



DÍOSPÓIREACHTAÍ PARLAIMINTE  
PARLIAMENTARY DEBATES

**DÁIL ÉIREANN**

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*  
(OFFICIAL REPORT—*Unrevised*)

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## DÁIL ÉIREANN

*Dé Céadaoin, 16 Iúil 2025*

*Wednesday, 16 July 2025*

Chuaigh an Cathaoirleach Gníomhach (Deputy Aidan Farrelly) i gceannas ar 9.00 a.m.

***Paidir agus Machnamh.  
Prayer and Reflection.***

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### **Ábhair Shaincheisteanna Tráthúla - Topical Issue Matters**

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 39 and the name of the Member in each case:

Deputy Erin McGreehan - To discuss overly burdensome application forms for medical cards.

Deputy Catherine Ardagh - To discuss the need for all special schools to accept children at different levels on the autism spectrum.

Deputy George Lawlor - To discuss facilitating the treatment of individuals at the specialist Bardet-Biedl unit in Birmingham Children's Hospital.

Deputy Brian Brennan - To discuss the progress of the Israeli settlements in the occupied Palestinian territory (prohibition of importation of goods) Bill 2025.

Deputy Michael Cahill - To discuss the anomaly that exists in respect of staff and workers at Valentia Community Hospital in County Kerry.

Deputy Eoin Hayes - To discuss the growing impacts of housing insecurity, particularly on older people.

Deputy Louis O'Hara - To discuss the urgent need for updated wind energy development guidelines.

Deputy Malcolm Byrne - To discuss the levels of State support available to amateur drama and musical theatre.

Deputy Conor D. McGuinness - To discuss water and wastewater infrastructure in County Waterford.

Deputy Maurice Quinlivan - To discuss the ongoing crisis of capacity at University Hospital Limerick.

### *Dáil Éireann*

Deputy Séamus McGrath - To discuss reciprocal driver licence arrangements and renewal options for Irish citizens living abroad.

Deputy Aidan Farrelly - To discuss water infrastructure provision in Kildare.

Deputy Donna McGettigan - To discuss the need for increased investment in Shannon international airport.

Deputy Thomas Gould - To discuss escalating child homelessness in Cork city.

Deputy Ruairí Ó Murchú - To discuss the provision of SNAs at Rampark National School, County Louth.

Deputy Eamon Scanlon - To discuss issues related to rural planning decisions for residential properties.

Deputy Emer Currie - To discuss the inclusion of commercial bus operators in the planned expansion of free travel to children under the age of nine.

Deputy Pádraig O'Sullivan - To discuss the dog breeding national register and compliance with standards.

Deputies Barry Heneghan, Naoise Ó Muirí and Cian O'Callaghan - To discuss the lack of community infrastructure in Clongriffin and Belmayne.

Deputy Donnchadh Ó Laoghaire - To discuss the proposed 30% US tariffs on imports from the European Union.

The matters raised by Deputies Erin McGreehan, Brian Brennan, Donnchadh Ó Laoghaire, Catherine Ardagh and Eoin Hayes have been selected for discussion.

### **Saincheisteanna Tráthúla - Topical Issue Debate**

#### **Medical Cards**

**Deputy Erin McGreehan:** I thank the Minister of State for being here. I will speak about medical cards specifically for cancer patients. I will ask the Department to do something really incredible for cancer patients, which is something we most definitely can fix. It is to simplify the medical card application for people with cancer. We already made adaptations to the application process, which worked well for Ukrainian refugees under the temporary protection directive, resulting in a streamlined system that cut through bureaucracy and guaranteed care but, for cancer patients, we can look to required clinical need. We did this at the time because we recognised that in crisis we need to adapt. Likewise, cancer patients are in a moment of crisis. They should be looked after and not put under financial strain.

