions on the report shortly. The report is available on my Department's website, www.doh.ie, along with reports prepared for the group by Indecon International Economic Consultants.

Health Insurance.

71. **Ms Lynch** asked the Tánaiste and Minister for Health and Children the total percentage increase in VHI premiums since 1997; if her attention has been drawn to statements made by VHI representatives that the increase in the cost of private beds in public hospitals is likely to lead to a further increase of approximately 5%; if her attention has further been drawn to the severe difficulties now faced by families in meeting VHI bills; and if she will make a statement on the matter. [31560/04]

Tánaiste and Minister for Health and Children (Ms Harney): The total percentage increase in VHI premiums for its core products, since 1997 is estimated to be 96%. In calculating the income that would arise from the recently announced increase in the cost of private beds in public hospitals, my officials estimated that it would result in an increase of about 5% in health insurance premiums.

In the interests of equity, it is Government policy to gradually eliminate the effective subsidy for private stays in public hospital beds and relieve the taxpayer of the burden of carrying these costs. Even with this increase, the cost of providing services to private patients in the major hospitals will continue to exceed the income arising from the charges.

Notwithstanding this increase, and the phased implementation of moving towards economic pricing of public pay beds, the cost of community rated private health insurance remains low by international standards and continues to benefit from tax relief at the standard rate. In addition, the regulatory framework provides that premiums for children under the age of 18 and students in full-time education up to the age of 23 may not exceed 50% of the adult rate.

Question No. 72 answered with Question No. 50.

Interpretation Services.

73. **Ms O. Mitchell** asked the Tánaiste and Minister for Health and Children if she plans to ensure that all non-nationals here have adequate access to interpreter services for medical and dental treatment; if there is a facility for an accurate

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 medical and dental history to be given to non-nationals by an interpreter in order that this can be used by any doctor and dentist; and if she will make a statement on the matter. [31764/04]

132. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children if interpreter services are available to dentists; the way in which dentists are informed on this issue; and if she will make a statement on the matter. [31763/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 73 and 132 together.

As the Deputy will be aware, the provision of medical and dental services to eligible persons is a matter for the health boards-authority in the first instance. The health boards-authority make necessary arrangements with regard to interpretation and translation requirements as dictated by the particular circumstances.

Officials in my Department have been working with the regional health boards and the Irish College of General Practitioners to identify areas of difficulty for general practitioners providing services for patients who are non EU nationals. In this regard, additional funding of €1 million was allocated in 2004 by my Department to assist health boards address needs in this area. Within this allocation funding was also provided to allow the Irish College of General Practitioners to support their members through the continuation of the GP and Multicultural Society project.

Mental Health Services.

74. **Ms Enright** asked the Tánaiste and Minister for Health and Children the number of acute psychiatric units which are attached to psychiatric hospitals that have stand-alone facilities; the number of units which have been recommended to be transferred to an acute hospital; if she will provide a list of these hospitals; and if she will make a statement on the matter. [31756/04]

113. **Mr. McGinley** asked the Tánaiste and Minister for Health and Children her views on the care of acute psychiatric patients who are treated in acute units not attached to general hospitals; and if she will make a statement on the matter. [31757/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I propose to take Questions Nos. 74 and 113 together.

Since the publication of Planning for the Future in 1984, it has been the policy of successive Governments to replace 19th century mental hospital accommodation with acute assessment and treatment units in general hospitals and, for less acute illness, appropriate community residential premises. The shift in the delivery of psychiatric services from isolated psychiatric hospitals to acute psychiatric units on the site of general hospitals has been extremely successful and undoubtedly the quality of care for persons with

a mental illness has been enhanced by these developments.

There are now 22 operational general hospital psychiatric units. A further two such units are expected to open in 2005 and several other units are at various stages of planning. An expert group on mental health policy was established in August 2003 to prepare a national policy framework for the further modernisation of the mental health services, updating the 1984 policy document, Planning for the Future. In addition, the Deputies may note that provision has been made in the budget for funding on a multi-annual basis for the years 2006 to 2009 to further help move over 600 persons with intellectual disability or autism out of psychiatric hospitals or other inappropriate settings. The future direction and delivery of all aspects of our mental health services including the further development of community-based services will be considered in the context of the work of the group. It is expected that the expert group will report in 2005.

Contaminated Blood Products.

75. **Ms Shortall** asked the Tánaiste and Minister for Health and Children the position regarding the undertaking, following the publication of the Lindsay report, to consider the possibility of initiating legal action against US drugs firms which supplied contaminated blood products to haemophiliacs here; if she has sought the legal opinion from US lawyers; and if she will make a statement on the matter. [31571/04]

Tánaiste and Minister for Health and Children (Ms Harney): In July 2003, the Government was approached unilaterally by a firm of New York lawyers with the proposal that the Government could sue certain pharmaceutical companies in the United States arising from the manufacture of blood products which caused hepatitis C and HIV infection to persons with haemophilia. Initial advices received from counsel appointed by the Attorney General raised serious concerns about the proposal. Following careful consideration of these advices, the Attorney General recommended that an independent opinion be obtained in the United States in respect of the proposed litigation. Advices are being sought on an urgent basis from a suitable US law firm. The Irish Haemophilia Society has been kept informed of developments.

Health Board Staff.

76. **Mr. Broughan** asked the Tánaiste and Minister for Health and Children the information available to her regarding the reason a person (details supplied) decided not to take up the position as chief executive of the Health Service Executive to which he was appointed in September 2004; if she has spoken to him regarding his decision; the total cost of the recruitment process leading to his appointment; and if she will make a statement on the matter. [31545/04]

86. **Ms Burton** asked the Tánaiste and Minister for Health and Children the procedures that will be used to replace a person (details supplied) as chief executive of the Health Service Executive; when she expects that the post will be filled; the level of salary and remuneration agreed for the acting chief executive officer; and if she will make a statement on the matter. [31550/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 76 and 86 together.

Professor Aidan Halligan was appointed as the chief executive officer of the interim Health Service Executive in September 2004. When appointed, he indicated that he would not be in a position to take up the post until April 2005. Following discussions between the interim Health Service Executive and Professor Halligan, he subsequently agreed to start at the end of January 2005.

During the week ending on 14 November, Professor Halligan informed the Interim Health Service Executive that he would not be taking up the post. Professor Halligan has cited personal reasons as the sole basis for his decision. The Interim Health Service Executive has reluctantly accepted his decision, and has recommended Mr. Kevin Kelly as interim chief executive officer with effect from the 1 January 2005, pending the resumption of the recruitment process.

PricewaterhouseCoopers was selected, following a competitive tendering process, to handle the recruitment of the chief executive officer. The cost of the recruitment campaign, covering fees, expenses, advertising and VAT has amounted to €103,283.80.

The board of the interim Health Service Executive has indicated to me that it intends to continue the recruitment process for a chief executive officer with immediate effect. The board plan to re-advertise the position shortly and interviews will be held as soon as a suitable shortlist of candidates is available. The post will be filled as soon as possible, following a successful completion of the recruitment process.

Following a recommendation by the board of the interim Health Service Executive, at its meeting on Saturday, 20 November, I appointed Mr. Kevin Kelly as the interim chief executive officer of the executive, with effect from 1 January 2005. He will step aside as chairman of the executive in order to take up this interim position. He will remain in place until the new CEO is appointed.

With the agreement of Mr. Kelly, the undertaking of the responsibilities of the interim CEO will not alter the remuneration currently payable to him, in respect of his services as executive chairman, which amounts to €100,000 per annum.

Question No. 77 answered with Question No. 27.

Mental Health Services.

78. **Ms Enright** asked the Tánaiste and Minister

for Health and Children her views on the report of the mental health inspector on the difficulty in recruiting and retaining psychologists, social workers and occupational therapists and the fact that many of these professionals do not find careers in psychiatry attractive; the steps she has taken to deal with the issue; and if she will make a statement on the matter. [31765/04]

Tánaiste and Minister for Health and Children (Ms Harney): Substantial progress has been made in recent years in ensuring that those in need of mental health services receive the best possible care and treatment. Additional funding of approximately €90 million has been invested in mental health services since 1997. This funding has enabled real progress to be made in providing additional medical and health professional staff for expanding community mental health services, to increase child and adolescent services, to expand old age services and to provide liaison psychiatry services in general hospitals.

The Deputy may wish to note that specific human resource initiatives in the key areas of psychology, social work and occupational therapy will contribute significantly to meeting the workforce requirements of the mental health services.

In psychology, a bursary model for supporting postgraduate clinical psychology training was adopted by my Department and the health boards' directors of HR group. This is underpinning the implementation of a key recommendation of the union-management joint review group on psychological services in the health services to substantially increase the number of training places in clinical psychology from 30 to 50 and support the establishment of new courses at the National University of Ireland, Galway, and the University of Limerick. This increase in training places will help meet the long-term human resource needs of the health service for clinical psychologists and is, therefore, of very significant benefit to those who need to avail of psychological services.

In social work, a recent expansion of numbers has taken place on the masters courses in social work and coupled with the first graduates from the UCC degree course, which restarted in 1999, has almost doubled the potential output of qualified social workers in a short period of time. There is now an average intake of 200 students on social work courses each year, including 150 postgraduate places and 50 undergraduate places.

Significant progress has been achieved in expanding the numbers of professional training places in occupational therapy. Three new courses commenced in the 2003-04 academic year in UCC, NUIG and UL. In total, these courses will provide an additional 75 training places in occupational therapy. This expansion in training numbers has been identified in the Bacon report as sufficient to meet the long-term requirements for occupational therapists in Ireland. TCD has also expanded the number of students on its occu-

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ational therapy course to 40 in the last number of years.

As the Deputy may be aware, an expert group on mental health policy was appointed in August 2003 to review all areas of mental health policy and service provision. A subgroup has been set up specifically to look at manpower and training issues and this includes the issue of attracting health care professionals to work in mental health services. The group is expected to complete its work in 2005.

Question No. 79 answered with Question No. 23.

Question No. 80 answered with Question No. 51.

Question No. 81 answered with Question No. 29.

Question No. 82 answered with Question No. 50.

Hospital Services.

83. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to concerns expressed regarding the lack of breast cancer genetic services; the steps she intends to take in regard to such genetic services; and if she will make a statement on the matter. [31575/04]

Tánaiste and Minister for Health and Children (Ms Harney): The National Centre for Medical Genetics, NCMG, is based at Our Lady's Hospital in Crumlin. Since 2002, a cumulative sum of €2.24 million has been allocated to the NCMG, of which €1.84 million was from national cancer strategy funding, including an allocation of €300,000 for the post of consultant clinical geneticist. This investment is supporting the development of breast cancer genetics services nationally.

In 1998, the NCMG was funded by the Health Research Board to carry out a collaborative study on the implementation of testing for hereditary breast cancer in Ireland. As a result of this study, the technology and expertise for screening for mutations in the BRCA1 and BRCA2 genes is now available as is the expertise to assess and counsel families with hereditary breast cancer.

A subgroup of the National Cancer Forum on genetics is currently examining the specific areas of inherited familial pre-disposition to cancer, cancer risk profiling of persons without inherited mutations, and molecular diagnostics and molecular therapeutics. The work of this subgroup will inform the development of the new cancer strategy, which is due to be completed shortly.

Question No. 84 answered with Question No. 25.

Health Board Services.

85. **Ms O. Mitchell** asked the Tánaiste and Minister for Health and Children if she is satisfied with the dental treatment of children provided by health boards; her views on the service; her plans to extend the service by asking private providers to look after children's dental needs; and if she will make a statement on the matter. [31759/04]

119. **Mr. Kenny** asked the Tánaiste and Minister for Health and Children the dental services which are available to school-going children; the dental work which is the responsibility of the State regarding school-going children; if her attention has been drawn to problems with this service nation-wide; and if she will make a statement on the matter. [31771/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 85 and 119 together.

Statutory responsibility for the provision of dental services to eligible persons rests with the health boards or authority in the first instance. Under section 67 of the Health Act 1970, the children eligible for health board dental services are pre-school and national school children in respect of defects noted at child health examinations. Child health examinations are provided by health boards to children attending national school in accordance with section 66 of the Health Act 1970.

All health boards have adopted a planned targeted approach to the delivery of dental services to national school children; this ensures the optimum use of dental resources, and equal access for all national school children to the same level of dental care. My Department, in conjunction with the health boards or authority, and University College Cork, is carrying out a survey of the oral health of the general population in Ireland, the national survey of adult and children's dental health. The results of this survey will inform future policy decisions with regard to dental health policy for adults and children.

Children in specific classes in national school, usually second, fourth and sixth class, are targeted for preventive measures under the school based approach; the children in these classes are screened and referred for treatment as necessary; and the programme has been specifically designed to ensure that children are dentally fit before they leave national school. The screening provided in second, fourth and sixth classes ensures that follow-up appointments for examination, treatment or orthodontic review are made, as necessary, with the dental surgeon in the clinic designated for the particular schools.

The Health (Amendment) Act 1994 amended the Health Act 1970. The regulations made under this Act — the Health (Dental Services for Children) Regulations 2000 — extended eligibility for free primary dental care to all children under 16 years of age, who have attended national school. Additional funding of over €5

million has been provided to the health boards or authority for this extension of eligibility. However, treatment is provided within the resources available to the health board or authority. This means that along with the national school screening and treatment programme provided systematically by the health boards or authority, emergency dental treatment may only be available on demand.

Primary dental care for adult medical card holders — persons aged 16 years or over — is provided under the dental treatment services scheme. This dental care is provided free of charge to medical card holders. In the main, private dental practitioners participating in the scheme under contract arrangements with health boards provide this dental care. Salaried dentists from the health boards also provide some services under the scheme.

Question No. 86 answered with Question No. 76.

Community Care.

87. **Mr. Sherlock** asked the Tánaiste and Minister for Health and Children if it is still intended to provide the 850 community nursing units promised in July 2002; when they are likely to be available; and if she will make a statement on the matter. [31569/04]

Tánaiste and Minister for Health and Children (Ms Harney): The provision of step-down services for people ready to be discharged from hospital is a key element in ensuring health services are matched exactly to patient needs. I recently announced that patients awaiting discharge from acute hospitals would be accommodated in private nursing home beds for a period of up to six weeks. On discharge from the private nursing home they would go to a nursing home of their choice or to their own home, with the support of a home care package. It has been estimated that up to 500 people could be accommodated in these beds over a 12 month period under this initiative.

It is a priority to increase the availability of community nursing and other units that would meet the needs of people who require care that could not be adequately provided at home. Work has been under way in the Department of Health and Children on a proposal for a public private partnership investment scheme for 850 community nursing units. There have also been discussions between my Department and the Department of Finance in the development of this scheme, as is normal and entirely appropriate with public private partnership projects.

These are complex schemes and it is important to have a clear view of the benefits that will accrue given the complexity of the public private partnership contracting structure. The work done so far has helped to clarify a number of issues. I intend to examine this project in detail very soon. The objective set by my predecessor stands, that

is, putting in place a large number of nursing units that will greatly help people make the transition from an acute hospital setting to care matched to their needs.

Hospital Staff.

88. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children the position regarding the long overdue renegotiation of the consultants' common contract; and if she will make a statement on the matter. [31723/04]

Tánaiste and Minister for Health and Children (Ms Harney): During 2002 and 2003, a series of meetings took place between management and the medical organisations to resolve the outstanding issues from the consultants' common contract. These negotiations resulted in the introduction of a revised grievance and dispute procedure for consultants.

In 2003, preliminary talks were held between management and the medical organisations to discuss forthcoming negotiations on the new contract. Unfortunately, the opposition of these organisations to the extension of the clinical indemnity scheme to cover claims against consultants led to a decision by the Irish Hospital Consultants Association not to participate in further negotiations with effect from 1 February 2004, which has resulted in talks on a new contract being stalled.

I am anxious to break the deadlock that has arisen, and I have continually indicated to the consultants that I am available to sit down with them to discuss a new contract in tandem with those issues that are of particular concern to them in relation to the clinical indemnity scheme. In this respect, I met again with the association last Wednesday where I sought to link the negotiations on the new consultants' contract with the resolution of the medical indemnity issues. I regret that the association indicated that it wishes to resolve the indemnity issue before it will agree to negotiate a new contract. I intend to meet again with the association soon to move beyond this impasse.

vCJD Incidence.

89. **Mr. O'Shea** asked the Tánaiste and Minister for Health and Children the progress made with regard to tracing the cause of the case of vCJD for which a person is being treated in a Dublin hospital; and if she will make a statement on the matter. [31562/04]

Tánaiste and Minister for Health and Children (Ms Harney): This case relates to a 23 year old man who was admitted to a Dublin hospital about nine weeks ago and who has now been diagnosed as suffering from variant CJD. I am advised that the probability is that he contracted it before the current very strict controls on the sale of meat in Ireland were brought into force in 1996. However, given that the incubation period for variant CJD is considered to be several years, it

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is virtually impossible to identify the specific source of infection.

I have been advised by the chairman of the National CJD Advisory Group on any possible broader public health implications which may have arisen from this case and the advice was that there is no public health issue in this case as the patient has never received a blood transfusion; he was never a blood donor and he has not received any invasive medical treatments. The role of the CJD advisory group is to provide scientific, professional and technical advice on all aspects of CJD and the policy responses that are appropriate in the light of the evolving information and evidence on this topic.

The chairman of the advisory group has also advised me that the measures in place to protect public health, particularly for the protection of the blood supply, are in accordance with best international practice. Following preliminary discussions with the chairman of the advisory group and with the medical director of the Irish Blood Transfusion Service in regard to this case, the initial conclusion is that no other measures, apart from those already in place, need be taken. The service undertook a review of its policies following the first reported case of transfusion infection in the UK last year and again in July this year following the second reported case.

The CJD advisory group has also recently endorsed the most up-to-date infection control guidance from the National Disease Surveillance Centre in respect of the management of CJD in the health care setting and my Department is ensuring the circulation of the guidance through the health care system. The disease continues to be notifiable and the National CJD Surveillance Unit in Beaumont Hospital continues its activity in monitoring the occurrence of CJD in Ireland.

I sympathise with this young man and his family at this very difficult time.

Cancer Screening Programme.

90. **Mr. O'Shea** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the recent survey undertaken by a person (details supplied) suggesting that up to 400 lives a year could be saved if bowel cancer screening were introduced here; if she intends to introduce such a screening programme; and if she will make a statement on the matter. [31561/04]

Tánaiste and Minister for Health and Children (Ms Harney): A new national cancer strategy is currently being developed by the National Cancer Forum in conjunction with my Department. As part of this work, a sub-group of the National Cancer Forum was established on generic screening. This multi-disciplinary group is reviewing all issues relating to screening and is developing criteria against which future screening programmes will be assessed. The work of the sub-group will inform the development of a new cancer strategy which is due to be completed shortly.

Question No. 91 answered with Question No. 32.