Diagnosis brings fear, uncertainty, often financial hardship and severe hardship, yet in Ireland too many patients must navigate the maze of forms and means testing to get a medical card, despite overwhelming clinical need. We say we care about their well-being and then we

ask about their bank statements. It is not care and can be incredibly cruel. The Irish Cancer Society has called explicitly for automatic medical cards from diagnosis until treatment ends. This is consistent with our values. We have extended this to children with cancer acknowledging the huge pressure that is put on families to care for someone going through treatment. We have discretionary cards but these are not automatically granted to all cancer patients. They are often reserved for those with terminal illnesses under a specific financial threshold. Some patients still face difficulties, even with these. It is very distressing and leaves huge uncertainty. The issue of having to repeatedly apply for medical cards and prove financial hardship can cause more significant distress for patients and their families. It is clear that the current system does not adequately address the unique financial needs of cancer patients, including those who require various treatments, medications and supportive care, such as prosthetics and wigs.

I propose we amend the legislation to enshrine clinically based eligibility on an equal footing with income. Cancer patients should automatically qualify and means testing should end. We should employ a streamlined cancer form and a digital submission pathway, and oncology teams should be allowed, if needed, pre-certify that applicants have a cancer diagnosis and are accessing treatment, just as we did for Ukrainian patients with a GP sign-off. We should guarantee active cards from day one of diagnosis that are valid until treatment concludes, without interruption, renewal or a retreatment application. Cancer patients are our friends, neighbours and families. They do not need bills; they need care. We can give them some certainty if we can deliver on this.

**Minister of State at the Department of Enterprise, Tourism and Employment (Deputy Niamh Smyth):** I thank the Deputy for her heartfelt request and for raising this important issue. I welcome the opportunity to update the House on this matter on behalf of the Department of Health.

Under the Health Act 1970, eligibility for a medical card is based primarily on means. The Act obliges the HSE to assess whether a person is unable, without undue hardship, to arrange medical services for himself or herself and his or her family, having regard to his or her overall financial position and reasonable expenditure. Persons aged 70 or older are assessed under medical card income thresholds, which are based on gross income. Persons aged 69 and under are assessed under the general means-tested medical card thresholds, which are based on the applicant's household income after tax and the reduction of PRSI and the universal social charge. Certain expenses are also taken into account.

In line with the legislation, the HSE is obliged to obtain relevant financial information and documents from applicants to facilitate due consideration of the assessable income and allowable expenses of individuals and families, and to assess these in order to determine their eligibility for a medical card. Every effort is made by the HSE, within the framework of the legislation, to support applicants in applying for a medical card. For example, emergency medical cards are issued to patients who are terminally ill, which the Deputy referred to, or are seriously ill and in urgent need of medical care they cannot afford. In these cases, a medical card is issued within 24 hours of receipt of the required patient details and completed medical form by a healthcare professional. These cards are not subject to a means assessment.

Applications for a medical card and a GP card can be made online. This is the quickest method of getting the card. All of the required documentation that will assist in an application can be uploaded online with the application. Alternatively, an application form can be downloaded from the HSE's website or applicants can contact the HSE to request a paper form be-

cause we appreciate not everybody can avail of digitalisation. We often see that, especially with older clients who come to our offices. The completed forms can then be returned to the HSE by email or post. HSE staff are also available by telephone to answer questions from people who want to chat to them about their personal applications. Furthermore, the HSE medical card and GP visit card national assessment guidelines are available on the HSE website to provide information and assistance to applicants in making their application. In doing so, the HSE strives to have an application process for medical cards that is as streamlined and straightforward as possible for all applicants.

According to the HSE, 189,391 medical card and GP visit card applications were processed between January and May of this year. Out of these, 175,151, or 92%, were approved at the first time of processing. Furthermore, 99% of all completed applications within the above timeframe are processed within 15 working days. However, if the HSE does not have all the information it needs, it will then contact the applicant to let him or her know what is missing. This can delay the processing of the application.

I will refer again to the Deputy's comments on cancer patients. I agree that those facing that very difficult journey do not need the burden of financial constraints. To answer that, and I am sure the Deputy is aware of this, an emergency medical card can be issued within 24 hours.