Health Board Services.

92. **Mr. Deasy** asked the Tánaiste and Minister for Health and Children her views on a circular from the South Eastern Health Board that there are waiting times of up to four years for orthopaedics and up to two years for ENT; and if she will make a statement on the matter. [31791/04]

Tánaiste and Minister for Health and Children (Ms Harney): Responsibility for the management and monitoring of outpatient waiting lists, including orthopaedic and ENT outpatient waiting lists in the South Eastern Health Board, rests with individual hospitals and the health board. It is a matter for each hospital to prioritise its services based on patient need and use its available resources to best effect to ensure that patient services are delivered efficiently and effectively.

In accordance with health strategy objectives, the Government's immediate focus is on the reduction of waiting lists and waiting times for inpatients and day case treatments in acute hospitals. This is being particularly facilitated by the national treatment purchase fund. However, I intend to raise with the fund how to make progress on outpatient appointments in 2005.

Medical Cards.

93. **Ms Lynch** asked the Tánaiste and Minister for Health and Children if she will review the decision to include interest from special savings incentive accounts in determining eligibility for medical cards, especially in view of the strong efforts made by the Government to promote these accounts; if it is intended to include this money when assessing eligibility for the new general practitioner card; and if she will make a statement on the matter. [31572/04]

Tánaiste and Minister for Health and Children (Ms Harney): Entitlement to health services is primarily based on residency and means. Under the Health Act 1970, determination of eligibility for medical cards is the responsibility of the chief executive officer of the appropriate health board or authority except for persons aged 70 years and over, who are automatically eligible for a medical card. Medical cards are issued to persons who, in the opinion of the chief executive officer, are unable to provide general practitioner medical and surgical services for themselves and their dependants without undue hardship.

Health board and authority chief executive officers have discretion in issuing medical cards and a range of income sources are excluded by the health boards when assessing medical card eligibility. Someone having an income that exceeds the guidelines, may still receive a medical card if the chief executive officer considers that the person's medical needs or other circumstances would justify this. It is open to all persons to apply to the chief executive officer of the

appropriate health board for health services if they are unable to provide these services for themselves or their dependants without hardship. The issue of the treatment of special savings incentive accounts proceeds in the assessment of means for a medical card is under consideration with a view to ensuring that nobody is disadvantaged under the scheme.

Mental Health Services.

94. **Mr. Neville** asked the Tánaiste and Minister for Health and Children, further to Question No. 4 of 28 October 2004, if she will publish a report completed into the care and treatment of a person (details supplied) in the course of their admission to the acute psychiatric inpatient unit at the Mid-Western Regional Hospital in September 2002; and if she will make a statement on the matter. [31722/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The report referred to by the Deputy was sent to me by the Mid-Western Health Board for my information. It raises serious issues and I am keen to publish it and put these issues into the public domain. I am advised, however, that there may be legal impediments to publishing the report in full and I await the advice of the Attorney General in the matter. I have sent a copy of the same report to the Medical Council, for its attention and for any appropriate action, as it sees fit.

95. **Mr. Hogan** asked the Tánaiste and Minister for Health and Children the resources she intends to put into child health psychiatry; and if she will make a statement on the matter. [31725/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The development of child and adolescent psychiatric services has been a priority for my Department in recent years. Since 1997, additional funding of almost €19 million has been provided to allow for the appointment of additional consultants in child and adolescent psychiatry, for the enhancement of existing consultant-led multidisciplinary teams and towards the establishment of further teams.

An additional €15 million revenue funding will be made available for the further development of mental health services in 2005, bringing the total spend on mental health to approximately €725 million. A portion of this funding, the details of which are yet to be finalised, will be allocated to child and adolescent mental health services.

Question No. 96 answered with Question No. 39.

Question No. 97 answered with Question No. 32.

Childhood Obesity.

98. **Mr. Stanton** asked the Tánaiste and Minister for Health and Children her views on recent

reports which identify obesity as a major emerging health problem here; the steps she is taking to combat obesity, especially obesity in children; and if she will make a statement on the matter. [31720/04]

Tánaiste and Minister for Health and Children (Ms Harney): The National Task Force on Obesity was established in March of this year to address the growing levels of obesity in Ireland highlighted in the survey of lifestyles, attitudes and nutrition. The terms of reference for the task force include: how best to create the social and physical environments that makes it easier for children and adults to eat more healthily and be more active on a regular basis. The task force is due to present a strategy document by the year end. To complement the ongoing work of the task force, the health promotion unit of my Department also launched a national campaign to tackle overweight and obesity in August of 2004 entitled Every Step Counts...Small Changes Make the Difference.

National Treatment Purchase Fund.

99. **Mr. Perry** asked the Tánaiste and Minister for Health and Children the difference in the role of the national treatment purchase fund and the waiting list initiative for health boards; and if she will make a statement on the matter. [31794/04]

Tánaiste and Minister for Health and Children (Ms Harney): Under the waiting list initiative, which was introduced in 1993, funding was allocated to health boards and voluntary hospitals to: reduce the number of public patients awaiting elective procedures; increase the number of persons receiving elective procedures, inpatient, day cases; reduce the waiting times for elective procedures in target specialities; and improve the management of elective procedures, waiting lists and waiting times. It was a matter for individual health agencies to decide how best to use the funding provided to achieve the four objectives of the initiative. In practice, most treatments were carried out in-house in the hospitals concerned.

The national treatment purchase fund is one of the key actions for dealing with public hospital waiting lists arising from the health strategy. The fund initially concentrated on adults who have been waiting more than 12 months and children waiting more than six months for admission to hospital for surgical procedures. To date it has arranged treatments for 22,000 patients. In most instances, the fund will facilitate anyone waiting more than three months.

Most patients for whom the fund arranged procedures were treated in private hospitals in Ireland. The fund has also referred patients to public hospitals here and to private hospitals in the United Kingdom and Northern Ireland. Patients can apply to their general practitioners, medical consultants or to their local health boards to seek to have their treatment carried out. Patients can also contact the fund directly on the

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LoCall number 1890 720 820 to have their treatment arranged. I have increased the funding available to the fund to €64 million in 2005 and I expect that it will be able to provide treatment for a further 17,000 patients during the coming year.

Question No. 100 answered with Question No. 61.

Hospital Staff.

101. **Mr. Howlin** asked the Tánaiste and Minister for Health and Children the position regarding the application of the European Working Time Directive to non-consultant hospital doctors; if the directive is being implemented in all hospitals; the impact on staffing rosters in hospitals; and if she will make a statement on the matter. [31558/04]

Tánaiste and Minister for Health and Children (Ms Harney): The provisions of the European Working Time Directive as it relates to the working hours of doctors in training came into force on 1 August 2004. The relevant provisions were transposed into Irish law by way of the European Communities (Organisation of Working Time) (Activities of Doctors in Training) Regulations 2004.

Discussions involving the Health Service Employers Agency and the Irish Medical Organisation under the aegis of the Labour Relations Commission have been taking place for some time. While some progress has been made, much remains to be resolved. The Labour Relations Commission has requested that both parties refrain from engaging in any form of unilateral action for the duration of the negotiation process. As a result, as of the 1 August, health employers have not acted unilaterally in order to achieve full compliance with the directive. In many sites around the country, the introduction of new rosters would facilitate significant progress towards compliance with the directive while maintaining safe patient care and existing levels of service provision. However, health employers, in response to the request of the Labour Relations Commission await agreement between management and the Irish Medical Organisation at national level before proceeding.

The ability of the management of the health services to effectively implement the European Working Time Directive for the benefit of all non-consultant hospital doctors, depends on the full co-operation of the Irish Medical Organisation at national and local level. This process was delayed for some time in the absence of agreement by the Irish Medical Organisation to the establishment of a national implementation group and local implementation groups in each hospital.

In this regard, both sides have accepted a proposal from the Labour Relations Commission for the selection of nine pilot hospital sites to examine local implementation issues, and to develop plans for the full implementation of the directive.

Included in these groups are representatives of consultants, local representatives of training bodies, non-consultant hospital doctors, nurses, management and other grades. The work of the groups is well under way and it is intended that they will document how measures to reduce or reorganise non-consultant hospital doctors' hours can best be implemented. Action can be taken on foot of this information when the industrial relations process is completed. It is expected that further negotiations on the outstanding areas of disagreement will take place under the auspices of the Labour Relations Commission in the new year, aided and informed by the material compiled by these pilot local hospital groups. Arrangements are also now being advanced for the establishment of a national implementation group to oversee and co-ordinate initiatives at local hospital level. I hope that early progress can be made in resolving outstanding issues, so that full implementation of the directive's requirements can proceed without further delay.

Question No. 102 answered with Question No. 52.

Rights of the Child.

103. **Mr. Stagg** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the recent concerns expressed by the Children's Ombudsman that the practice of admitting children into adult psychiatric hospitals may be in breach of the UN Convention on the Rights of the Child; the steps she intends to take to provide appropriate separate treatment for such children; and if she will make a statement on the matter. [31573/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I am aware of the concerns expressed by the Children's Ombudsman concerning the practice of admitting children to adult psychiatric units. I accept that the placement of children with mental health problems in adult facilities is inappropriate.

The first report of the Working Group on Child and Adolescent Psychiatry recommended that a total of seven child and adolescent inpatient psychiatric units for children ranging from six to 16 years should be developed throughout the country. Project teams have been established to develop child and adolescent in-patient psychiatric units in Cork, Limerick, Galway and one in the Eastern Regional Health Authority area at St Vincent's Hospital, Fairview. My Department recently gave approval to tender for design teams for the units in Cork, Limerick and Galway. Inpatient services for children and adolescents are provided at Warrenstown House, Dublin and at St Anne's in Galway.

The Working Group on Child and Adolescent Psychiatry also recommended the enhancement and expansion of the overall child and adolescent psychiatric services as the most effective means of providing the required service for children with

mental illness. This has been a priority for my Department in recent years. Since 1997, additional funding of almost €19 million has been provided to allow for the appointment of additional consultants in child and adolescent psychiatry, for the enhancement of existing consultant-led multidisciplinary teams and towards the establishment of further teams. This has resulted in the funding of a further 19 child and adolescent consultant psychiatrists. Nationally, there are 52 such psychiatrists employed.

The future direction and delivery of all aspects of our mental health services, including child and adolescent psychiatry, will be considered in the context of the work of the expert group on mental health policy which is due to report in 2005.

Health Care Training Facilities.

104. **Mr. English** asked the Tánaiste and Minister for Health and Children the training and education courses which exist for voluntary carers who are caring for elderly persons, persons with a long-term illness and persons with disabilities; if she has plans for this area; and if she will make a statement on the matter. [31773/04]

108. **Mr. Perry** asked the Tánaiste and Minister for Health and Children the funding which is available for training and education facilities for voluntary carers who are caring for the elderly, persons with a long-term illness and persons with disabilities; and if she will make a statement on the matter. [31774/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 104 and 108 together.

Considerable progress has been made in recent years in improving the situation of informal family carers. My Department, in recognition of the valuable service rendered by them, has made available additional financial allocations to the health boards and the Eastern Regional Health Authority, for the purpose of supplying specific help to such carers, by way of provision of a respite grant and assistance in the home such as nurse, care attendants or home help. This funding also covers the cost of training programmes. My Department also provides separate financial assistance to the Carer's Association, Caring for Carers and the Alzheimer Society of Ireland, by way of core funding which, in 2003 amounted to €1,884,936 and in 2004 will amount to approximately € 2,017,714. A proportion of this provides support to carers, including training programmes.

105. **Mr. Quinn** asked the Tánaiste and Minister for Health and Children the progress made to date with regard to implementation of the recommendations of the Hanly Report; and if she will make a statement on the matter. [31567/04]

Tánaiste and Minister for Health and Children (Ms Harney): The Government is committed to developing acute hospital services in a way that will command the confidence of people through-

out the country. While implementation of some of the proposals in the report of the National Task Force on Medical Staffing has been hampered by continuing industrial action by hospital consultants, work on the other elements of the proposals is progressing. Detailed assessments have been prepared of the service and resource implications of the forthcoming reduction in non-consultant hospital doctors' working hours in each health agency. Negotiations with the Irish Medical Organisation on the reduction in non-consultant hospital doctors' hours required under the European Working Time Directive are continuing in the Labour Relations Commission. Local implementation groups have been established in eight hospitals as part of an agreed pilot process.

The medical education and training sub-group of the national task force has remained in place. I have asked the group to examine and report to me on the measures required to accommodate non-consultant hospital doctors' training in all postgraduate programmes and safeguard both training and service delivery during the transition to a 48-hour working week, which is required under the European Working Time Directive by August 2009. The group has agreed a joint approach to training with the medical training bodies and the Medical Council, and has provided formal advice on the provision of medical education and training in a 58-hour working week.

Health Board Services.

106. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children if she intends to advise health boards to increase preventative dental work on children's baby teeth due to the fact that maintaining baby teeth helps to prevent future orthodontic work; and if she will make a statement on the matter. [31760/04]

121. **Mr. Connaughton** asked the Tánaiste and Minister for Health and Children if she will issue guidelines to health boards or to their equivalent to ensure that their dental policies are proactive in saving children's baby teeth, especially molars, due to the fact that baby molars help guide the permanent molars; and if she will make a statement on the matter. [31761/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 106 and 121 together.

As the Deputy is aware, statutory responsibility for the provision of dental services to eligible persons rests with the health boards or authority in the first instance. My Department, in conjunction with the health boards or authority and University College Cork, is currently carrying out a survey of the oral health of the general population in Ireland, the national survey of adult and children's dental health, the results of which will inform future policy decisions with regard to dental health policy. As part of this research the tar-

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 geted approach to service delivery is being examined. Preliminary results indicate that current policy is very effective. The preliminary results show that the average number of primary teeth which were decayed, missing or filled due to decay among five year olds living in fluoridated areas has dropped from 5.6 in the 1960s to one in 2002. This is a very positive trend. The results of the oral health survey and research will, when completed, inform future policy decisions in this area and will have a major impact on the evolution of dental services.

Hospital Services.

107. **Mr. Connaughton** asked the Tánaiste and Minister for Health and Children her views on the development of a private radiation oncology unit on the grounds of Waterford Regional Hospital, in view of the launch of the private radiation oncology development in Limerick Regional Hospital; the support she is willing to offer; and if she will make a statement on the matter. [31767/04]

Tánaiste and Minister for Health and Children (Ms Harney): The Government is committed to making the full range of cancer services available and accessible to cancer patients throughout Ireland. To this end, we will provide considerable investment in radiation oncology facilities in the coming years. The Government in its decision last year on radiotherapy services remained open to the provision of a satellite radiation oncology unit in Waterford. We are determined to deliver enhanced services for the whole population as soon as possible. There is unanimity about the urgent need for significantly enhanced services in the major population centres of Dublin, Cork and Galway. I will keep the question of networked satellite locations under active review.

The immediate developments in Cork and Galway will result in the provision of an additional five linear accelerators. Five additional consultant radiation oncologists are being recruited for this service. These developments will significantly improve access to radiotherapy for patients in the south east and throughout the country. In relation to the Dublin area, six hospitals have now submitted proposals for the development of radiation oncology services. I will be advised by the chief medical officer of my Department on the location of radiation oncology services in the eastern region and by other experts in the area. The chief medical officer will be assisted by a panel of international experts in this regard. The international panel will visit Dublin the week beginning 13 December 2004 and it is expected that it will complete its work by the end of the year.

As recommended in the report on the development of radiation oncology services, the national radiation oncology co-ordinating group has been established. The group comprises clinical, technical, managerial, academic and nursing expertise

from different geographic regions. The group's remit encompasses recommending measures to facilitate improved access to existing and planned services, including transport and accommodation. The group is expected to develop proposals in these important areas. It will also advise on quality assurance protocols and guidelines for the referral of public patients to private facilities.

The national radiation oncology co-ordinating group is currently developing a national Telesynergy® network for radiation oncology services. The South-Eastern Health Board has advised the Department that a Telesynergy® system should be installed in Waterford Regional Hospital. Arrangements are now being made to install this technology at the hospital which will enable the hospital to develop improved linkages with Cork University Hospital and St. Luke's Hospital, Dublin and reduce patient and consultant travel time.

Question No. 108 answered with Question No. 104.

109. **Mr. M. Higgins** asked the Tánaiste and Minister for Health and Children the expected date for the bringing into commission of each of the unopened facilities in regard to the announcement of 14 September 2004; if the health boards have been provided with the resources to recruit the appropriate staff for these units; and if she will make a statement on the matter. [31556/04]

Tánaiste and Minister for Health and Children (Ms Harney): My Department issued approval on 21 September 2004 to the chief executive officers of the health boards and the Eastern Regional Health Authority for the commissioning of a large number of new acute hospital facilities around the country. The commissioning of the new units is under way. The health boards and the Eastern Regional Health Authority have informed my Department that the units will be brought into operation on a phased basis over the remainder of 2004 and mainly in the first half of 2005.

Nursing Homes.

110. **Mr. S. Ryan** asked the Tánaiste and Minister for Health and Children her views on the need for an independent inspectorate of nursing homes; if so, when she proposes to establish such a body; and if she will make a statement on the matter. [31541/04]

Tánaiste and Minister for Health and Children (Ms Harney): The inspection of private nursing homes is the responsibility of the health boards under the Health (Nursing Homes) Act 1990. Regulations made under this Act empower health boards to inspect private nursing homes. My Department has established a working group comprising all stakeholders to review the operation and administration of the nursing home subvention scheme. As part of this review the

working group will make recommendations on the development and implementation of quality care standards in institutional settings and examine all issues connected with the regulation of private nursing homes, including the inspection process. It is intended that the inspection of private and public long-stay facilities will fall under the remit of the social services inspectorate in due course.

Abuse of the Elderly.

111. **Mr. Hogan** asked the Tánaiste and Minister for Health and Children the number of health boards which have appointed a case officer to deal with elder abuse; the number of case officers that deal with elder abuse in each health board; and if she will make a statement on the matter. [31806/04]

Tánaiste and Minister for Health and Children (Ms Harney): My Department made funding of €750,000 available to the health boards this year for the continued implementation of the report of the working group on elder abuse, including the employment of a case officer. A variety of arrangements are in place to address this need but two health boards have appointed a case officer to deal with elder abuse. Other boards have not progressed matters to the same extent for various reasons, including pressure on their employment ceilings and other competing priorities for available posts.

Organ Retention.

112. **Mr. Sherlock** asked the Tánaiste and Minister for Health and Children the progress made to date by the Dunne inquiry into the retention of organs of deceased children; the date on which the report will be published; the steps being taken to address the concerns of the families affected; if it is intended to introduce legislation to regulate organ retention and transplants; and if she will make a statement on the matter. [31570/04]

Tánaiste and Minister for Health and Children (Ms Harney): The Chairman of the Post Mortem Inquiry has indicated that she will provide a report on paediatric hospitals in December 2004. There are ongoing consultations with the inquiry about the other elements of its remit, having regard to the Government decision that the inquiry should conclude by 31 March next.