**Deputy Erin McGreehan:** Absolutely. There have been huge improvements over the past couple of years. I will go back to the fact that people with cancer are recovering. We have more cancer survivors than ever before. That means they are leaving treatment, are healthy and are getting back to being economic actors who are delivering back to the State. I ask that when we look at cancer, we help patients with cancer through the cancer by not being financially burdened and having that hardship carry on into their recovery. The Minister of State rightly said, as I did, in regard to cancer patients, or people who are terminal, we should be looking after people to help them survive and live when they have cancer, as opposed to just looking after them when they are terminally ill.

**Deputy Niamh Smyth:** As I outlined, eligibility for the medical card is primarily based on means and a financial assessment conducted by the HSE in accordance with the Health Act 1970. The HSE has put in place a range of measures to assist people in applying for the medical card, which includes the availability of medical cards online. All of this the Deputy knows. I concur with the sentiment of her proposition that for cancer patients and those who are facing that journey, a much quicker, faster and easier process should be in place for them.

## **Middle East**

**Deputy Brian Brennan:** I am here to speak about the latest situation with regard to the occupied territories Bill. I have the privilege of being on the foreign affairs committee. I commend all members of that committee on the work that has been done to date. We are at a crucial stage. I am seeking an update on the Government's view on the matter.

We have had hours of legal discussion. We have met legal teams from all over the world. We met the ambassador. We met the person who took the lead on this - Senator Frances Black. She deserves enormous credit for the work she has done. I listened intently, as have all members of the committee, to the discussion on the six key requirements: an immediate ceasefire; recognition of the State of Palestine; challenge the EU-Israel trade agreement; and address the

brutality of what is happening in the occupied territories. We must help rebuild the country. We must find a long-term solution to what is going on.

As we discussed all the issues, for me, one box was not ticked, namely that relating to the people on the ground. I went to Cairo last weekend. I spoke with hardened people in NGOs who told me about the day-to-day experience and what is happening. I was involved previously when I went to Sri Lanka after the tsunami, but this is at a different level. What is happening out there has never been seen in my lifetime. When they wake up in the morning, children go scavenging, not for food but for wood for the fire. More than likely, the fire is in a tent and the temperature outside is 45°C. What is going on is just horrific. The men queue for food and the ladies in the house try to keep some normality. They use the bare rations that are available. I listened to evidence of what is happening at first hand. At this stage, the ladies are going out and getting water from the sea and boiling it. One lady told her kids to have a shower. She got the bottle of rationed water and stuck a pin in it and put the kids under the water. She could not use it all because she needed some of it to drink and make tea.

There is no sanitation. The medical system is on its knees. There is little or no education. The so-called Israel-American humanitarian relief is an absolute insult to the word “humanity”. People have to line up and fight for food. If they are out of order, they are shot – adults and kids. We do not know how many people have died. There are figures of between 70,000 and 100,000. The true facts should be known. The people who have genuine illnesses such as cancer – day-to-day illnesses that we take for granted over here – are not being treated. If we add them to the numbers, we can see that the situation is just horrendous.

We know for a fact that 17,000 kids have died, of whom 1,700 were under the age of one. Those kids were shot before they could walk. When getting on the aeroplane to come home, my most abiding memory was of the youth. I really fear for the future of the youth. These kids have lost their parents. They have no education.

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** The Deputy can come back in.

**Deputy Brian Brennan:** They have no medical assistance. This is an important point. What is the future for them? In six years’ time, they will be angry young men and women.

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** I ask the Deputy to conclude.

**Deputy Brian Brennan:** They are going to say that the world looked on as they starved to death.

**Deputy Niamh Smyth:** I thank Deputy Brennan very much for his very eloquent, heartfelt and almost emotional contribution. He is speaking from experience in the aftermath of his visit out there. I know he has been very active and vocal on the occupied territories Bill at the committee, which is what he is seeking a response on today.