The European Commission is considering a directive in respect of organ transplantation, including the issue of consent, and proposes to conduct a thorough scientific evaluation of the situation. It will present a report on its analysis to the Council of the European Union as soon as possible. It is hoped that this will provide the framework for the development of legislation in this area. In the meantime, it is intended to establish an expert group to review organ donation, procurement and utilisation policy in Ireland. The work of this group will inform Ireland's contri-

bution to the discussions on the proposed directive on organs.

Question No. 113 answered with Question No. 74.

Question No. 114 answered with Question No. 13.

Medicinal Products.

115. **Mr. Cuffe** asked the Tánaiste and Minister for Health and Children the latest figures for the number of anti-depressants prescribed in the Dublin area; the reason for the increase in the amount of drugs prescribed; the steps she is taking to ensure that fewer are prescribed; and if she will make a statement on the matter. [31711/04]

Tánaiste and Minister for Health and Children (Ms Harney): Prescriptions for anti-depressants may be issued by general practitioners or consultants in a variety of locations, such as general practice, community psychiatric facilities or private or public psychiatric hospitals. Prescriptions are issued by health professionals based on the symptoms of the presenting patient at the time of consultation. The level of medication prescribed, therefore, is a matter of clinical decision for the particular doctor involved.

Figures provided by the General Medical Services (Payments) Board for January to August 2004, the latest month for which figures are available, indicate that there were 166,386 claims for anti-depressants in the Dublin area, at a cost of €4,880,882. These figures do not include certain categories of patients in the Eastern Regional Health Authority area for whom separate arrangements are in place. I have asked the Eastern Regional Health Authority to forward the additional information directly to the Deputy as a matter of urgency. My Department does not have access to prescribing and dispensing information where monthly expenditure by an individual under the drugs payment scheme, DPS, is less than the monthly threshold.

An Expert Group on Mental Health Policy was established in August 2003 to prepare a new national policy framework for the mental health services, updating the 1984 policy document, Planning for the Future. The group consists of 18 widely experienced people who are serving in their personal capacity. The membership encompasses a wide range of knowledge and a balance of views on many issues affecting the performance and delivery of care in our mental health services. All areas of mental health policy and service provision will be examined in the course of the group's work. The expert group has now completed an extensive public consultation process on the mental health services and is planning to publish the findings of this process shortly. It is expected to complete its work in 2005.

Question No. 116 answered with Question No. 8.

Vaccination Programme.

117. **Mr. Penrose** asked the Tánaiste and Minister for Health and Children the current level of the take-up of the MMR vaccine in each health board area for the latest period for which figures are available; the steps that are being taken to promote fuller take-up, especially in view of reports of a significant increase in the number of cases of measles in some areas of the country; and if she will make a statement on the matter. [31566/04]

Tánaiste and Minister for Health and Children (Ms Harney): The MMR vaccine protects against measles, mumps and rubella and, in accordance with the recommendations of the immunisation advisory committee of the Royal College of Physicians of Ireland, can be administered to children between 12 and 15 months of age. A vaccine uptake rate of 95% is required in order to protect children from the diseases concerned and to stop the spread of the diseases in the community. Measles, in particular, is a highly infectious and serious disease; approximately one in 15 children who contract measles suffer serious complications.

In Ireland, uptake of the first dose of the measles, mumps and rubella vaccine, MMR1, is calculated on a quarterly basis among children of 24 months of age. In quarter two of 2004, the national uptake rate for this vaccine was 81%. This represents an increase of 1% in the national uptake rate when compared with the previous quarter and an increase of 4% in comparison with the same quarter in 2003. In addition, uptake rates reported by individual health boards ranged from 76% to 91% as shown in table 1.

Table 1 MMR1 Uptake rates by health board in Quarter 2 2004*.

	Uptake at 24 months — Q2 2004	
		%
ERHA		76
MHB		91
MWHB		84
NEHB		84
NWHB		87
SEHB		86
SHB		82
WHB		76
Ireland		81

*The most recent period for which uptake figures are available from the NDSC.

The national uptake rate of MMR1 has increased from 69% in Q4 2001 to 81% in Q2 2004. This trend has been reflected in each of the health boards with all health boards having reported an increase in the uptake rate for MMR1 over this time period. Although MMR1 uptake rates have

been improving over the past year and a half, they are still 14% lower than the national target rate of 95%.

I am concerned about the unsatisfactory MMR immunisation uptake rates because of the risk of un-immunised children contracting the potentially serious diseases concerned. The outbreak of measles in 2000, which resulted in approximately 2,000 cases and three deaths, is evidence of the consequences of insufficient immunisation uptake. However, I am encouraged by the fact that the immunisation uptake rates are steadily improving. Meanwhile, data provided by the NDSC indicate that from week one to week 46, inclusive, of 2004, that is, up to 20 November 2004, 314 cases of measles were notified which compares with 555 cases notified for the comparative period in 2003; this represents a significant reduction in the number of measles cases reported to date this year.

However, since early November 2004 there has been an increase in mumps cases occurring in teenagers and young adults, more than double that reported for the first ten months of 2004. The cases appear to be occurring mainly in individuals who were never immunised or only received one dose of MMR, the vaccine that contains mumps vaccine. In third level colleges where outbreaks are occurring, students between the ages of 16 and 25 years of age with no history of a second dose of MMR have been advised to contact student health services or their own GPs about vaccination. Outbreaks have occurred in Athlone Institute of Technology, Letterkenny Institute of Technology and NUI Maynooth. Vaccination clinics have been held in these colleges.

A National Immunisation Steering Committee was established to address a wide range of issues relating to the childhood and other immunisation programmes, including the identification of issues that are hampering the achievement of uptake targets. The report of the steering committee was launched in April 2002 and a national implementation group was subsequently established to draw up a phased national implementation plan based on the report's recommendations.

Following consideration of proposals in regard to childhood immunisation which were submitted by the national implementation group through the Health Boards Executive, HeBE, on behalf of the health boards, €2.116 million was allocated by my Department in 2003 to fund initiatives to improve childhood immunisation uptake. A further €2.778 million has been allocated for that purpose this year. Funding in the region of €800,000 has been allocated to health boards via HeBE specifically for regional and localised projects focused on measures to improve immunisation uptake.

There is concern among some parents in regard to the measles, mumps and rubella, MMR, vaccine. Negative coverage on this issue has added to the confusion of parents in deciding whether or not to vaccinate their children. In April 2002,

the MMR Vaccine Discussion Pack, An Information Guide for Health Professionals and Parents, was launched. The pack was produced by the NDSC and the department of public health, Southern Health Board, and was published by HeBE on behalf of the health boards. The pack sets out the facts in regard to the most common concerns about MMR in a way that will help health professionals and parents to explore these concerns together, review the evidence in relation to MMR and provide the basis for making an informed decision. The information is presented in such a way as to allow full discussion between health professionals and parents on each issue. The pack also contains an information leaflet for parents. The pack is set out in question and answer format and addresses such issues as the alleged link between MMR and autism and Crohn's disease, the safety and side effects of the vaccine, the purpose of a second dose of vaccine, combined vaccine versus single doses and contra-indications to the vaccine. The pack enables health professionals to respond to the very real concerns of parents.

In 2003, CEOs in all health boards and the ERHA were asked to ensure that specific immunisation measures were prioritised in all regions in order to prevent a serious measles outbreak. Health boards have undertaken a range of measures in their regions in order to improve vaccine uptake in their region. These include: information sessions for professionals, for example, doctors and nurses in the area; information sessions for parents; distribution of information to the public, for example, leaflets on MMR available in public areas; advertisements taken out in local papers; advertisements on local radio stations; advice regarding immunisation, including MMR, forms part of every public health nurse consultation with parents; information leaflets displayed prominently in all health centres; information given to schools regarding the booster MMR; follow-up of parents by letter and telephone where children have not been vaccinated; follow-up with GPs and nurses regarding children in their area who have not been vaccinated; and information sessions for staff.

Furthermore, my Department has convened a measles eradication committee to develop a national five-year action plan for the elimination of measles and rubella in line with the World Health Organisation strategic plan for 2010. This committee had its first meeting on 30 September 2004 and is due to report to me by the end of June 2005.

I would like to take this opportunity to again urge all parents to have their children immunised against the diseases covered by the childhood immunisation programme in order to ensure that both their children and the population generally have maximum protection against the diseases concerned.

Nursing Homes.

118. **Mr. Quinn** asked the Tánaiste and Minister for Health and Children the number of public nursing homes and beds in the country; her views on whether there is a need for an inspectorate to be put in place on a statutory basis similar to the private sector; and if it is her intention to establish such an inspectorate. [31581/04]

Tánaiste and Minister for Health and Children (Ms Harney): As the Deputy may be aware, figures relating to the number of public nursing homes and beds are collated by my Department on an annual basis. The most recent long-stay activity statistics report was finalised in July 2004 and provides information on activity in long-stay units in 2003. The report shows that there were 12,339 long-stay beds in health board facilities, including respite beds at the 31 December, 2003. This figure represents 51.8% of the long-stay bed complement with the remaining 49.2% of long-stay beds being provided in private/voluntary nursing homes.

Currently the inspection of private nursing homes is the responsibility of the health boards under the Health (Nursing Homes) Act 1990. Regulations made under this Act empower health boards to inspect private nursing homes.

In the context of the health reform programme, added emphasis is being placed on the setting and monitoring of standards generally. It is also planned to extend the brief of the social services inspectorate to include residential services for older people and people with a disability and to establish it on a statutory basis. Building on the existing framework for inspections, my Department is satisfied that these additional measures give grounds for added public confidence in the effectiveness of the inspections regime.

Question No. 119 answered with Question No. 85.

Hospital Waiting Lists.

120. **Mr. S. Ryan** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the fact that there is a waiting list of up to 12 and a half years for public nursing beds in some regions of the greater Dublin area; and the way in which she proposes to deal with the problem. [31578/04]

Tánaiste and Minister for Health and Children (Ms Harney): I draw the Deputy's attention to the reply given to his parliamentary question of 22 June this year. I would also like to add, by way of additional information, that funding provided by my Department to the Eastern Regional Health Authority under the delayed discharges initiative has to date facilitated the discharge of over 600 people from the acute hospital sector to private nursing home care or back to their own homes.

Question No. 121 answered with Question No. 106.

Hospital Services.

122. **Mr. Timmins** asked the Tánaiste and Minister for Health and Children the number of stroke units available in public hospitals; the location at which these units are available; the average number of persons who are treated in them annually; and if she will make a statement on the matter. [31779/04]

Tánaiste and Minister for Health and Children (Ms Harney): Responsibility for the provision of hospital services for stroke sufferers rests with the Eastern Regional Health Authority or the appropriate regional health board. The information requested by the Deputy is not routinely collected by my Department. My Department has, therefore, asked the regional chief executive of the authority and the chief executive officers of the health boards to investigate the position in regard to the matters raised by the Deputy and to respond to him directly.

Question No. 123 answered with Question No. 50.

Medical Inquiries.

124. **Ms O'Sullivan** asked the Tánaiste and Minister for Health and Children when she expects to receive the report of the independent review into the circumstances of the death of a person (details supplied); the reasons for the long delay in finalising this report; and if she will make a statement on the matter. [31564/04]

Tánaiste and Minister for Health and Children (Ms Harney): In July 2003, the then Minister for Health and Children, Deputy Martin, announced that he had convened a review panel to conduct an independent review of the events surrounding the tragic death of the person referred to by the Deputy.

The members of the panel are: Mr David Hanly, Chairman; Ms Kay O'Sullivan, director of nursing at Cork University Hospital; and Dr. Shakeel A. Qureshi, paediatric cardiologist at Guy's and St. Thomas's Hospital, London.

The terms of reference of the panel are: to consider the report of the ERHA in relation to the events of 30 June 2003 at Our Lady's Hospital for Sick Children, Dublin and to make such further inquiries and conduct such interviews as the panel considers necessary; to address the questions raised by the family; to examine protocols and procedures relevant to this incident having regard to prevailing standards of best practice, and to examine their application in this case; and to report to the Minister and to make such recommendations as it sees fit.

I expect to receive the panel's report shortly. It is my intention to publish the panel's report and the earlier report by the ERHA.

Question No. 125 answered with Question No. 22.

Health Board Allowances.

126. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children if and when the domiciliary care allowance in the case of a person (details supplied) in County Kildare will be started; and if she will make a statement on the matter. [31976/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The assessment of entitlement to and payment of the domiciliary care allowance in any individual case is a matter for the relevant health board. Accordingly, a copy of the Deputy's question has been forwarded to the regional chief executive of the Eastern Regional Health Authority with a request that he examine the case and reply directly to the Deputy as a matter of urgency.

Question No. 127 answered with Question No. 21.

Services for People with Disabilities.

128. **Mr. Boyle** asked the Tánaiste and Minister for Health and Children the investigation that has occurred in relation to the possible introduction of a cost of disability allowance. [28173/04]

Minister of State at the Department of Health and Children (Mr. T. O' Malley): Under the Programme for Prosperity and Fairness, an inter-departmental working group, chaired by the Department of Health and Children, was established to examine the feasibility of introducing a cost of disability payment.

The National Disability Authority, on behalf of the working group, and in line with its own remit, commissioned research into the feasibility of a cost of disability payment in Ireland. The purpose of this research was to advise regarding the additional costs incurred by people with disabilities, owing specifically to the direct or indirect costs of the disability; and the appropriate mechanisms, or instruments by which to address identified additional costs.

The resultant report, *Disability and the Cost of Living*, was published by the NDA early in 2004. The working group in March of this year produced a position paper, which gave an overview of the work they have undertaken to date. It outlined the group's current thinking and also gave an indication of the next steps the working group intend taking.

The working group recommends that urgent steps be taken to improve the quality of data relating to disability in Ireland. This might include, for example, adjustment of existing data gathering exercises undertaken by the Central Statistics Office or other relevant bodies to include questions on the numbers per household with disabilities, the nature of the disability, severity of impairment and so on. The working

group considers that it is vital that comprehensive data are available on which to base consideration of the feasibility of a cost of disability payment. Given its advisory and research remit, the working group considers that the National Disability Authority has an important role to play in addressing these data gaps along with other relevant bodies. The working group acknowledges that a number of Departments and agencies have previously carried out reviews of the various supports and payments for people with disabilities.

However, these reviews have tended to focus solely on the operation of individual schemes, without taking a broader overview of how these measures fit into the overall system of disability supports. The working group proposes to examine the scope for rationalising and streamlining the various disability supports measures, with a particular focus on mitigating the additional costs of disability for a greater number of people with disabilities, particularly in the case of those who wish to move from a position of total welfare dependence to one of greater economic independence. The working group is now proceeding to follow up on these various matters.

Mental Health Services.

129. **Mr. Cuffe** asked the Tánaiste and Minister for Health and Children if a transparent consultation and planning process will be put in place to ensure that the redevelopment of the Central Mental Hospital will be in line with best international practice. [27279/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The redevelopment of the Central Mental Hospital will take account of best practice both in terms of the infrastructure and operational policies. The project will be subject to the normal planning and Government procurement processes.

Genetically Modified Organisms.

130. **Mr. Sargent** asked the Tánaiste and Minister for Health and Children if her policy is to accept or reject the wish of 70.9% of EU citizens, according to a European Commission opinion poll, who do not want genetically modified food. [29374/04]

Tánaiste and Minister for Health and Children (Ms Harney): Government policy with regard to genetically modified organisms, GMOs, is set out in the report of the interdepartmental group on modern biotechnology, published in October 2000. In line with the recommendations of this report, my Department adopts a positive but precautionary approach to the issue of GM foods which reflects the priority given to consumer choice and safety.

Ireland, in common with other member states and as required by EU rules, applies EU legislation on GM foods. This legislation is in the form of EU regulations which are directly applicable to, and binding on, each member state. At

present, Ireland has no additional national legislation on GM foods, however my Department is currently working on introducing provisions into national legislation which will allow for enforcement measures, including penalties, in the case of non-compliance with the recently adopted regulations.

The survey referred to by the Deputy was published in December 2001 and in the intervening period there have been significant developments. For example, during 2004 the European Union's new regulatory framework for GMOs entered into force with the consequent lifting of what was referred to as the moratorium on new GMOs. In response to consumer concerns, the EU has developed a robust safeguard system of legislation, covering the deliberate release of GMOs into the environment, regulations on GM food and feed, traceability and labelling of GMOs, trans-boundary movement of GMOs and guidance on the co-existence of GM and conventional crops.

These developments have paved the way for a high level of consumer, public health and environmental protection as they require the rigorous pre-marketing assessment of GM food and feed and include safeguard measures on labelling and traceability. The safety of GM products is independently assessed by European Food Safety Authority, EFSA, on a case by case basis and GM food is now required to be clearly labelled, thus ensuring greater consumer confidence and choice.

The Food Safety Authority of Ireland is the competent authority in Ireland for the enforcement of legislation governing GM food and carries out regular checks of the marketplace to ensure compliance with GM food legislation. The FSAI, through its GMO and novel foods sub-committee, assesses dossiers from EFSA regarding application for authorisation within the EU of GM foods and consequently feeds into the decision making process at EFSA. I am satisfied that appropriate arrangements are in place to ensure the safety of authorised GM foods, or foods containing GM ingredients, placed on the market in Ireland.

Sexually Transmitted Diseases.

131. **Mr. Stanton** asked the Tánaiste and Minister for Health and Children the situation regarding sexually transmitted diseases here, the details of the different diseases, rates of infection and trends; the actions that are being taken to address this issue; and if she will make a statement on the matter. [31721/04]

Tánaiste and Minister for Health and Children (Ms Harney): The National Disease Surveillance Centre recently published sexually transmitted infections, STIs, figures for quarter one of 2003. Some 2664 cases of STIs were notified in Ireland during quarter one of 2003, compared to 2541 notifications during quarter one of 2002, representing a 4.8% increase in STI notifications.

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The three most commonly notified STIs in quarter one of 2003 were ano-genital warts, 929 cases; non-specific urethritis, 560 cases; and chlamydia trachomatis, 525 cases. The highest increase reported in quarter one of 2003, compared to quarter one of 2002 was for infectious

hepatitis B, which was +230.0%. The most significant decreases reported during quarter one of 2003, compared to quarter one of 2002 were for gonorrhoea, -16.67%; and syphilis, -8.2%. The following Table 1 gives details of all notified STIs for quarter one of 2003 and quarter one of 2002.

Table 1: Notified sexually transmitted infections for Q1 2003 and Q1 2002.

Sexually Transmitted Infection	Q1 2003	Q1 2002	Increase/Decrease	% Increase
Ano-Genital Warts	929	1,017	-88	-8.65
Candidiasis	321	324	-3	-0.93
Chancroid	0	0	0	0.00
Chlamydia Trachomatis	525	433	92	21.25
Genital Herpes Simplex	97	84	13	15.48
Gonorrhoea	40	48	-8	-16.67
Granuloma Inguinale	0	0	0	0.00
Infectious Hepatitis B	33	10	23	230.00
Lymphogranuloma Venereum	0	0	0	0.00
Molluscum Contagiosum	42	34	8	23.53
Non-Specific Urethritis	560	470	90	19.15
Pediculosis Pubis	22	23	-1	-4.35
Syphilis	78	85	-7	-8.24
Trichomoniasis	17	13	4	30.77
Total	2,664	2,541	123	4.84

In terms of full year figures, the latest annual figures available from the NDSC show that 10,471 STIs were notified in 2002 compared with 9,703

in 2001, a 7.9% increase. The following Table 2 gives details of all notified STIs for 2002 and 2001.

Table 2: Notified sexually transmitted infections for 2002 and 2001.

Sexually Transmitted Infection	2002	2001	Increase/Decrease	% Increase
Ano-Genital Warts	3,932	3993	-61	-1.53
Candidiasis	1,351	1,150	201	17.48
Chancroid	1	1	0	0.00
Chlamydia Trachomatis	1,922	1,649	273	16.56
Genital Herpes Simplex	358	331	27	8.16
Gonorrhoea	214	349	-135	-38.68
Granuloma Inguinale	0	0	0	0.00
Infectious Hepatitis B	57	39	18	46.15
Lymphogranuloma Venereum	1	0	1	—
Molluscum Contagiosum	150	111	39	35.14
Non-Specific Urethritis	2,025	1,634	391	23.93
Pediculosis Pubis	84	103	-19	-18.45
Syphilis	303	279	24	8.60
Trichomoniasis	73	64	9	14.06
Total	10,471	9,703	768	7.92

The report of the National AIDS Strategy Committee, NASC, which was published in 2000, makes a range of recommendations for dealing with STIs and HIV and AIDS. My Department through the National AIDS Strategy Committee and its sub-committees on education and prevention, surveillance and care and management is working to implement these recommendations.

In regard to STIs and HIV and AIDS, our first line of defence must be education and awareness.

In this regard the national health promotion strategy 2000-05 acknowledges that sexuality is an integral part of being human and healthy sexual relationships can contribute to an overall sense of well-being. A strategic aim of the health promotion strategy 2000-05 is “to promote safer sexual health and safer sexual practices among the population.”

Education and prevention measures are co-ordinated by the health promotion unit, HPU, of

my Department within the context of both the national health promotion strategy and the report of the National AIDS Strategy Committee 2000. In fulfilment of objectives and recommendations set out in these strategies the health promotion unit is involved in and supports a range of initiatives and interventions aimed at preventing and raising awareness of STIs and HIV and AIDS. The following are some examples of the current priorities: in the school setting, my Department is working in partnership with the Department of Education and Science and the health boards to support schools in the introduction and delivery of social, personal and health education, SPHE, at both primary and post primary level. Relationships and sexuality education is an integral part of this curriculum and remains a key priority for this work with schools.

In the out of school setting, the health promotion unit of my Department works in partnership with youth affairs section of the Department of Education and Science and the National Youth Council of Ireland to implement the national youth health programme. The aim of the programme is to provide a broad-based, flexible health promotion-education support and training service to youth organisations and to all those working with young people in the non-formal education sector. Within the context of this programme, a training initiative called Too Hot to Handle is offered to youth workers which address the issues of relationships, sexuality and sexual health with young people.

A national public awareness advertising campaign to promote sexual health which is aimed at men and women in the 18 to 35 age group to increase awareness about safe sex and STIs. The overall goal is to increase safe sex, reducing the incidence of STI transmission and unwanted pregnancies among young people in Ireland. The campaign runs in third level colleges, places of entertainments, such as pubs, clubs, discos and youth clubs. This national programme has been running for several years and a new and revised campaign is currently being implemented by the HPU, which has greatly increased the number of venues targeted.

The report of the National AIDS Strategy Committee, AIDS Strategy 2000, recommended that a national survey of sexual knowledge, attitudes and behaviours in Ireland be carried out in line with those in other European countries. Such a study would provide nationally representative information on knowledge and attitudes to sex, sexual health, sexual health services and sexual behaviour. The data will also provide a benchmark for planning future sexual health promotion services and strategies. Most importantly, it is intended that all findings will inform future policy and practice developments. This survey is being conducted by my Department in conjunction with the Crisis Pregnancy Agency. The aims of this survey include the collection of reliable nationally representative baseline information that will:

build a representative and reliable national picture of sex and sexual behaviour in Ireland; measure levels of sexual knowledge among people in Ireland; reliably assess national attitudes toward important constructs related to sex, sexuality and service use; and examine patterns, similarities and differences, among different cohorts and patterns underlying these variations; examine, explore and reliably describe the inter-relationships between knowledge, attitudes and behaviours in the context of theory, sexual health promotion and policy development. The HPU also produces a range of awareness raising leaflets on STIs and safe sex practices which are available through health promotion departments in each health board.

Almost €5.5 million of additional annual funding has been provided to health boards since 1997 to address the treatment of STIs and HIV and AIDS. This has resulted in a substantial increase in the facilities in place. At present there are seven consultants specialising in the treatment of STIs and HIV and AIDS; five of these are in Dublin, one of whom deals with children, one in Cork and one in Galway.

The care and management sub-committee of NASC visited hospitals and health boards involved in the provision of services to people with HIV and AIDS and STIs. The purpose of these visits was to identify gaps and make recommendations for the future direction of treatment services. The report of the sub-committee will be published in the coming months. My Department will continue to closely monitor the position in relation to sexually transmitted infections and HIV and AIDS.

Question No. 132 answered with Question No. 73.

Hospital Staff.

133. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the number of geriatricians in public hospitals in each health board area or equivalent; and if she will make a statement on the matter. [31789/04]

Tánaiste and Minister for Health and Children (Ms Harney): My Department has contacted the health boards and the Eastern Regional Health Authority and they have advised the following information.

The Eastern Regional Health Authority confirmed there are the following number of geriatricians in public hospitals in the following agencies: Adelaide Meath National Children's Hospital — two WTE; James Connolly Memorial Hospital — one WTE; Naas Hospital — one WTE; Beaumont Hospital — one WTE; Mater Hospital — three WTE; St. James's Hospital — four WTE; and St. Vincent's University Hospital — three WTE.

Currently the North Eastern Health Board has four consultant physician/geriatricians, one each in Louth County Hospital; Our Lady's Hospital,

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Navan; Our Lady of Lourdes Hospital, Drogheda; and Cavan General Hospital. The number of geriatricians in the Mid-Western Health Board area is four, broken down as follows: Mid-Western Regional Hospital, Dooradoyle, Limerick — two; Mid-Western Regional Hospital, Ennis — one; and Nenagh General Hospital — one.

The Midland Health Board confirmed that it has two posts filled as consultant physician with special interests in geriatric medicine, one each in the Midland Regional Hospital at Tullamore and the Midland Regional Hospital at Mullingar. The Western Health confirmed that there are five consultant physicians with a special interest in geriatric medicine employed in the board's acute hospitals, broken down as follows: one each in University College Hospital, Merlin Park, County Hospital Roscommon, Portiuncula Hospital, Ballinasloe and Mayo General Hospital, Castlebar.

In the North Western Health Board there is one consultant geriatrician at Sligo General Hospital. The board has recently received Department of Health and Children approval for a second consultant geriatrician. This application is currently with Comhairle na nOspidéal for approval. There are two consultant geriatricians in Letterkenny General Hospital. The Southern Health Board confirmed the following: three WTEs between Cork University Hospital and St. Finbarr's Hospital; one WTE in Kerry General Hospital; one WTE in Bantry General Hospital; and one consultant physician in geriatric medicine employed in the South Infirmiry-Victoria Hospital. This is a joint appointment, shared 5.5 sessions per week in the South Infirmiry-Victoria Hospital and 5.5 sessions per week in the Mercy Hospital.

The South Eastern Health Board confirmed that it employs eight consultants, two in each of its four public hospitals.

Long-Term Illness Scheme.

134. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the action she intends to take following a recommendation from the Joint Committee on Health and Children to include persons with post polio syndrome on the long-term illness scheme; her plans for this group; and if she will make a statement on the matter. [31798/04]

Tánaiste and Minister for Health and Children (Ms Harney): Under the 1970 Health Act, a health board may arrange for the supply, without charge, of drugs, medicines and medical and surgical appliances to people with a specified condition, for the treatment of that condition under the long-term illness scheme, LTI. The conditions are: mental handicap, mental illness — for people under 16 years only, phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, diabetes mellitus, diabetes insipidus, haemophilia, cerebral palsy, epilepsy, multiple sclerosis, muscular dys-

trophies, parkinsonism, conditions arising from thalidomide and acute leukaemia. Parkinsonism, acute leukaemia, muscular dystrophies and multiple sclerosis were added to the scheme in 1975. The LTI does not cover GP fees or hospital co-payments.

Prior to 1971, there was inadequate provision for assistance to people with large ongoing medical expenses. The purpose of the LTI scheme was to protect patients with a specified condition from excessive drug costs, by providing free drugs and medicines to treat that condition only. Following the establishment of the GMS scheme in 1971, to provide free treatment for those who cannot, without undue hardship, arrange to provide it for themselves and their dependants, various co-payment schemes have been introduced to provide assistance towards the cost of approved drugs and medicines for people with significant ongoing medical expenses, without restriction to the treatment of a particular condition.

Since 1999, non-medical card holders and people with conditions not covered under the LTI have been able to use the drugs payment scheme, DPS. Under this scheme, no individual or family unit pays more than €78 per calendar month towards the cost of approved prescribed medicines. The monthly threshold is due to increase to €85 from 1 January 2005. In light of the protection from excessive drug costs provided by the GMS and DPS schemes, there are no plans to amend the list of eligible conditions under the LTI.

The provision of health services to people with physical and sensory disabilities, including polio survivors, is a matter for the Eastern Regional Health Authority and the health boards. My Department is to provide additional ongoing funding of €300,000 in the current year to the Post Polio Support Group for the provision of aids and appliances, therapy services and other supports to people with post polio syndrome. The group's needs will be reviewed further in light of the resources available to my Department for development purposes in 2005.

In accordance with the commitment in Sustaining Progress, my Department will conduct a strategic review of existing service provision for people with disabilities. Questions of access to aids and appliances and respite care that have been raised by the Post Polio Support Group will be examined as part of that review.

Question No. 135 answered with Question No. 23.

Child Abuse.

136. **Dr. Upton** asked the Tánaiste and Minister for Health and Children if a group was established in 1994 to review the operation of guidelines for reporting child abuse with regard to children in State care; if the group's attention has been drawn to allegations relating to residential centres under the control of the Department of

Education and Science; if she will publish the report of the group; and if she will make a statement on the matter. [31863/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan): I am not aware of any group established in 1994 or any group currently in place to review the operation of guidelines for reporting child abuse with regard to children in State care.

It is assumed that the Deputy may be referring to the group established in 1994 to prepare guidelines on standards in children's residential centres in preparation for the introduction of the regulations on this issue. This group completed its work and the Child Care (Standards in Children's Residential Centres) Regulations 1996 and Guide to Good Practice in Children's Residential Centres were published in 1996. The recommendations of the report on the inquiry into the operation of Madonna House was published as part of the document. The group did not have any role relating to residential centres under the control of the Department of Education and Science.

Standards entitled "National Standards for Children's Residential Centres", developed by my Department and the social services inspectorate in conjunction with the health boards, were published in 2001 based on the relevant legislation and guidance and good practice. It is against these standards, which include standards on safeguarding and child protection, that the social services inspectorate and the registration and inspection units of the health boards inspect and form judgments about the quality of children's residential care services.

137. **Dr. Upton** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to a report which was commissioned in 1996 regarding the treatment afforded to a person (details supplied) when help was sought from the State on this person's behalf; if she will publish the report; and if she will make a statement on the matter. [31864/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan): Responsibility for the institution concerned lies with the Department of Education and Science. Neither the Department of Education and Science nor the Department of Health and Children commissioned a report in 1996 regarding allegations concerning the institution.

Question No. 138 answered with Question No. 69.

Overseas Development Aid.

139. **Mr. Wall** asked the Tánaiste and Minister for Health and Children her views on correspondence (details supplied); and if she will make a statement regarding the way in which the correspondent's concerns can be addressed. [31910/04]

Tánaiste and Minister for Health and Children (Ms Harney): Decisions on the level of overseas aid are a matter for the Government as a whole. It would not be appropriate for me to make any comment on the matter at this stage.

Health Board Services.

140. **Mr. Wall** asked the Tánaiste and Minister for Health and Children when a person (details supplied) in County Kildare will receive speech therapy; and if she will make a statement on the matter. [31911/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The provision of health related services, including speech and language therapy, for people with physical and/or sensory disabilities is a matter for the Eastern Regional Health Authority and the health boards in the first instance. Accordingly, the Deputy's question has been referred to the regional chief executive of the Eastern Regional Health Authority with a request that he examine the matter and reply directly to the Deputy, as a matter of urgency.

Nursing Homes.

141. **Mr. Wall** asked the Tánaiste and Minister for Health and Children the procedures and guidelines laid down by her Department and the South Western Area Health Board for the establishment and operation of a nursing home; and if she will make a statement on the matter. [31912/04]

Tánaiste and Minister for Health and Children (Ms Harney): The establishment of private nursing homes for dependent older people is governed by the Health (Nursing Homes) Act 1990, which came into operation on 1 September 1993. The following is a list of regulations made under the principal Act governing the operation and administration of private nursing homes: the Nursing Homes (Care and Welfare) Regulations 1993, S.I. No 226 of 1993; the Nursing Homes (Care and Welfare) (Amendment) Regulations 1993, S.I. No 379 of 1993; and the Nursing Homes (Care and Welfare) (Amendment) Regulations 1994, S.I. No. 147 of 1994.

Questions Nos. 142 and 143 answered with Question No. 8.

Hospital Services.

144. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the amount of funding which Tallaght Hospital receives for its urology department; the number of procedures carried out on inpatients and day cases; and the number of outpatients seen. [31915/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services at the Adelaide and Meath Hospital, incorporating the National Children's Hospital, Tallaght, are provided under an

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arrangement with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to examine this issue and to reply to the Deputy directly.

145. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the amount of funding which St. James's Hospital receives to fund its plastic surgery and maxillofacial department; the funding which the Mater Hospital receives for the plastic surgery department; and the number of procedures carried out, and inpatients and outpatients seen by these departments. [31916/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services at St. James's Hospital and the Mater Hospital are provided under an arrangement with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to investigate the matters raised by the Deputy and to reply to him directly.

146. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the amount of funding which the Mater Hospital receives for the cardiac transplant and cardiothoracic bypass unit; the number of procedures carried out; and the number of inpatients and outpatients treated in this unit. [31917/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services at the Mater Hospital are provided under an arrangement with the Eastern Regional Health Authority and my Department has, therefore, asked the regional chief executive of the authority to examine the issue raised and to reply to the Deputy directly.

147. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the amount of funding which St. Vincent's Hospital receives for the liver unit; the number of procedures carried out; and the number of inpatients and outpatients attendants. [31918/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services at St. Vincent's University Hospital, Dublin, are provided under an arrangement with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to examine the issue raised and to reply to the Deputy directly.

148. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the amount of funding that Beaumont Hospital receives for the neurosurgical unit and the neurology unit; the number of procedures carried out in the neurosurgical unit; and the number of inpatients and outpatients in both specialities. [31919/04]

Tánaiste and Minister for Health and Children (Ms Harney): Services at Beaumont Hospital are

provided under an arrangement with the Eastern Regional Health Authority and my Department has, therefore, asked the regional chief executive of the authority to examine the issue raised and to reply to the Deputy directly.

Health Board Property.

149. **Ms McManus** asked the Tánaiste and Minister for Health and Children the way in which it is intended to dispose of lands, in regard to the announcement in July 2004 regarding the sale of hundreds of acres of land from the country's biggest psychiatric hospitals; if she will list the hospitals in question; if the hospitals in question have been consulted regarding the proposed land sale; if all such moneys will be ring-fenced for investment in the psychiatric services; and if she will make a statement on the matter. [31920/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): Earlier this year, my Department requested health boards to provide it with detailed schedules of all proposals regarding planned disposal of property including lands attached to psychiatric hospitals. The information received from the health boards in response to this request is being examined at present. Among the matters to be considered in this context is the fulfilment of my Department's obligations in respect of the provision of lands for affordable housing. It would be inappropriate to provide further details in advance of the completion of this process. The sale of assets in the health area will be used for health purposes, with the exception of a contribution towards social and affordable housing.

Patient Compensation System.

150. **Ms McManus** asked the Tánaiste and Minister for Health and Children the progress which has been made by the working group on the development of a no-fault compensation system for birth-damaged children; when she expects the group to report; if she will seek to expedite the introduction of proposals in this area, having regard to the recent awards in the High Court and the increasing difficulties facing practitioners and especially obstetricians in finding insurance cover; and if she will make a statement on the matter. [31921/04]

Tánaiste and Minister for Health and Children (Ms Harney): The advisory group examining the desirability of introducing a no-fault compensation scheme for infants who suffered cerebral damage at, or close to, the time of birth made substantial progress in its work programme up to the end of 2003. It had completed the bulk of its research, including an examination of no-fault schemes in other jurisdictions. It also had the benefit of presentations by legal and medical experts from Ireland and abroad. Representatives of parents of children with cerebral palsy had also made a presentation to the group. The drafting

of some chapters of the group's report had been allocated to a number of sub-groups of the main group. The decision to include claims against consultants in the clinical indemnity scheme from 1 February 2004 has delayed the completion of the group's report. Consultants have withdrawn from ministerial committees and working groups. Therefore it has not been possible to complete the group's report. I hope that when the difficulties surrounding the clinical indemnity scheme are resolved this group will be able to resume its deliberations immediately and complete its task as soon as possible.

While I would like to see the group produce a report quickly I do not believe that this has any adverse impact on the affordability of indemnity cover for consultants. Consultants now have all of their practice in public hospitals, including their private practice, covered by the clinical indemnity scheme. In addition the Government has put special arrangements in place to ensure that indemnity cover for consultants in full-time private practice and for any private practice undertaken by public consultants which is not covered by the clinical indemnity scheme remains affordable. Consultant obstetricians are required to only purchase indemnity for the first €500,000 of any claim against them. There is also a protection against the cost of serial claims against any consultant in any one year. As a result a consultant in full-time private practice is paying €100,000 per annum rather than the full economic cost of €350,000 for indemnity cover. I think this is a clear demonstration of the Government's commitment to dealing with this issue.

Care of the Elderly.