I concur with the Deputy’s comments about Senator Frances Black. She has done enormous work. She has worked in a very collegiate fashion with the Government and the leaders of the Government parties to bring this to fruition.

On 24 June last, the Government approved the general scheme of the Israeli settlements in the occupied Palestinian territory (prohibition of importation of goods) Bill. The general scheme delivers on the commitment in the programme for Government to progress legislation



prohibiting the import of goods from the settlements in the occupied Palestinian territory following the advisory opinion of the International Court of Justice of 19 July 2024. The general scheme was referred to the Oireachtas Joint Committee on Foreign Affairs and Trade for pre-legislative scrutiny. These proceedings are currently ongoing. Officials from the Department of Foreign Affairs and Trade engaged with the committee on Tuesday, 1 July. I am conscious that the committee has heard from several legal and academic experts and representatives of the Jewish community in Ireland, as well as Israeli and Palestinian interest groups, and that further hearings may be scheduled.

I commend the Chair and members of the committee for ensuring that a broad range of views and perspectives are being heard. The Government is committed to progressing the legislation. The views of the House on this legislation are well known and have been broadly discussed.

At the same time, there are other voices and perspectives that are not as frequently aired in the political and public discourse here in Ireland. It is important that we are aware of these as we move forward. As the Tánaiste said very clearly last week, we in the Oireachtas want to pass the legislation in a fully informed manner, with our eyes wide open. It cannot be emphasised enough that the optimal policy scenario would be appropriate action at EU level. This has been, and continues to be, the focus of the Government's engagement. We regret that it has been necessary to move ahead of EU partners on a matter of such importance.

The importance and relevance of addressing the illegal settlements was outlined in stark terms by several Israeli human rights organisations this week in a letter addressed to the EU High Representative in advance of the Foreign Affairs Council, which took place yesterday. Among several deeply concerning issues raised in the letter was the fact that the process for establishing and expanding settlements has been streamlined by the Israeli Government, leading to a record-breaking approval of 22 new settlements in May alone. They also noted the policy of granting near impunity.

During yesterday's meeting of the Foreign Affairs Council, Ireland echoed these concerns, as well as our deep concerns regarding the catastrophic humanitarian situation in Gaza and the need for humanitarian access at scale and a ceasefire and a hostage release deal. Ireland was clear in reiterating the need for the EU to respond in an effective manner. Against this backdrop, it remains deeply unsatisfactory that no appropriate action has been taken by the European Commission as regards trade with illegal settlements in the face of such clear policy and legal imperatives.

I again thank Deputy Brennan for his work and his contribution. He clearly knows where the Government stands on this issue, which is to progress this legislation as quickly as possible.

**Deputy Brian Brennan:** I thank the Minister of State. I warmly welcome her response. Please God, we need to prepare now for life after the ceasefire. When this brutality stops, the key words of the NGOs are to the effect that we need a permanent solution. If we do not get one, we are going to be back here again in six months' time. We must watch closely the set-up in that regard, but, first, there must be a ceasefire.

I mentioned young people. As part of the recovery we must look at their mentality, or else we will have a world swarming with angry young men and women that have suffered in this conflict. They have lost everything. They will be angry because they are watching the world doing nothing. That is why it is so important that we continue to take the lead. We must do

everything that is legally possible. If we have to challenge some of the facts, we will challenge them. In our lifetime, we have never witnessed anything on this scale. As a result, we cannot be found wanting in the context of our response to these atrocities. I honestly feel the momentum is on our side. There is 100% cross-party support in this House. Everybody cares about this situation, but mere words are no good now. The people over there are fed up of words. We can see the kids in college in America. They are starting the uprising. That is where it starts. We can see a change in momentum in Europe. It is not fast enough, but it is happening.

I appeal for us to be at the forefront and continue to fight for peace and justice, and a permanent solution in Palestine.