151. **Mr. S. Ryan** asked the Tánaiste and Minister for Health and Children the way in which she can justify a reduction of approximately 300,000 home help hours in 2003 compared with 2002, the implementation of strategies increasing client contributions, a reduction in hours provided and waiting lists throughout the country; and if she proposes to reassess the needs of older persons in this area. [31922/04]

Tánaiste and Minister for Health and Children (Ms Harney): I refer to a similar question which was asked by the Deputy on 28 October. I wish to advise the Deputy that my Department is currently collating this information and I hope to be in a position to reply to the Deputy within the coming week.

Hospital Services.

152. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children when medical files in respect of a person (details supplied) in County Louth will be produced; the reason these files went missing following surgical procedures at the hospital in 1956; and if she will make a statement on the matter. [31947/04]

153. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children when medical files in respect of a person (details supplied) in County Louth will be produced; the reason these files went missing following surgical procedures at the hospital in 1973; and if she will make a statement on the matter. [31948/04]

154. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children when medical files in respect of a person (details supplied) in County Louth will be produced; the reason these files went missing following surgical procedures at the hospital in 1965; and if she will make a statement on the matter. [31949/04]

155. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children when medical files in respect of a person (details supplied) in County Louth will be produced; the reason these files went missing following surgical procedures at the hospital in 1961; and if she will make a statement on the matter. [31950/04]

156. **Mr. Morgan** asked the Tánaiste and Minister for Health and Children when medical files in respect of a person (details supplied) in County Louth will be produced; the reason these files went missing following surgical procedures at the hospital; and if she will make a statement on the matter. [31951/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 152 to 156, inclusive, together.

Responsibility for the provision of services at Our Lady of Lourdes Hospital, Drogheda rests with the North-Eastern Health Board. My Department has, therefore, asked the chief executive officer of the board to examine the issues raised and to reply to the Deputy directly.

Accident and Emergency Services.

157. **Mr. Kenny** asked the Tánaiste and Minister for Health and Children the total expected income from accident and emergency charges for the years 2001 to 2005 inclusive; the amount collected; if there is an amount outstanding; and if she will make a statement on the matter. [31952/04]

Tánaiste and Minister for Health and Children (Ms Harney): The information requested by the Deputy is not routinely collected by my Department. For voluntary and statutory hospitals, I wish to advise the Deputy the information requested is monitored and is the direct responsibility of the relevant health board-authority.

The health boards and the Eastern Regional Health Authority, ERHA, are funded directly by my Department. I set out in tabular form the accident and emergency income collected for each of the years 2001 to 2003, the latest full year for which information is available. This information has been obtained from the health boards and the ERHAs annual financial statements. In accordance with my Department's accounting standards

[Ms Harney.]
for health boards-ERHA, accident and emergency income is accounted for on a cash receipts basis rather than a bills issued basis.

My Department has referred the Deputy's question to the chief executive officers of the health boards-ERHA and has requested that they

respond directly to the Deputy in relation to the accident and emergency income collected by the voluntary-statutory hospitals for 2001 to 2003, the amounts outstanding in respect of bills issued but not collected and expected incomes for the years 2004 and 2005 for their board and hospitals under their aegis.

Accident and Emergency Income Collected 2001-2003.

Health Board	2001	2002	2003
	€000	€000	€000
ERHA	404	586	943
Southern Health Board	399	579	810
Western Health Board	508	609	736
Mid-Western Health Board	506	517	617
Midlands Health Board	275	365	597
South-Eastern Health Board	680	744	878
North-Eastern Health Board	601	653	787
North-Western Health Board	377	373	416
Total	3,750	4,426	5,784

Drugs Payment Scheme.

158. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children the rate of the drug refund threshold at 1 June 1997 and 1 June 2002. [31958/04]

Tánaiste and Minister for Health and Children (Ms Harney): Prior to 1 July 1999, people with an ongoing condition were able to avail of the drug cost subsidisation scheme which catered for people who were certified as having a medical condition with a regular and ongoing requirement for prescribed drugs and medicines. People who qualified for inclusion in this scheme did not have to pay more than £32 in any month on prescribed medication. Under the drug refund scheme, families and individuals paid the full cost of their prescription medicines and at the end of each quarter could claim reimbursement from their health board for expenditure over £90 in that calendar quarter. The threshold for these schemes did not change between June 1997 and July 1999.

With effect from 1 July 1999, the drug payment scheme replaced the drug cost subsidisation scheme and the drug refund scheme with a monthly threshold of £42, €53.33. Under this scheme, no individual or family paid more than £42 per month for approved prescribed drugs and medicines for use in that month. The threshold for this scheme did not change between July 1999 and June 2002.

Hospital Charges.

159. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children the cost of a visit to an accident and emergency department without a letter of referral from a

general practitioner at 1 June 1997 and 1 June 2002. [31959/04]

Tánaiste and Minister for Health and Children (Ms Harney): The statutory charge for outpatient services in respect a visit to an accident and emergency department at 1 June 1997 was £12 — €15.24 — and at 1 June 2002 was €31.70. All those ordinarily resident in the State have eligibility for treatment in a public hospital subject, in the case of those with limited eligibility, to the statutory inpatient charge and the statutory outpatient charge in respect of attendance at accident and emergency or casualty departments. The latter charge applies except in circumstances where the person has been referred by a medical practitioner or the person's attendance results in admission as an inpatient.

There are a number of exemptions to the statutory charges, including medical card holders with full eligibility, women receiving services in respect of motherhood, children up to the age of six weeks and children referred for treatment from child health clinics and school health examinations. Also exempt from these charges, in respect of treatment for the particular condition, are: children suffering from prescribed diseases, namely, mental handicap, mental illness, phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, haemophilia and cerebral palsy; holders of a Health (Amendment) Act Card: Out-patient (Amendment) Regulations 2003; persons receiving services for the diagnosis or treatment of infectious diseases prescribed under Part IV of the Health Act 1947; and members of the Defence Forces and their dependants.

160. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children

the cost of an overnight stay in a public hospital bed at 1 June 1997 and 1 June 2002. [31960/04]

161. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children the cost of a private bed in a public hospital for a patient at 1 June 1997 and 1 June 2002. [31961/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 160 and 161 together.

The specialty costing system used by the Department of Health and Children as part of its national case mix programme collects costs from specific major acute hospitals nationally. Costs are aggregated and vary between hospitals. Costs relate to all inpatients, both public and private, as the cost collection system does not differentiate between the status of patients being treated.

The average inpatient cost per bed day in 1997 and 2002 were €273 and €543 respectively. These costs do not take account of complexity. Certain costs are excluded from the calculation, including day cases, outpatient services, long stay cases, psychiatry and renal dialysis, capital or depreciation.

Hospital Services.

162. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children if she intends that specialised treatment for respiratory tuberculosis patients be provided in the future; if this will require provision of new facilities or otherwise; and if she will make a statement on the matter. [31962/04]

Tánaiste and Minister for Health and Children (Ms Harney): A report published by Comhairle na nOspidéal in July 2000 found that, having regard to major advances in medical treatment, inpatient care of patients with respiratory diseases, including tuberculosis, is best provided in acute general hospitals staffed by consultant respiratory physicians and other consultants and supported by an array of investigative facilities.

The Eastern Regional Health Authority has established a working group on tuberculosis services in the eastern region and respiratory services in the South Western Area Health Board. The group is to examine the options for the future management of tuberculosis, both acute and non-acute, in the eastern region. It will also

address and identify other respiratory services that might be appropriately delivered in Peamount Hospital, taking account of best practice. The group consists of a respiratory physician, a specialist nurse and director of nursing from Peamount, a management representative from Peamount, general practitioners, a public health specialist and an accident and emergency representative. It is envisaged that the group will report by the end of the year.

Hospital Staff.

163. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of doctors and consultant surgeons currently working in the health services; the extent to which these figures need to be augmented to bring the strength up to international standards; and if she will make a statement on the matter. [31963/04]

Tánaiste and Minister for Health and Children (Ms Harney): The number of permanent consultant posts approved by Comhairle na nOspidéal as at November 2004 is 1,912. Of this figure, 360 are consultant surgeons and 1,609 posts are filled in a permanent capacity. There are 270 approved vacant permanent consultant posts. These are in the process of being filled permanently and approximately 200 of these are filled in a temporary capacity pending permanent appointees taking up duty.

The Department of Health and Children has made substantial investment in consultant numbers in recent years. In the past five years the number of consultant posts has increased by 31% to 1,824 posts at 1 January 2004. This continues increases over the past decade — between 1993 and 1 January 2004 consultant posts increased by 56%. These increases include significant investment in consultant staffing in regional hospitals. Since 1993, the number of consultant posts has increased by 82% in the North Eastern Health Board, 71% in the South Eastern Health Board and 68% in the Mid-Western Health Board.

Government policy is to substantially increase the number of consultants throughout the next decade. There are currently 4,038 NCHD training posts, the occupants of which are given the opportunity of proper skills development on the basis that many in this category will become the consultants of tomorrow. A comparison of consultant staffing ratios with those in England and France is set out below.

	Ireland	England	France
Consultants/Specialists	1,824 (January 2004)	24,085 (September 2003)	39,651 (January 2003)
Population	4,043,800 (CSO 2004)	49,138,831 (2001 Census)	61,100,000 (2002)
Consultants/Specialists	No. of post Per 1,000 pop	No. of post Per 1,000 pop	No. of post Per 1,000 pop
Total	1,824 0.45	24,085 0.49	39,651 0.65

[Ms Harney.]

According to the Irish College of General Practitioners there are approximately 2,600 GPs working in Ireland. According to the GMS payments board annual report of 2003, 2,181 of these hold a GMS or other public contract. My Department has been in consultation with the Irish College of General Practitioners and the health boards on the subject of addressing future manpower needs in general practice. In this regard, it was agreed that the number of trainees should increase by a total of 66 in order to conform with the recommendations of the Irish College of General Practitioners. This will be achieved on a phased basis over a three year period. This Department does not hold comparable international figures for GPs.

164. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of nurses required to provide an adequate health service in view of internationally established norms; the number of extra recruitments required; and if she will make a statement on the matter. [31964/04]

Tánaiste and Minister for Health and Children (Ms Harney): There is a wide variation in the numbers of nurses employed in the health services of developed countries. Figures on a consistent basis are not readily available for cross-country comparisons. Research by the OECD published in OECD Health Data 2004, first edition, suggests that Ireland has one of the higher ratios, although I stress that countries profile their data in different ways.

The Irish health care system has traditionally been based on a large number of nurses. Other European countries tend to have systems with a greater skill mix and grade mix involved in the delivery of health care services. For this reason, their ratios of nurses to patients are lower. The Irish health service is also moving in this direction and in the coming years a higher proportion of support workers, including health care assistants, will be involved in the delivery of nursing care, freeing up nurses and midwives to concentrate more of their time on higher level duties and the development of new or expanded services.

Nurse recruitment is a priority for the Government. The HSEA recently reported that in the year ending 30 September 2004 an additional 561 nurses were employed in the health service. Since 1997 more than 6,600 additional nurses have been recruited.

Health Service Reform.

165. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children if it is intended to implement the Hanly report in full; and if she will make a statement on the matter. [31965/04]

167. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the status of the Hanly report; and if she will make a statement on the matter. [31967/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 165 and 167 together.

The Government is committed to developing acute hospital services in a way that will command the confidence of people throughout the country. The report of the National Task Force on Medical Staffing provides valuable advice in this regard. While implementation of some of the proposals in the report of the task force has been hampered by continuing industrial action by hospital consultants, work on the other elements of the proposals is progressing. Detailed assessments have been prepared of the service and resource implications of the forthcoming reduction in non-consultant hospital doctors' working hours in each health agency. Negotiations with the Irish Medical Organisation on the reduction in NCHD hours required under the European working time directive are continuing in the Labour Relations Commission. Local implementation groups have been established in eight hospitals as part of an agreed pilot process.

The medical education and training subgroup of the national task force has remained in place. I have asked the group to examine and report to me on the measures required to accommodate NCHD training in all postgraduate programmes and safeguard both training and service delivery during the transition to a 48-hour working week, which is required under the European working time directive by August 2009. The group has agreed a joint approach to training with the medical training bodies and the Medical Council, and has provided formal advice on the provision of medical education and training in a 58-hour working week.

Hospital Accommodation.

166. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of extra medical, surgical and nursing beds she has identified as being available in the greater Dublin area; the location of the said beds; and if she will make a statement on the matter. [31966/04]

168. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children if she has given direction to the relevant authorities with a view to making more hospital beds available throughout the country; if she will identify the location and type of bed whether surgical, medical or nursing; and if she will make a statement on the matter. [31968/04]

Tánaiste and Minister for Health and Children (Ms Harney): I propose to take Questions Nos. 166 and 168 together.

The Government is committed to increasing acute hospital bed capacity as indicated in the health strategy. Since the publication of the strategy in December 2001, funding has been provided to hospitals to open an additional 900 beds. This includes the 700 beds announced in 2002 and

200 beds being provided as part of the commissioning of new units announced in September this year. The table below shows details of the position at October 2004 as regards additional acute hospital beds for which funding has been provided.

Hospital	Additional beds in place	Beds due to open
Beaumont/St. Joseph's, Raheny	77	28
St. James's	74	66
St. Vincent's, incorporating St. Michael's, Dún Laoghaire	42	—
Naas General	61	30
James Connolly Memorial	—	21
Tallaght	7	—
Temple Street	15	—
Midland Regional Hospital, Tullamore	—	6
Midland Regional Hospital, Mullingar	—	12
Midland Regional Hospital, Portlaoise	5	—
Mid West Regional Hospital, Limerick	55	—
Croom Orthopaedic	17	—
Nenagh General	6	—
Louth General	14	—
Monaghan General	—	10
Our Lady's Navan	14	—
Letterkenny General	8	—
Sligo General	30	—
Kilcreene Orthopaedic	28	—
St. Luke's Kilkenny	14	—
Waterford Regional	24	—
Wexford General	10	—
Bantry General	8	—
Mercy University Hospital	13	—
South Infirmary / Victoria, Cork	—	35
Kerry General, Tralee	16	—
Mayo General	23	37
Roscommon General Hospital	—	9
UCHG	36	44
Portiucula	3	2
Total	600	300
Overall Total	900	—

In addition, extra beds will be provided in the new acute medical units which I announced as part of the accident and emergency services package on the publication of the Estimates for 2005.

Question No. 167 answered with Question No. 165.

Question No. 168 answered with Question No. 166

Health Board Services.

169. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of persons awaiting orthodontic treatment; the length of time they have been on waiting lists; and if she will make a statement on the matter. [31969/04]

Tánaiste and Minister for Health and Children

(Ms Harney): The provision of orthodontic services is the statutory responsibility of the health boards-authority in the first instance. The chief executive officers of the health boards and the ERHA have informed my Department that at the end of the September 2004 quarter there were 11,041 patients awaiting orthodontic treatment with an average waiting period ranging from 12 to 48 months.

170. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of children who have been given orthodontic treatment in the past 12 months; the number still awaiting treatment; and if she will make a statement on the matter. [31970/04]

Tánaiste and Minister for Health and Children (Ms Harney): The provision of orthodontic services is a matter for the health boards in the first instance. Children in treatment in the health board orthodontic service receive between 18 to 24 appointments over the course of their treatment period of approximately two years. The chief executive officers of the health boards and the ERHA have informed my Department that at the end of the September 2004 quarter, there were 22,168 patients in receipt of orthodontic treatment and 11,041 patients awaiting orthodontic treatment. This means that there are over twice as many patients getting orthodontic treatment as there are waiting to be treated and more than 6,000 extra patients are getting treatment from the health boards and the ERHA since the end of the September 2001 quarter.

Question Nos. 171 to 173, inclusive, answered with Question No. 23.

Hospital Services.

174. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children when all the facilities at Naas Hospital will be fully commissioned and brought into daily basis; and if she will make a statement on the matter. [31974/04]

Tánaiste and Minister for Health and Children (Ms Harney): Responsibility for the provision of services at Naas General Hospital rests with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to examine this issue and to reply to the Deputy directly. My Department recently approved additional revenue funding of €7.5 million to the authority for commissioning additional services at the hospital.

Hospital Waiting Lists.

175. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of persons on waiting lists in respect of heart, lung, hip replacement or other surgeries; and if she will make a statement on the matter. [31975/04]

Tánaiste and Minister for Health and Children (Ms Harney): Responsibility for the collection and reporting of waiting lists and waiting times now falls within the remit of the national treatment purchase fund. My Department has asked the chief executive of the NTPF to reply to the Deputy directly with the information requested.

Child Care Services.

176. **Ms Shortall** asked the Tánaiste and Minister for Health and Children if the Best Health for Children report of 1999 still forms part of the Government's policy on child health services; if so, the reason some health boards provide a developmental check at seven to nine months by

a doctor in line with this report while others, notably the northern area health board, do not in all cases; if it breaches the national health strategy; if she was consulted or agreed with this policy shift; her plans to allocate extra funding to deal with the shortage of area medical officers in the northern area health board; if she will provide details of the information available to her on the extent of the staffing shortages in respect of area medical officers in each of the health boards to this Deputy; and if she will make a statement on the matter. [32014/04]

Tánaiste and Minister for Health and Children (Ms Harney): The best health for children programme provides for a new core surveillance programme for all children up to the age of 12; it covers both pre-school developmental examinations as well as the school health service. Underpinning the recommendations in the report is a model that embraces a more holistic child health promotion approach and that emphasises the role of parents in achieving best health for their children. The Eastern Regional Health Authority and the health boards are responsible for the provision of health services, including child health developmental screening, within their functional areas. A child health examination service is provided by the boards and the authority to children and policy priorities within the boards and the authority account for variances between them in the provision of child health developmental screening. However, the commitment of my Department to the development of child health policy underlining the best health for children programme is manifested in the additional funding provided; over €2 million has been allocated to the health boards and the ERHA in order to facilitate the implementation of the recommendations set out in the report. The implementation of this programme is ongoing; the funding provided has been used to appoint key individuals at regional level to drive the implementation process at board level as well as to establish pilot projects aimed at demonstrating best practice.

The Health Boards Executive has established a programme of action for children and an interim steering group has been appointed to oversee its work and this will facilitate a co-ordinated and integrated approach to the delivery of a range of child health and child care projects. This initiative will encompass a number of child related measures, including projects associated with best health for children. The work of the programme of action for children includes: facilitating the implementation of the best health for children programme for screening and surveillance as endorsed by the national health strategy; and developing evidence based standards regarding child health screening and surveillance, in consultation with professional bodies. The programme of action for children is currently undertaking a

national review of recommendations for core child health surveillance in Ireland, including child health developmental screening and working groups have been established to develop a revised national core child health surveillance and screening programme. The tasks are: to review evidence base; to develop guidelines and standards for each surveillance and screening opportunity; to agree appropriate tools and equipment; and to identify resource constraints. This systematic national review will help to assess the resources required to implement any recommendations on a revised national core child health surveillance and screening programme, including child health developmental screening. This includes implementing training programmes for doctors and nurses involved in child health surveillance and screening. One of the key recommendations in the report is the need to provide appropriate training for public health doctors and public health nurses involved in delivering the child health surveillance programme, including the school health service. Additional funding of €700,000 has been provided to health boards and the ERHA in 2003 for this purpose. The funding has been used to appoint relevant training personnel and to develop, in conjunction with TCD, a training programme for those involved in the delivery of the core surveillance programme. The training programme was launched earlier this year and it is intended that all those involved in child health surveillance will have received the necessary training by the end of 2005.

The review must also agree Irish standards of growth measurement and commission development work to support the setting of standards. The programme for action on children recently held a consensus conference on growth measurement in Ireland. The conference was attended by key experts in this area from Ireland and the United Kingdom. This conference was, largely funded by my Department given our commitment to the work of the programme for action for children. The benefits of the consensus conference will be a standardised approach to growth monitoring and clear guidance to practitioners on use of growth monitoring tools and application of appropriate criteria and pathways. Ultimately, it will lead to an appropriate use of resources and an improved outcome for children.

My Department has written to the chief executive officers of the health boards and the ERHA requesting that they provide information directly to the Deputy on the staffing of area medical officers.

Tax Code.

177. **Mr. Carey** asked the Minister for Finance if he will examine the provision in the Taxes Consolidation Act 1997 in relation to the payment of professional fees and the way in which it applies

to academics who are professionally qualified as indicated in correspondence (details supplied); and if he will make a statement on the matter. [31934/04]

Minister for Finance (Mr. Cowen): I am informed by the Revenue Commissioners that the Taxes Consolidation Act 1997 does not give a specific tax deduction in respect of the payment by an individual of her or his annual membership fee to a professional body. However, under the provisions of section 114 Taxes Consolidation Act 1997, an employee or office holder may claim a tax deduction in respect of expenses incurred wholly, exclusively and necessarily by her or him in the performance of the duties of her or his employment or office.

The Revenue Commissioners have informed me the payment by an individual of a fee to maintain her or his professional qualifications need not mean the expense has been incurred wholly, exclusively and necessarily in the performance of the duties of the employment or office and, therefore, deductible under section 114. Each case is examined on its merits and the facts and circumstances of such cases will determine whether or not the expense may be claimed as a deduction under section 114.

A deduction under section 114 will be due where annual membership fees of a professional body are paid by the employee and he or she must be a member of such body in order to perform the duties of his or her office or employment. For example, an accountant who must be a member of a professional body to be authorised to certify accounts would be entitled to a tax deduction in respect of the relevant membership fee.

Under the provisions of section 118-5E Taxes Consolidation Act 1997, the payment, or reimbursement, by an employer of an employee's or director's annual membership fee to a professional body does not give rise to a tax liability in the hands of the employee or director where such membership is relevant to the business of the employer. The law distinguishes these situations because the employer is bearing the cost. Membership of a professional body may be regarded as relevant to the business of the employer where it is necessary for the performance of the duties of the relevant director or employee or it facilitates the acquisition of knowledge which is necessary for or directly related to the performance of the duties of the office or employment of the director or employee.

While I have noted the points made in the correspondence referred to by the Deputy any broadening of the definition of deductible expenses would have wider implications for the treatment of employment expenses generally in the income tax system.

Overseas Development Aid.

178. **Mr. F. McGrath** asked the Minister for Foreign Affairs if he will reconsider the 0.7% target of GNP for overseas development aid and support the worlds poor on behalf of the people of Ireland. [31866/04]

Minister of State at the Department of Foreign Affairs (Mr. C. Lenihan): The Book of Estimates provides for an increase of €60 million in Government spending on official development assistance in 2005. This will bring total Government aid to the developing world next year to €535 million which is an all-time record.

In addition, the Government has agreed to make increases of €65 million in each of the years 2006 and 2007. These very substantial increases mean that €1.8 billion will be spent by Ireland on development assistance over the coming three years.

This is a remarkable package of increases by any standards. It places Ireland among the world's leading aid donors.

Careful consideration was given by the Government to the area of overseas development aid before deciding on these allocations. The increases come at a time when there are many competing demands on the Exchequer and are an indication of the commitment of the Government to help the poorest people in the world. Overseas development aid has increased steadily over the past seven years and these latest increases ensure continued strong growth towards the UN target.

Company Relocation.

179. **Mr. Timmins** asked the Minister for Enterprise, Trade and Employment the discussions he has had with a company (details supplied) with respect to that company's proposed move to Cherrywood, County Dublin from Bray, County Wicklow; if grant aid has been made available; and if he will make a statement on the matter. [31933/04]

Minister for Enterprise, Trade and Employment (Mr. Martin): I did not have any discussions with Dell regarding its intentions to relocate from Bray to Cherrywood. The decision, regarding the location of its operations, is entirely a matter for the company. Grant aid has not been made available towards the relocation costs.

The Government has approved grant aid towards the creation of additional jobs at Dell, which will see 420 additional jobs created by 2007. Dell's further investment in Ireland will result in the creation of a European, Middle East and Africa business centre and the state-of-the-art facility at Cherrywood will be the largest customer care and technology support centre in Ireland and can accommodate around 1,950 staff.

This is a significant further commitment by Dell to Ireland and involves a substantial deepening

of the role that the Irish operation will fulfil in Dell's highly successful European business. It is a major testament to the quality of Ireland's workforce. As such, it further highlights Ireland's ability to support knowledge intensive, high skill business.

Employees' Rights.

180. **Mr. Ferris** asked the Minister for Enterprise, Trade and Employment the steps that are taken to ensure that persons employed as domestic home helps, child minders and au pairs are protected by the relevant employment legislation including that pertaining to the minimum wage. [31944/04]

Minister of State at the Department of Enterprise, Trade and Employment (Mr. Killeen): In the area of pay and conditions, it is primarily the provisions of the National Minimum Wage Act 2000 and the Organisation of Working Time Act 1997 that apply to employees who are employed as domestics or in caring roles.

The labour inspectorate of my Department is responsible for monitoring certain employment conditions for all categories of workers in Ireland. Inspectors pursue allegations of worker mistreatment and when evidence of non-compliance with the relevant employment rights legislation is found, the inspectorate seeks redress for the individuals concerned and, if appropriate, a prosecution is initiated. Employers are required to maintain records in respect of such employees and these records, together with other substantiating evidence, for example, a statement from an employee, provide the essentials of a basis for legal proceedings. Failure on behalf of the employer to maintain adequate records is an offence.

It should be noted also, that in many cases, employment rights legislation has provisions whereby workers who believe they have been denied their entitlements, or otherwise unfairly treated, can, as an alternative to dealing with the labour inspectorate, take the matter before a commissioner in the rights commissioner service of the Labour Relations Commission.

With regard to au pairs, the position is that such individuals are students, not employees, and accordingly do not come within the scope of my Department's employment rights legislation.

In this regard, I urge anyone who has evidence of the mistreatment of workers to furnish all the relevant details and any related materials to the inspectorate with a view to pursuing the matter.

181. **Mr. Ferris** asked the Minister for Enterprise, Trade and Employment his views on allegations made in a newspaper (details supplied) that migrant workers in domestic service are subject to exploitation by Irish employers

in flagrant breach of employment legislation. [32009/04]

Minister of State at the Department of Enterprise, Trade and Employment (Mr. Killeen): The labour inspectorate of my Department is responsible for monitoring certain employment conditions for all categories of workers in Ireland, including immigrant workers. The inspectorate operates without any differentiation with regard to worker nationality as statutory employment rights and protections apply to immigrant workers in exactly the same manner as they do to native Irish workers.

In the area of pay and conditions, it is primarily the provisions of the National Minimum Wage Act 2000 and the Organisation of Working Time Act 1997 that apply to employees who are employed in domestic service.

Inspectors pursue allegations of worker mistreatment and when evidence of non-compliance with the relevant employment rights legislation is found, the inspectorate seeks redress for the individuals concerned and, if appropriate, a prosecution is initiated. Employers are required to maintain records in respect of such employees and these records, together with other substantiating evidence, for example, a statement from an employee, provide the essentials of a basis for legal proceedings. Failure on behalf of the employer to maintain adequate records is an offence.

It should be noted also, that in many cases, employment rights legislation has provisions whereby workers who believe that they have been denied their entitlements, or otherwise unfairly treated, can, as an alternative to dealing with the labour inspectorate, take the matter before a commissioner in the rights commissioner service of the Labour Relations Commission.

In this regard, I urge anyone who has evidence of the mistreatment of workers to furnish all the relevant details and any related materials to the inspectorate with a view to pursuing the matter.

Where employers seek work permits in order to employ non-EEA nationals, the Department requires the statement of the main functions of the job, salary or wages, deductions — other than statutory — other benefits and hours to be worked per week. Both the proposed employer and the proposed employee must sign this statement. Work permits are not granted unless there is compliance with minimum wages legislation. Applications for renewals require confirmation that the stated wages have been paid; P60 and other sources are used. Work permits are not granted for sectors such as domestic employment where it is believed that such employment can be met from the Irish-EEA labour market and where there is a greater risk of exploitation.

Health and Safety Regulations.

182. **Ms O'Sullivan** asked the Minister for Enterprise, Trade and Employment the position regarding inspections by the Health and Safety Authority in schools; if the HSA has the power to close a school on foot of such an inspection; the procedure from the time of a complaint and the initiation of an inspection to its completion; if a report on the inspection in a school is forwarded to his Department or to the Department of Education and Science, or both, if such a report is completed; the action which is or can be taken on foot of such an inspection or investigation; and if he will make a statement on the matter. [32010/04]

Minister of State at the Department of Enterprise, Trade and Employment (Mr. Killeen): The Health and Safety Authority, HSA, has full power under the Safety, Health and Welfare at Work Act 1989 to investigate schools, the same as applies to all other workplaces. The full range of enforcement powers, including the service of improvement and prohibition notices, and if necessary in a very serious situation if that should arise the HSA may initiate an *ex parte* application to the High Court under the Act for closure.

The procedures for and initiation of inspections is a day-to-day matter for the HSA as an independent authority.

The HSA is not required to send reports of school inspections to my Department and it does not do so. I understand the HSA deals with school boards of management in regard to management issues concerning health, safety and welfare at the workplace. This does not include the sending of reports to the Department of Education and Science by the HSA.

The issue of taking remedial action, if required, on foot of a HSA inspectors' report, or under notices as referred to above, is I understand considered a matter for the management of each particular school in the first instance and then in consultation with whichever other organisation or body which may be appropriate.

Health Board Allowances.

183. **Mr. Durkan** asked the Minister for Social and Family Affairs the way in which it is proposed to recover dietary allowance without causing hardship in the case of a person (details supplied) in County Kildare; and if he will make a statement on the matter. [31977/04]

Minister for Social and Family Affairs (Mr. Brennan): Subject to certain conditions, including a means test, diet supplements are provided for under the supplementary welfare allowance scheme which is administered on my behalf by the health boards.

[Mr. Brennan.]

The South Western Area Health Board has advised that an overpayment of diet supplement occurred in this case owing to the failure of the person concerned to notify the board that he had commenced employment. The board has written to the person concerned to inform him of the amount of the overpayment and to seek his proposals for repayment of the sum due.

While the board is obliged to make all reasonable efforts to recoup the overpayment as quickly as possible it will have regard to the circumstances of the person concerned to ensure that no hardship occurs.

The board has also advised that it paid €1,270 as an exceptional needs payment to the person concerned in March 2004, to assist with outstanding funeral bills.

Pension Provisions.

184. **Mr. Durkan** asked the Minister for Social and Family Affairs if he will increase pension entitlements to those depending on pre-1953 contributions; and if he will make a statement on the matter. [31979/04]

Minister for Social and Family Affairs (Mr. Brennan): The pre-53 pension, introduced in May 2000, was designed to benefit a particular group of people, with very limited social insurance records, who would not otherwise qualify for a contributory pension. The people in question have been given exemption from one of the qualifying conditions, that is the average contributions test. In considering proposals to change qualifying conditions and entitlements it is necessary to ensure that the contributory principle underlying entitlement to contributory schemes, which requires a certain level and type of social insurance, is maintained. In this regard, I am satisfied that the pre-53 pension, as it is currently structured, affords appropriate recognition for the level of contributions which those in question have made to the social insurance system. Pre-53 pensions are increased each year in line with budget increases paid to those on other reduced pension.

Public Transport.

185. **Mr. Perry** asked the Minister for Transport if increased funding will be allocated to Bus Éireann Sligo to allow it to expand the city centre bus service in the town and to serve Carraroe, Ballisodare and Collooney (details supplied); and if he will make a statement on the matter. [31874/04]

Minister for Transport (Mr. Cullen): The matters raised by the Deputy are the day to day responsibility of Bus Éireann and I have passed these on to the company for consideration.

Rural Transport Services.

186. **Mr. Lowry** asked the Minister for Transport if his attention has been drawn to correspondence (details supplied); if satisfactory funds will be provided for an adequate transport scheme; the funds which have been allocated to the rural transport initiatives in north Tipperary in 2003 and 2004; the funds which have been sanctioned for each RTI in north Tipperary for 2005; if he will reconsider the Estimates 2005 to find a way to significantly increase funding to such a valuable service for rural Ireland; and if he will make a statement on the matter. [31931/04]

Minister for Transport (Mr. Cullen): Area Development Management Limited, ADM, administers the rural transport initiative, RTI, on behalf of my Department and makes specific allocations to individual RTI projects from funding provided under my Vote. ADM has sole responsibility in deciding on the individual RTI allocations to each of the 34 groups funded under the scheme and neither I nor my Department has any function in the matter.

By the end of this year my Department will have provided €9 million for the RTI in the three years 2002-04. A full appraisal of the initiative was completed in July this year and in line with its principal recommendation, I recently extended the scheme for a further two years to end-2006.

There is a provisional allocation of €3 million for the RTI in the 2005 Abridged Estimates Volume. Before the Estimates are finalised, I hope to be in a position to increase that provision to take account of increases in operating costs of the projects involved. This will result in an overall funding commitment of at least €12 million for the RTI to end 2005 which compares very favourably with the total of €4.4 million earmarked for the RTI in the National Development Plan 2000-2006.

It should be borne in mind that the RTI projects also benefit each year from funding provided by the Department of Social and Family Affairs arising from the application of the free travel scheme to the scheme. In addition, I know that some RTI projects are generating additional funds from the provision of transport services to health boards and from other sources.

From the outset, RTI projects have been encouraged to explore innovative ways in which their services can be partly financed from the local economy in which they operate. The degree to which prospective RTI groups put forward proposals for co-financing and the securing of additional resources from non-Exchequer sources were among the operational criteria used to assess the original applications.

In deciding on the extension of the RTI to end-2006, I was conscious that many of the pilot projects only became fully operational in 2003. I was also conscious that continuing the RTI to end

2006 will ensure that the lifespan of the initiative will dovetail with the scope of the National Development Plan 2000-2006 in which the initiative was first mooted.

The extension will facilitate a more comprehensive appraisal of the effectiveness of the RTI in addressing the transport needs of rural areas. It will enable the 34 projects to further explore best practice models of transport provision and to strategically develop approaches to planning and co-ordinating transport services in areas where it was traditionally considered difficult to do so.

Open Skies Policy.

187. **Mr. Lowry** asked the Minister for Transport if he will report on his recent meeting with the Mid-Western Regional Authority regarding open skies; if he has given a commitment to the authority to allow it to undertake a regional economic impact study of the open skies; if he has not approved this vital research, when he will give approval; and if he will make a statement on the matter. [31932/04]

Minister for Transport (Mr. Cullen): I met a delegation from the Mid-Western Regional Authority on 25 November 2004. Each member of the delegation made a presentation to me, and those presentations covered a wide range of issues, including their regional planning guidelines, rail links, as well as issues relating to Aer Lingus and Shannon Airport. This was followed by a full discussion between us on the range of issues.

The question of a study into any of these issues was not raised by the delegation.

Local Authority Funding.

188. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs if he will make a statement on his announcement in February 2004 that a scheme (details supplied) in County Mayo would go ahead immediately and that he was to inform the local authority immediately; and if he has informed Mayo County Council. [31981/04]

189. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs when land on Achill in County Mayo will be secured for a project (details supplied). [31982/04]

190. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs if he is committed to building a project (details supplied) in County Mayo. [31983/04]

191. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs if there is islander representation on the steering committee of the proposed review of a project (details supplied) in County Mayo; and if not, the reason therefore. [31984/04]

192. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs if the proposed review by consultants of the 1999 study by consultants for a project (details supplied) in County Mayo will take into account the social costs and benefits of the scheme or solely economic costs and benefits. [31985/04]

193. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs the original estimated costs on completion of a project (details supplied) in County Mayo. [31986/04]

194. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs the amount which has been or will be paid in legal fees by the State on foot of a project (details supplied) in County Mayo, whether or not it goes ahead. [31987/04]

195. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs the amount which has been paid by the State to consultants regarding a project (details supplied) in County Mayo; and the amount which is projected to be spent by the State on further consultancy. [31988/04]

196. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs if lands have been purchased or contracted to be purchased by Mayo County Council to date in relation to a project (details supplied) in County Mayo; and the projected costs of such purchases and ancillary works involved. [31989/04]

197. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs the amount which has been spent and allocated to date by the State, including Mayo County Council, on a project (details supplied) in County Mayo since the early 1980s. [31990/04]

199. **Mr. Ring** asked the Minister for Community, Rural and Gaeltacht Affairs the amount which has been earmarked for a project (details supplied) in County Mayo; when he expects this to come to a final conclusion. [32008/04]

Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív): I propose to take Questions Nos. 188 to 197, inclusive, and 199 together.

In July 2000, I approved a grant of €1.84 million to Mayo County Council in respect of the project referred to by the Deputy. This grant was based on a total estimated construction cost of €2.03 million with Mayo County Council to provide the balance of €0.19 million. It was estimated at the time that the project would require an annual subsidy from my Department of €72,375.

The construction phase was scheduled to commence in 2002 and it was envisaged that the service would be fully operational by spring 2003. However, a delay was incurred as a result of an objection lodged with An Bord Pleanála against one of the compulsory purchase orders in respect

[Éamon Ó Cuív.]

of the land required for the project. While An Bord Pleanála subsequently confirmed the said compulsory purchase orders, this decision became, in early 2003, the subject of an application for a High Court judicial review.

As a result of a settlement between Mayo County Council and the applicants, the application for a judicial review was withdrawn. Mayo County Council subsequently, in late October 2003, sought my Department's approval to proceed with the acquisition of certain lands and the appointment of consultants to prepare contract documents for the project.