**Deputy Niamh Smyth:** I concur with the Deputy's sentiments. His parting thoughts leaving at the weekend were of the young people and the mentality of the young people having suffered what they had suffered. Yesterday, during Leaders' Questions, we discussed the occupied territories Bill. The Taoiseach talked how if it were not for media and social media, we would be blind to much of what was happening. However, we are not blind. We do know, we are aware and we cannot ignore. On a Europe-wide level, Ireland has been head and shoulders above the rest. That is not to say it has been all satisfactory by any manner or means.

The Deputy's sentiment today is not just about the Bill, but the future, the rebuilding of Palestine and the two-state solution, which is what we think the answer is. Once a ceasefire and two states are achieved, it will be a question of how to put the resources into rebuilding Palestine and finding a way for those young people to recover and rebuild their lives. It will not be easy but I think that Ireland and all of the representatives across this House, both in government and opposition, care deeply about this issue and will work might and main to make that happen.

## Trade Relations

**Deputy Donnchadh Ó Laoghaire:** Yet again this week, we have seen statements by US President Donald Trump in relation to bruising and punishing tariffs on European economies and, by extension, Ireland. The debate around tariffs has gone back and forth. Deadlines have been postponed, not met. However, we would be foolish to dismiss the risks to Ireland. For workers in the sectors most at risk, it is not an exaggeration to say that they hear such headlines and wonder about the future of their jobs, livelihoods and futures. They are in sectors such as dairy, agrifood, drinks, aviation, life sciences, medtech, pharma, tech, financial services and many more that have a large exposure to the US. In my own county of Cork, tens of thousands of people are employed in life sciences, medtech and pharma.

While deadlines have been postponed in the past, there is no guarantee this will always be the case. The focus has to be on progress and achieving a deal to avoid the worst excesses of the potential of tariffs. Trade wars are bad for everyone. I do not believe they are in the interest of America or Europe, and the only way to win a trade war is to not be in one. We hope that cooler heads will prevail, but we must also have a clear eye. It may not come to pass, but we need to ensure we are prepared.

Sinn Féin has warned for some time that the policies of successive Governments have left Ireland uniquely vulnerable to a change in the economic climate and to tariffs. That is due to Fine Gael and Fianna Fáil's failure to invest in infrastructure, excessive reliance on tax incentives and failure to build up our indigenous industry. Our energy, transport, water and housing



infrastructure is far behind where it should be. We are in a housing crisis of historic proportions and have renewable energy companies redirecting resources to other markets because we are so slow to get off the mark. If tariffs come to pass and begin to bite, we will regret the failure of successive Irish Governments to address those issues.

The Government urgently needs to step up preparations for potential tariffs. The date of 1 August is two weeks away. The approach of the Government should include five key elements. We need to: ensure Irish interests in our key sectors are considered at the heart of the European Commission; diversify our trade because we are too reliant on too few markets; develop support schemes for businesses most affected; avoid tariff distortions between North and South; and, crucially, invest in infrastructure.

To expand on using our voice at European level, we need to ensure that any European negotiating policy has a clear eye to what Ireland's greatest areas of exposure are. It appears as if whiskey and aviation are still on the EU retaliatory list. That is a concern. Whiskey has been hit time and again. It is an industry that has grown considerably in recent years, and potentially faces immediate risks in the event of further increases in tariffs. Aviation is also an area where there is a huge Irish profile and significant impacts for the industry here.

We need to diversify the markets we are trading with, with a view to future trade missions. While the US, Britain and Europe will always be our main trading partners for reasons of language, culture and so on, there is potential to deepen trade with countries such as Mexico, south-east Asia and other emerging markets.

What the Government has been talking about is not ambitious enough. For businesses, the Government needs to prepare export facilitation supports, language supports and energy supports and examine export credit insurance. We need to invest in our infrastructure, where there is a huge gap. In addition, we need to ensure that the potential for distortions between North and South are avoided and there is good co-ordination with the Executive in that regard.

**Deputy Niamh Smyth:** I thank the Deputy for his presentation. I concur, particularly with his opening piece on the vulnerabilities within Ireland. I disagree with him in the sense that he talked about the vulnerability. I sit on the trade forum established by the Tánaiste since the trade war, or the utterance of trade wars, began. All the Government agencies and State bodies, such as Fáilte Ireland and the IDA, as well as the IFA are around the table, working collaboratively in ensuring we are best prepared for whatever the future may hold. The vulnerability, in my humble opinion, is created by our geography more than anything else. We provide a gateway into Europe for all American companies in this land. We cannot change the geography but we can try to ensure that companies and businesses across this island are built with the resilience they need to cope with whatever we may face. That is certainly happening within the Government and with that collaboration piece I spoke about on the trade forum established by the Tánaiste.

It is clear that one of the most immediate and serious challenges facing European policy-makers today is the fundamental upheaval in the international trading system. The events of recent months have upended the trading order as we knew it, driven by a fundamental shift in how the world's largest economy has decided to conduct its trade policy, which is something we have no control over.

Last weekend's developments took place in that context. The letter from President Trump

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to President von der Leyen was deeply regrettable. A 30% tariff will have a significant effect on the Irish and wider European economies. It could be detrimental. However, the EU continues to negotiate with the US in good faith. The Deputy asked in his opening statement for cool heads. I think nothing else could be said of everybody around the European Union, given their cool, calm and reasonable approach against difficult headwinds. Notwithstanding the letter, the fact remains that the deadline for talks is 1 August. The EU is at the negotiating table and will remain there. Negotiations are at an advanced stage. Now is the time to redouble our efforts and seek to achieve positive results in the time available.

The Government will continue to seek to protect our indigenous Irish businesses and our multinational companies from tariffs. As the Deputy also said in his opening gambit, tariffs are not just harmful to Irish companies. They are hugely harmful to the American economy as well. The Tánaiste is in ongoing communication with Commissioner Šefčovič and this will continue as we approach the deadline of 1 August.

At the Foreign Affairs Council (Trade) on Monday, the Commissioner outlined what had been the EU's strategy since the outset of this dispute, which was to continue negotiations while, at the same time, preparing rebalancing measures, should they be required. The Irish Government and other member states strongly support this approach. EU unity is our greatest strength in these negotiations.

The Commission has shared a revised list for a possible second set of countermeasures. No formal proposal has been presented to member states for consideration at this point. Officials are examining the list against our known sensitivities.

Tariffs imposed by either side will cause pain. However, it is unfortunately already the case that Irish and EU exports to the US have faced additional tariffs since April. Let us remember that, to date, the EU has not imposed any tariffs on US goods and we do not want to, but we must be prepared to act if negotiations are unsuccessful. This is the sensible and measured approach.

**Deputy Donnchadh Ó Laoghaire:** I return to the issue of vulnerabilities. It may be the case that the issue of new tariffs has come onto the table since the election of President Trump for the second time. It has returned to the agenda. Sinn Féin and others in the Opposition have made the case for many years that, even aside from tariffs, Ireland is vulnerable to a change in the economic climate because of the economic model we have. It has failed to diversify into new markets, and we are now talking about different trade agreements. The EU already has many free trade agreements in areas where we have a limited economic profile, including south-east Asia, southern Africa and South America. There are areas where there is huge potential for further growth. There is also our failure to build up our indigenous economy and to properly support that. Our businesses domestically have some of the highest energy costs in Europe. From small to medium to big businesses, it is a huge drag on their potential to grow and to expand into potential new markets.

I have two particular questions. I will mention one market. While it is one of our traditional markets, an important question for Britain is the potential for an SPS agreement. Does the Minister of State have an update on that? More particularly, on the US, I understand the Tánaiste was due to meet the US ambassador yesterday. What was the outcome of those discussions? Is there any further update from those discussions on the US Administration's position? I understand also that the technical team, led by Maroš Šefčovič, was in Washington this week for

a potential meeting with Secretary Lutnick, but certainly with senior officials in the US departments. Is it possible to get an update on the outcome of that meeting that has been relayed to the Irish Government?