Mayo County Council has a compulsory purchase order which is operative at the moment on the aforementioned land. It has until 15 April 2005 to serve a notice to treat in respect of this order, thus creating a contractual obligation on behalf of the council to purchase the land.

A contract has been entered into by Mayo County Council for the purchase of other lands, and carrying out of other ancillary works, for the project at a cost of €43,500. Amounts of €69,105.37 and €5,738.50 have been spent on consultancy and legal fees respectively associated with the project. An amount of €2,648.64 has also been paid for stenography services associated with An Bord Pleanála's oral hearing. In addition, a sum of €115,549 has been paid for the installation of three-phase electricity on the island, while in 1999 a refund of €4,334 was made to a local community group in respect of costs incurred by it in progressing the project.

I indicated earlier this year that this project would be progressed as expeditiously as possible. In view of the time that has elapsed since it was originally approved for funding, I have decided that it would be appropriate, in line with current guidelines and best practice for securing value for money for the Exchequer in respect of capital expenditure, to carry out a review of the 1999 report of the consultant engineers on the project. This review will include an analysis of social as well as economic costs and benefits.

Tenders have now been sought from qualified consultants to carry out this review, with a closing date of 10 December 2004 for receipt of tenders. A copy of the terms of reference is being forwarded to the Deputy. The steering committee to oversee this review will consist of representatives of Mayo County Council and my Department. While the island community will not be represented on the committee, it will be kept fully apprised of developments.

It is not feasible at this stage, in view of the project's current status, to forecast accurately the level of future funding that will be required. However, on completion of the review, Mayo County Council's application to proceed with the project will be considered in the context of the review's findings, the funding available to my

Department for island development and the various other demands on that funding. In the meantime a scheduled ferry service has been provided from the island to Doran's Point near Ballycroy with connecting bus services.

Community Development.

198. **Mr. F. McGrath** asked the Minister for Community, Rural and Gaeltacht Affairs if he will urgently review the application from a centre (details supplied) in Dublin 5 and to give same the maximum support and assistance. [31991/04]

Minister of State at the Department of Community, Rural and Gaeltacht Affairs (Mr. N. Ahern): My Department has received an application from the organisation in question for a review of the decision on a proposal for grant funding received under the 2004 programme of grants for locally-based community and voluntary organisations. This application for review is under consideration.

Question No. 199 answered with Question No. 188.

Genetically Modified Organisms.

200. **Mr. Lowry** asked the Minister for Agriculture and Food if her attention has been drawn to the fact that abroad there is a clean green image for Irish products; her views on genetically modified food; her plans to preserve Ireland's clean green image of food production; and if she will make a statement on the matter. [31929/04]

Minister for Agriculture and Food (Mary Coughlan): The green image associated with Ireland, successfully promoted by Bord Bia, plays a vital role in the development and promotion of our food industry. In promoting Ireland as the "Food Island", we stake our reputation on producing high quality food, to the highest standards of food safety and traceability. This is the basis for the resounding success that has enabled our food industry to thrive and grow and for real sustainable markets for our agricultural produce.

An EU legislative framework on genetically modified production has been put in place by the European Parliament and Council of Ministers, binding on all member states. This legislation provides for a series of controls along the supply chain to ensure that only food which meets the highest possible levels of safety is produced and marketed. In regard to the growing of genetically modified crops, member states are obliged to draw up strategies and best practices on the basis of Union guidelines to provide for effective co-existence arrangements with non-genetically modified crops. An interdepartmental working group has been set up by the Department of Agriculture and Food to examine this matter.

Grant Payments.

201. **Ms B. Moynihan-Cronin** asked the Minister for Agriculture and Food when it is proposed to allocate a headage grant to a person (details supplied) in County Kerry. [31930/04]

Minister for Agriculture and Food (Mary Coughlan): The person named has been contacted on a number of occasions by my Department. Originally, maps were not submitted to support his 2004 area aid application. Following submission of these maps, area difficulties were discovered and further maps have been issued to the person named to resolve these outstanding mapping problems. On receipt of his reply, the area aid unit will process his area aid application without delay.

He has also been asked to resolve some problems with the eligibility of animals for suckler cow premium. Any payments found to be due under the area based compensatory allowance, suckler cow and ewe supplementary premium schemes will be made as soon as possible after these application problems have been resolved.

202. **Mr. Ring** asked the Minister for Agriculture and Food when persons (details supplied) in County Mayo will receive REPs payments for 2003 and 2004; and the reason for the failure to issue these payments to date. [31935/04]

Minister for Agriculture and Food (Mary Coughlan): The 2003 payment issued to the persons named on 30 November 2004. It was delayed by issues that emerged from an on-farm inspection and these have only recently been resolved. The participants were invited in mid-November to apply for the fourth year payment but no application has yet been received in my Department.

Environmental Protection.

203. **Mr. Sargent** asked the Minister for Agriculture and Food if her attention has been drawn to the European Environmental Agency's spatial analysis group revision of the assessment of forest creation and afforestation in Ireland (details supplied); if so, the reason for the discrepancy between this and the recent parliamentary reply in which it was stated that peat and mineral soils have comprised 30% and 70%, respectively, of the area afforested since 1990. [31938/04]

204. **Mr. Sargent** asked the Minister for Agriculture and Food if the Forest Service will compile the information provided in the grant application form distinguishing between peat and mineral soils in order to determine if the analysis by the European Environmental Agency which states that up to 84% of Irish afforestation between 1990 and 2000 took place on peatbogs is correct. [31939/04]

205. **Mr. Sargent** asked the Minister for Agriculture and Food if the Forest Service will refuse grant applications for afforestation on peatbogs, in view of the fact that the recent European Environmental Agency report states that 98,519 hectares have been planted on them between 1990 and 2000. [31940/04]

Minister for Agriculture and Food (Mary Coughlan): I propose to take Questions Nos. 203 to 205, inclusive, together.

I am aware of the recent report of the European Environmental Agency on afforestation in Ireland. The figure in regard to peatbog planting quoted by the Deputy differs significantly from the information available to me. The information, captured through the grant application forms, for example, suggests a lower figure, consistent with that given in reply to Question No. 108 on 27 May 2004. My Department has requested copies of the datasets analysed in the European Environmental Agency report. The European Environmental Agency's report is based on satellite imagery and I am advised that it is difficult to classify soils accurately by using this process.

As regards controlling the afforestation of peatbogs, my Department has strict procedures in place. These procedures effectively rule out grant aid for planting on intact raised bogs of the midlands, or the impoverished oligotropic deep blanket peats of the west. In addition, areas protected, or listed for protection, under the habitats directive are not considered for grant aid without the prior agreement of the National Parks and Wildlife Service.

Freedom of Information.

206. **Mr. Sargent** asked the Minister for Agriculture and Food the dates on and the means by which her Department sought third party observations in respect of FOI/04/176. [31941/04]

Minister for Agriculture and Food (Mary Coughlan): My Department sought informal third party observations in respect of FOI/04/176 by phone on 7 October 2004. A decision on this request issued on 19 October 2004 and the requester was given notice of his or her rights of internal review on any aspect of the decision under the relevant provisions of the Freedom of Information Acts.

207. **Mr. Sargent** asked the Minister for Agriculture and Food if she has received all records from other Departments in order that forestry related appeals to the Office of the Information Commissioner can be concluded shortly; if the records have not been received, the most recent date on which they were requested; and the response to date. [31942/04]

Minister for Agriculture and Food (Mary Coughlan): There are five outstanding forestry-

[Mary Coughlan.] related appeals with the Office of the Information Commissioner. All of these pre-date the transfer of responsibility for forestry to my Department on 1 January 2004. My Department is awaiting receipt from the Department of Communications, Marine and Natural Resources of two sets of records. I understand that the Office of the Information Commissioner has been directly provided by that Department with copies of all records relevant to the appeals. The most recent request for the records was made by my Department on 7 October 2004. The reply on 11 October 2004 indicated that the records were missing but the search would continue.

The Office of the Information Commissioner awaits a submission from my Department on one of the appeals, which I am advised will be made in the very near future. Determination of the appeals to her office is ultimately a matter for the Information Commissioner.

Grant Payments.

208. **Mr. Sargent** asked the Minister for Agriculture and Food the dates on which a person (details supplied) in County Mayo, applied for a herd number. [31943/04]

Minister for Agriculture and Food (Mary Coughlan): According to my Department's records, the person in question has not applied for a herd number. It was not and is not a requirement of certain schemes including forestry grants to have a herd number.

209. **Mr. Durkan** asked the Minister for Agriculture and Food the reason for refusing the application for assistance under the heading of force majeure in the case of a person (details supplied) in County Kildare; and if she will make a statement on the matter. [31980/04]

Minister for Agriculture and Food (Mary Coughlan): The persons named have been notified that the circumstances outlined by them do not satisfy the criteria for force majeure or exceptional circumstance under article 40 of Council Regulation (EC) No. 1782/2003. The persons named have been advised they can appeal my Department's decision to the independent single-payment appeals committee which will carry out a full review of the circumstances outlined.

Farm Retirement Scheme.

210. **Mr. Stanton** asked the Minister for Agriculture and Food the exemptions which are available under the scheme of early retirement from farming 2000 to 2006; the exemptions that have been considered and granted to date; and if she will make a statement on the matter. [31995/04]

Minister for Agriculture and Food (Mary Coughlan): The scheme for early retirement from

farming includes a provision under which prospective applicants may be exempted from certain conditions of application if they cannot satisfy them for reasons outside their control. Each case is dealt with on its merits. My Department has, for example, accepted applications from farmers who had been unable to farm for the full ten-year period prior to retirement due to illness or disability. However, the provision must be used prudently and within reasonable limits. Some 65 farmers have been admitted to the scheme on the basis of its exemption provisions.

Rural Environment Protection Scheme.

211. **Mr. Connaughton** asked the Minister for Agriculture and Food if she will give consideration to an appeal by a person (details supplied) in County Galway against a decision to impose a penalty on a REP scheme payment; and if she will make a statement on the matter. [31996/04]

Minister for Agriculture and Food (Mary Coughlan): As of now, no REPS penalties have been imposed to date on the person named. However it may be necessary to seek recovery of previous payments to him as he has informed my Department that leased lands included in his REPS application are no longer under his control. The matter is under consideration in my Department and the person named will be informed directly of the outcome. If the decision is unfavourable, he will be told of his right of appeal to the agriculture appeals office.

Registration of Title.

212. **Mr. Ring** asked the Minister for Justice, Equality and Law Reform when a dealing application lodged in 2002 for a folio (details supplied) in County Mayo will be complete. [31865/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I am informed by the Registrar of Titles that the application for transmission was lodged on 2 December 2002. Dealing No. D2002SM010537H refers. I am further informed that the application was completed on 30 November, 2004.

Domestic Violence.

213. **Mr. Gilmore** asked the Minister for Justice, Equality and Law Reform if he will agree to the request from the National Domestic Violence Intervention Agency for €220,000 in funding for 2005; if he will address the shortfall in the agency's funding for 2004; and if he will make a statement on the matter. [31868/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I can inform the Deputy that my Department has provided funding for the operation of a domestic violence intervention project over the last two years, on a pilot basis, in

the Dún Laoghaire-Bray court areas. The project arose from research, which was funded by my Department, into the development of an intervention model and is based on similar projects operating successfully in other jurisdictions.

I can further inform the Deputy that the operation of the pilot project has recently been evaluated, along with a number of other programmes for perpetrators of domestic violence. I am sure the Deputy will appreciate that further funding for the project will be considered in the light of this evaluation report and other matters currently under discussion with the National Domestic Violence Intervention Agency.

Asylum Applications.

214. **Ms O'Sullivan** asked the Minister for Justice, Equality and Law Reform if priority will be given to dealing with the asylum applications of parents of Irish born children who have been here for more than two years; and if he will make a statement on the matter. [31937/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): Applications for asylum from persons who are parents of Irish born children are not prioritised unless otherwise subject to a ministerial prioritisation directive.

Ministerial prioritisation directives made under section 12 of the Refugee Act 1996 apply to applications made by nationals of Nigeria and of countries designated as safe countries of origin by the Minister under the 1996 Act. Typically, such cases are now completed by the Office of the Refugee Applications Commissioner, ORAC, within five to six weeks of an application being received, except when compelling — for example, medical — reasons prevent the case from going ahead.

In practice, as a significant proportion of all applicants are prioritised in this way, many of the cases referred to by the Deputy would be dealt with under the prioritised timescale.

Disability Legislation.

215. **Mr. Kenny** asked the Minister for Justice, Equality and Law Reform the details of the membership of the expert consultation team which, with the disability legislation consultation group, formed part of the consultation process prior to the drafting of the Disability Bill 2004; the number of times this group met; if the ECT produced any written advice, minutes or reports for his Department on the drafting of the Bill; if so, if he will publish the advice, minutes or reports; and if he will make a statement on the matter. [31998/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): An expert consultation team was established by Government in April 2002 to oversee the consultation process in connection with the preparation of disability legislation. The

team comprised Ms Sylva Langford, assistant secretary in the Department of Justice, Equality and Law Reform; Mr. John O'Donnell, Senior Counsel; Professor Brian Nolan, Economic and Social Research Institute; Mr. Bernard Feeney, senior consultant, Goodbody's Economic Consultants; and Mr. Brian Crowley, MEP. In addition, a group representative of people with disabilities, their families, carers and service providers — the Disability Legislation Consultation Group, DLCG — was brought together by the National Disability Authority, NDA, to facilitate dialogue at national level, both within the sector and with the consultation team.

The consultation team had 15 meetings during which it received the views of key stakeholders, including the DLCG, the social partners, the community and voluntary sector, relevant State agencies and Departments.

The consultation team helped identify key proposals for possible inclusion in future legislation in light of their consultations with stakeholders. In this way, the work of the consultation team fed into the deliberative process until the team completed its task in February 2003. From then on, the Cabinet Committee on Social Inclusion played a key role in the development of legislative proposals and in facilitating cross-departmental co-operation. It is not the practice to publish advice, minutes or reports arising from such meetings.

Adult Education.

216. **Ms O'Sullivan** asked the Minister for Education and Science if asylum seekers who have an Irish-born child are allowed to pursue a course of study in a college of further education for which there is no charge for the course and in cases in which the college is willing to enrol such persons; and if she will make a statement on the matter. [31936/04]

Minister for Education and Science (Ms Hanafin): Asylum seekers may not access free of charge vocational training or active labour market programmes in colleges of further education. Exceptionally, asylum seekers in possession of documentary evidence from the relevant authority, that they have been granted leave to remain in the State as the parents of a child born in Ireland, could participate in further education programmes, subject to satisfying the entry requirements for the course. Applicants without documentation from the relevant authority may not be considered.

Within the constraints of the overall budget provided by my Department for the adult literacy and community education scheme, adult literacy and language tuition in further education centres may be provided by VECs free of charge for adult asylum seekers.

Sexual Abuse Allegation.

217. **Dr. Upton** asked the Minister for Education and Science the steps that were taken to investigate an allegation in 1989 of sexual abuse in a centre (details supplied); and if she will make a statement on the matter. [31862/04]

Minister for Education and Science (Ms Hanafin): Officials in my Department have confirmed with Trinity House School that a memo was received by the school in November 1989 from one of the authors of *A Tragedy Waiting to Happen*, referring to a non-specific allegation of sexual abuse of the person concerned at the school. As far as can be established, there are no records at the school indicating that the matter was investigated at the time.

Following the publication of the book, *A Tragedy Waiting to Happen*, which contains a detailed reference to assaults by a staff member at Trinity House School, the matter was forwarded in October 2004 to the Northern Area Health Board requesting that the allegation of sexual abuse be investigated in accordance with the child protection procedures pursuant to the appropriate guidelines. The guidelines in relation to child protection matters for the children detention schools, including Trinity House School, are documented in the *Child Protection and Welfare Procedures and Guidelines for the Children Detention Schools 2002*. This document incorporates the principles set out in *Children First* and in my Department's child protection guidelines and procedures for primary schools, which was published in 2001.

As the Deputy may be aware, all relevant documentation held by my Department in relation to the sexual, physical and emotional abuse or neglect of children in the industrial and reformatory schools, including Trinity House School, has been forwarded to the Commission to Inquire into Child Abuse in compliance with a discovery order from the commission in June 2003.

Residential Institutions Redress Scheme.

218. **Mr. Gilmore** asked the Minister for Education and Science if she has given any further consideration to the inclusion of an institution (details supplied) within the remit of the residential institutions redress scheme; if, in relation to that institution and related matters, she has considered the contents of a newspaper article; and if she will make a statement on the matter. [31867/04]

Minister for Education and Science (Ms Hanafin): Section 4 of the Residential Institutions Redress Act 2002 provides that in order for an institution to be placed on the Schedule of the Residential Institutions Redress Act 2002, the facility must have been subject to inspection or

regulation by a public body. A total of 128 institutions are listed on the original Schedule to the Act and I recently signed an order adding a further 13 institutions to the Schedule.

In relation to the institution referred to by the Deputy, my Department is exploring with the trustees of that institution the possibility of a contribution being made by them towards the redress scheme. Any decision to include an institution will not be made on the basis of a contribution being forthcoming but this issue must be explored before a final decision is made on its inclusion. In relation to the article referred to by the Deputy, the religious ethos of an institution is irrelevant in considering whether or not it should be added to the Schedule.

Schools' Costs.

219. **Mr. Perry** asked the Minister for Education and Science if all primary schools in Counties Sligo and Leitrim will be reimbursed for water charges in view of the fact that these added charges will have to be passed on to parents of the students; the plans she has in place to increase the funding; the amount that will be granted; and if she will make a statement on the matter. [31871/04]

Minister for Education and Science (Ms Hanafin): Primary schools' running costs are met by my Department's scheme of capitation grants. These grants are intended to contribute towards the general operating costs of national schools which would include heating, lighting, cleaning, insurance, painting, teaching aids and other miscellaneous charges. The capitation grant has been increased substantially in recent years. Since 1997, the standard rate of capitation grant has been increased from £45 — €57.14 — per pupil to €121.58 with effect from 1 January 2004, an increase of almost 113% in the period. Provision has been made for a further increase of €12 per pupil in the capitation grant bringing it to €133.58 in the current school year.

Local Authority service and other charges payable to the various local authorities do not come within the remit of my Department. It would be a matter for the local authorities to decide whether schools are liable to pay such charges. Where it is decided that schools are liable for such charges, the cost would form part of the normal running costs of schools and would fall to be met from the capitation funding which schools have received from my Department.

It would not be feasible for my Department to introduce specific schemes whereby grant assistance would be provided to schools in respect of individual charges such as water charges.

Special Educational Needs.

220. **Mr. Stanton** asked the Minister for Education and Science if a person (details supplied)

in Dublin 9 will be given the same level of support and assistance in school that was received up to June 2004; and if she will make a statement on the matter. [31923/04]

Minister for Education and Science (Ms Hanafin): Every effort is made to ensure that children with special educational needs, SENs, receive an education appropriate to their needs. Decisions regarding the most appropriate model of response in each particular case are based on the professionally-assessed needs of the individual child.

The Deputy may be aware that I propose to introduce a new system of allocation of resource teacher support for pupils with SEN who, like the pupil in question, fall within the high-incidence disability categories. It would be expected that the needs of the pupil in question could be met from within the current resource-learning support teaching allocation available to the school. Currently, the school has a staffing level of two learning support and four resource teachers. However, I am conscious of difficulties that could arise in relation to the proposed new model, particularly for children in small and rural schools, if it were implemented as currently proposed. Accordingly, I will be reviewing the proposed model to ensure that it provides an automatic response for pupils with common mild learning disabilities without the need for cumbersome individual applications, while at the same time ensuring that pupils currently in receipt of service continue to receive the level of support appropriate to their needs. The review will involve consultation with educational interests and the National Council for Special Education before it is implemented next year.

Psychological Service.

221. **Mr. Lowry** asked the Minister for Education and Science if her attention has been drawn to the psychological assessment crisis facing north Tipperary due to the lack of psychologists in the area; her strategy to attract urgently needed educational and child psychologists to work in north Tipperary and the mid west region; her views on providing some form of master's degree course in psychology in a third level college in the region to attract badly needed psychologists to the area; and if she will make a statement on the matter. [31924/04]

Minister for Education and Science (Ms Hanafin): I am aware that the National Educational Psychological Service, NEPS, has had some difficulty in recruiting educational psychologists to work in the mid-western region, including north Tipperary. Meanwhile, schools that do not yet have access to the psychological service provided by NEPS are entitled to arrange for essential assessment work to be carried out under

the scheme for commissioning psychological assessments, SCPA.

My Department is currently initiating the process of gaining sanction for a new recruitment competition to NEPS. Unlike previous such competitions, applicants will henceforth be asked to specify the regions for which they are applying. Those who are successful will have their names placed on the relevant regional panels. This will mean that vacancies in the regions prioritised by NEPS may be filled first. I am hopeful that this will correct the current regional imbalance that exists in NEPS.

Proposals from third level colleges to provide courses in educational psychology at master's level should be submitted to the Higher Education Authority, HEA. Any such proposals will be considered by my Department, taking into account the views of the HEA.

222. **Mr. Lowry** asked the Minister for Education and Science the number of educational psychologists which should be employed in the mid-west region; the number currently employed; when the empty posts will be filled; and if she will make a statement on the matter. [31925/04]

Minister for Education and Science (Ms Hanafin): Shortly after the establishment of the National Educational Psychological Service, NEPS, in April 2000, its management committee submitted a draft development plan to the then Minister for Education and Science. According to this plan, the ultimate number of psychologists needed to provide a psychological service to all schools in the mid-west region was 16. Currently, six NEPS psychologists work in the region. During the past few months, two psychologists did not accept offers of employment from my Department on the basis that the vacancies were in the mid-west. However, a psychologist who joined NEPS on 1 November 2004 has been assigned to the region. There will be a slight expansion of the psychological service in the region after Christmas when the new psychologist has completed the induction programme and is fully operational.

My Department is initiating the process of gaining sanction for a new recruitment competition to NEPS. Subject to sanction being forthcoming and to the availability of resources, I expect that my Department will make offers of appointment to vacancies for psychologists in the mid-west during the school year 2005-06.

Schools Building Projects.

223. **Mr. Lowry** asked the Minister for Education and Science if her attention has been drawn to the poor state of a post primary school (details supplied) in County Tipperary; if this school will be included in the capital works programme for 2005 on the basis of serious health and

[Mr. Lowry.]
safety concerns; and if she will make a statement on the matter. [31926/04]

Minister for Education and Science (Ms Hanafin): The extension project for the school referred to by the Deputy is at an early stage of architectural planning. It has a band two rating. My Department's technical staff are currently examining the stage one documentation — site suitability and site analysis. The school authorities will be kept advised of developments. My officials are nearing completion of a review of all projects that did not proceed to construction as part of the 2004 school building programme, including the school in question. All projects are being assessed against the published prioritisation criteria, agreed earlier this year with the education partners. Each project will be assigned a band rating and the progress of all projects will be considered in the context of the school building programme from 2005 onwards.

With regard to health and safety issues, responsibility is a matter in the first instance for individual school authorities. My Department has received an application for the upgrading of the electrical installation in the school under the summer works scheme 2005. Officials in the school building unit will be in contact with the management authorities when a decision is made on their application.

224. **Mr. P. Breen** asked the Minister for Education and Science, further to Question No. 372 of 27 April 2004, if a school (details supplied) in County Clare has been considered for a school extension; and if she will make a statement on the matter. [31927/04]

Minister for Education and Science (Ms Hanafin): The application for an extension at the school to which the Deputy refers is being considered as part of a review of all projects which did not proceed to construction as part of the 2004 school building programme. All projects are being assessed against the published prioritisation criteria, revised earlier this year following consultation with the education partners. Each project will be assigned a band rating and the progress of all projects will be considered in the context of the school building programme from 2005 onwards. I will make further announcements on the school building programme in due course.

School Staffing.

225. **Mr. R. Bruton** asked the Minister for Education and Science if her attention has been drawn to a demand for a refund of money from a school secretary (details supplied); if her attention has been further drawn to the insistence by her officials that it will not continue to fund a secretary even though the school has had a sec-

retary since 1978; and if she will make a statement on the matter. [31945/04]

Minister for Education and Science (Ms Hanafin): I have requested my officials to investigate this matter and I will arrange for a full reply to be forwarded to the Deputy as soon as possible.

Capitation Grants.

226. **Mr. R. Bruton** asked the Minister for Education and Science if her attention has been drawn to the escalation in cost of insurance for schools in Dublin in recent years, which has more than doubled in the past five years; if she has developed an index of the costs of care and maintenance of second level schools; her estimation of the increase in such costs in recent years; and the current cost per pupil. [31946/04]

Minister for Education and Science (Ms Hanafin): I am not aware of the costs of insurance in individual secondary schools, as it is a matter for the managerial authorities of the individual schools to arrange insurance cover on school property and against public liability. However, I am aware of the concerns expressed by school authorities in relation to increased insurance costs. Grant aid to voluntary secondary schools is provided by my Department by way of *per capita* grants and may be used towards insurance as well as care and maintenance costs.

The benefit of developing an index of the costs of care and maintenance and the associated cost per pupil is not clear. The amount expended by schools on such items is a matter for school managements and will vary depending on the priority accorded by each school in accordance with its own needs. There have been significant improvements in the level of funding for voluntary secondary schools. The standard *per capita* grant amounts to €274 as against the rate of €224.74 that applied in 1997. I refer to my recent announcement, in the context of the 2005 Estimates, to the further increase in this grant to €286 per pupil, with effect from January next. This increase will bring the *per capita* grant in the case of disadvantaged schools to €324 per pupil. In addition, under the school services support fund initiative, secondary schools have benefited from further significant increases in the support grant. This grant which was introduced in September 2000 has been increased from €25 per pupil to the current rate of €99 per pupil and it will be further increased to €103 from January next.

Funding for voluntary secondary schools has been further enhanced by the introduction of a range of equalisation measures that are designed to reduce the historic anomalies in the funding arrangements for the different school types at second level. Under the terms of recent equalisation measures, the support grant has in the case

of voluntary secondary schools been significantly enhanced to €131 per pupil and from January next it will be further increased by €10 per pupil bringing the overall grant for such schools to €145 per pupil. These increases are in addition to the range of equalisation grants of up to €15,554 per school per annum that have also been approved for voluntary secondary schools.

This amounts to additional funding of up to €119,000 per annum and annual grants of €255,761 — €275,000 in the case of disadvantaged schools — towards general expenses and support services for a secondary school with 500 pupils. Schools are afforded considerable flexibility in the use of resources to cater for the needs of their pupils. This is, in general, a preferable approach to putting in place grants for specific cost items such as those referred to by the Deputy.

I was particularly pleased to announce an aggregate increase of €26 per pupil from January next for voluntary secondary schools. Schools have welcomed this increase. These significant increases in the funding of secondary schools are a clear demonstration of my commitment to prioritise available resources to address the needs of schools.

Special Educational Needs.

227. **Ms Shortall** asked the Minister for Education and Science her policy in allowing a classroom assistant to move schools with a pupil to whom he or she was attending when that pupil graduates to secondary school; the salary implications of such a move for a classroom assistant; and if she will make a statement on the matter. [31999/04]

Minister for Education and Science (Ms Hanafin): Responsibility for the recruitment and appointment of special needs assistants, SNAs, rests with the relevant school authorities. Where a pupil with special educational needs enrolls in a post primary school, it is open to the school to apply to my Department for additional resources for the pupil. If approval is given for additional SNA support, it is a matter for that school to appoint a suitable person to the post. All full-time SNAs employed in primary schools and full-time SNAs in post primary schools appointed with effect from 1 September are paid on an incremental salary scale. Where a full-time SNA transfers from a primary to a post-primary school, without a break in service, payment will continue on the same point of the incremental salary scale. Part-time SNAs are paid a salary based on the hours that they actually work.

My Department has recently revised the rate of pay for all part time SNAs in primary schools. Similar arrangements are being finalised for SNAs working in post primary schools and a circular outlining the relevant details will be issued when this process is complete. Currently, all

SNAs in voluntary secondary, community and comprehensive schools are paid by the school authority and the cost is recouped from my Department. With effect from 1 January 2005, these SNAs will be paid directly on my Department's payroll as is the case currently for all primary SNAs.

228. **Mr. Penrose** asked the Minister for Education and Science if she will take steps to approve a full-time special needs assistance for a person (details supplied) in County Westmeath; and if she will make a statement on the matter. [32000/04]

Minister for Education and Science (Ms Hanafin): Where a pupil with special educational needs enrolls in a post primary school, it is open to the school to apply to my Department for additional teaching support and-or special needs assistant support for the pupil. My Department allocates additional teaching support and special needs assistant support to second level schools and vocational educational committees to cater for pupils with special educational needs. Each application is considered on the basis of the assessed needs of the pupils involved and having regard to a range of factors including the overall resources available to the school.

The school concerned has been allocated 4.43 whole-time equivalents per week, additional teaching support and also 2.94 whole-time equivalents per week special needs assistant support for the 2004-05 school year to cater for the special educational needs of a number of pupils, including the pupil to whom the Deputy refers. A further application for additional support for the pupil in question was recently received by my Department. This application is under consideration and the school authority will be notified of the outcome as soon as possible.

229. **Mr. Penrose** asked the Minister for Education and Science the reason an application for additional hours for a special needs assistant for a person (details supplied) in County Longford led to a reduction of ten hours in the original application; if she will review the decision and grant the additional ten hours sought for this person; and if she will make a statement on the matter. [32001/04]

Minister for Education and Science (Ms Hanafin): As outlined in my Department's circulars, special needs assistant, SNA, support may be approved for a pupil who has a significant medical need for such assistance, a significant impairment of physical or sensory function or where their behaviour is such that they are a danger to themselves or other pupils.

The school referred to by the Deputy applied for an increase in SNA support from 23.3 hours per week to a full-time post to meet the needs of

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the pupil in question. The application, together with the professional reports, was examined by my Department, which recommended 12.5 hours per week SNA support for this pupil. A letter to this effect issued to the school on 25 November 2004. In the event of additional documentation being submitted to my Department, arrangements will be made to have the matter re-examined.

A review of SNA provision, which commenced recently, will apply to approximately 2,000 primary schools with existing SNA support. The review is concerned with the level and deployment of SNA posts in mainstream classes. The intention is to ensure both the level and deployment of such posts are such as to ensure the special care needs of pupils are being appropriately met. As part of the exercise, outstanding applications for SNA support for pupils who are attending mainstream classes will be processed.

Departmental Properties.

230. **Mr. Wall** asked the Minister for Defence when a road (details supplied) will be handed over to the local authority; and if he will make a statement on the matter. [32002/04]

231. **Mr. Wall** asked the Minister for Defence the reason, despite previous commitments, a road under the ownership of his Department has not been handed over to the local authority; and if he will make a statement on the matter. [32004/04]

232. **Mr. Wall** asked the Minister for Defence if his attention has been drawn to the fact that the delays in handing a road are causing financial hardship for the residents of the road; when the road will be handed over; and if he will make a statement on the matter. [32011/04]

Minister for Defence (Mr. O’Dea): I propose to take Questions Nos. 230 to 232, inclusive, together.

As indicated in my reply to Question No. 606 on 17 November 2004, my Department wrote to Kildare County Council on 2 June 2004 seeking to have the road in question upgraded and taken in charge by the council. My Department has again contacted Kildare County Council on the matter and its substantive response is awaited.

Radon Protection Measures.

233. **Mr. Perry** asked the Minister for the Environment, Heritage and Local Government if funding will be made available to subsidise the cost of providing radon detector units in all houses in counties Sligo and Leitrim; the funding that is available at present; and if he will make a statement on the matter. [31870/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): The Govern-

ment, through the Radiological Protection Institute of Ireland, RPII, has committed significant resources to assessing the extent of the radon problem throughout the country and to increasing public awareness of radon.

During the years 1992 to 1999, the RPII carried out a national survey of radon in domestic dwellings aimed at assessing the extent of the radon problem in homes. The survey involved the measurement by the RPII of radon for a 12-month period in a random selection of homes in each ten kilometre square grid throughout the country. In all over 11,000 houses were involved in the survey carried out at no cost to the householder. Arising from that survey the RPII estimated that some 91,000 houses nationally have radon concentrations in excess of the national reference level of 200 becquerels per cubic metre. The survey also identified high radon areas. The RPII’s website, www.rpii.ie, contains a comprehensive map of the high radon areas in Ireland as well as the report of its national survey of radon in homes.

The RPII has always encouraged those householders residing in high radon areas to use radon measuring kits, costing approximately €40, to establish radon levels in their homes, and where measurements are found to exceed the national reference level, to carry out radon remediation works.

In February 2002, my Department published a booklet entitled Radon in Existing Buildings — Corrective Options advising designers, builders and home owners on remediation options for reducing radon in existing houses to, or below, the national reference level.

Upgraded building regulations, introduced in June 1997, require all new houses commencing construction on or after 1 July 1998 to incorporate radon protection measures. The Department recently published an updated edition of technical guidance document C, TGD-D, on part C of the building regulations, site preparation and resistance to moisture, incorporating enhanced radon prevention measures for new buildings commencing on or after 1 April 2005.

Water Conservation Measures.

234. **Mr. Perry** asked the Minister for the Environment, Heritage and Local Government the funding that will be made available to local authorities in Counties Sligo and Leitrim to install water saving devices in all local authority housing; when the funding will be put in place; the amount allocated; and if he will make a statement on the matter. [31872/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): Low-cost water saving devices are readily available should local authorities wish to provide them in their housing and it is not considered necessary to allocate

specific additional funding towards their provision. Where a local authority includes water saving devices in new local authority housing or in existing local authority housing which is being repaired under the remedial works programme the cost may be met from the capital allocation.

Budgetary Allocations.

235. **Mr. Perry** asked the Minister for the Environment, Heritage and Local Government if the budgetary allocations to local authorities in County Sligo will be stabilised; and if he will make a statement on the matter. [31873/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): I assume that the question refers to general-purpose grant allocations from the local government fund. These grants have grown to record levels over recent years with the 2004 total amounting to €751.7 million. This amount represents an increase of 14% over the corresponding allocation for 2003 and is some 121% higher than the initial allocation for 1997. These grants are in addition to other specific State grants and income from local sources.

I will shortly notify local authorities of their general purpose grant allocations for 2005, these will provide increased support to the programmes and services of all local authorities for the year ahead.

Nuclear Plants.

236. **Mr. O'Shea** asked the Minister for the Environment, Heritage and Local Government his proposals to pursue the closure of the Sellafield nuclear plant (details supplied); and if he will make a statement on the matter. [31928/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): I refer the Deputy to the reply to Questions Nos. 13, 50 and 53 of 4 November 2004.

Visitor Heritage Centres.

237. **Mr. Ring** asked the Minister for the Environment, Heritage and Local Government the projected figures for visitors to a project (details supplied) in County Mayo. [31992/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): It is difficult to predict visitor numbers for a green field project such as the proposed visitor centre for Ballycroy National Park, County Mayo. However, data from other heritage sites are useful as a basis to assess the potential usage of the proposed new visitor centre.

The closest equivalent attractions within my own Department to Ballycroy are the visitor centres at Connemara and Glenveagh national parks. In the case of the visitor centre in Connem-

ara National Park, some 9,000 visitors were attracted in the first half year of operation. However, this number has risen steadily with 70,623 visitors in 2003. There were 47,651 visitors to the visitor centre at Glenveagh National Park in 2003. These figures relate to the number visiting the visitor centres: actual visitor numbers to the national parks, entry to which is free of charge, are significantly higher.

North West Mayo has two other important visitor attractions, at the Céide Fields in Ballycastle and the Museum of Country Life in Turlough Park House, Castlebar. I understand that the Céide Fields visitor centre attracted some 35,328 visitors in 2003, while the Museum of Country Life attracted some 100,000 in 2003.

The plans for the visitor centre at Ballycroy envisage an attractive and multifunctional facility which I believe will prove successful and will, I hope, attract in the region of 40,000 to 50,000 visitors a year when fully operational with the potential to significantly increase these figures over time.

Water and Sewerage Schemes.

238. **Mr. Connaughton** asked the Minister for the Environment, Heritage and Local Government the position with regard to a sewerage treatment plant for Castleblakney, Ballinasloe, County Galway; and if he will make a statement on the matter. [31993/04]

Minister for the Environment, Heritage and Local Government (Mr. Roche): Castleblakney sewerage scheme was included as a post-2006 scheme in the list of sewerage schemes submitted by Galway County Council in response to my Department's request to local authorities in 2003 to produce updated assessments of the needs for capital works in their areas and to prioritise their proposals on the basis of the assessments. The assessments were taken into account in the framing of the water services investment programme 2004-2006 published in May 2004. Given the rating afforded to the scheme by the council, it was not included in the current programme.

Local Authority Housing.

239. **Mr. Connaughton** asked the Minister for the Environment, Heritage and Local Government the reason an application for an improvement in lieu of a grant has not been approved for a person (details supplied) in County Galway; and if he will make a statement on the matter. [31994/04]

Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern): Galway County Council submitted a proposal to my Department in May 2004 seeking approval to the acceptance of a tender

[Mr. N. Ahern.]
for works to be undertaken to the house in question under the improvement works in lieu of rehousing scheme. Under this scheme local authorities have delegated authority to proceed with improvement works where the cost is under

€75,000. In this instance the cost is considerably in excess of this devolved limit and my Department's approval is therefore required.

Further information has recently been received from the council and a decision on the matter will be conveyed to it shortly.