**Deputy Niamh Smyth:** The Tánaiste and other Ministers have been vocal and constructive voices at the table to ensure the EU's approach remains measured and appropriate. The Government's constant and consistent position has been, and remains, that we need substantive, calm, measured and comprehensive dialogue with the United States. This is also the position of the EU. Our objective remains to reach agreement on a mutually beneficial deal that works for both sides. A negotiated outcome is the best way forward and we are in close, ongoing contact with our EU counterparts at political and official levels as we approach the 1 August deadline. In the remaining time, the Government will continue to advocate for a deal that works for Ireland, Europe and the US. However, let me be absolutely clear that tariffs are economically damaging for all sides. They disrupt complex and highly integrated supply chains that benefit businesses, workers and consumers on both sides of the Atlantic. We will continue to pursue dialogue, to make the case to remove these tariffs and to assert our interests through the EU and directly with the United States.

The Deputy has asked specific questions. I will try to get the information and revert with that. On market diversification, State bodies like the IDA and Enterprise Ireland are doing incredible work at the trade forum. Team Ireland is active on the ground in the United States. The diplomatic effort that is being made is not going unnoticed either.

### **Special Educational Needs**

**Deputy Catherine Ardagh:** I raise an issue that goes right to the heart of how we care for and support some of the most vulnerable children in our education system. It is the proposed redesignation of schools that currently cater for children with mild general learning disabilities, MGLDs. Earlier this year, I had the privilege of visiting Scoil Eoin in Crumlin, Dublin, where I met the principal, Debbie O'Neill, and the vice principal, Richie Doran. I also met the children and can say without any hesitation that the work done in Scoil Eoin is exceptional. Children with mild general learning disability are thriving in Scoil Eoin. The environment is calm, structured and welcoming. It is not just a place of learning. It is a place where children feel safe, supported and celebrated for who they are. That is thanks to the dedication of the staff and the right educational setting being provided in Scoil Eoin. Parents choose Scoil Eoin for their children because they believe, rightly, that it is the place where their children will be best supported. That parental choice is essential. As the mother of a child with a severe learning disability, I understand how important it is to find the right environment for a child to thrive and how devastating it is when those options are taken away. Yet Scoil Eoin is under enormous pressure to change its designation and to fold its supports into mainstream settings. This is not a neutral or technical change. This is a deeply consequential shift that risks dismantling the very structures that allow these children to succeed.

There are now only 14 classes catering for children with mild general learning disability at post-primary level in the entire country. This is a staggering decline. It is not inclusion. It is exclusion through attrition. Let us be clear that these children, who may struggle in mainstream settings without the right supports, are more likely to become disengaged, drop out, suffer from poor mental health or even fall into the criminal justice system. This is not a risk we should

be taking lightly. In contrast, students in schools like Scoil Eoin follow a level 2 learning programme, with many progressing to level 4 qualifications and going on to further education or employment. This is real and meaningful inclusion rooted in appropriate and specialist school settings.

There is no justification for forcing these schools to change their designation. If the motivation is financial and it is cheaper to repurpose a school than build a new one, then we need to be honest about that. We must also be honest about what it will cost children and their families. Inclusion should not mean forcing every child into mainstream settings, regardless of whether it suits him or her. Inclusion means meeting each child where he or she is and giving that child the best chance to thrive. That requires a range of options, not fewer options.

The Deputy is obviously a fine Minister of State, but I am disappointed that the line Minister is not here. I would have liked to have asked her if she would pause any plans to redesignate these schools and if she would commit to protecting and expanding the provision of schools and classes for children with mild general learning disability. Will she respect the voices of parents and teachers who are telling us clearly that the model is working and must be preserved?

**Deputy Niamh Smyth:** I thank the Deputy for her emotional presentation. I know she is acutely aware of the requirements that should be in place. She has the experience of a school that is doing the job really well. As she asked, why fix something that is not broken? Her experience of this school has obviously been a positive one.

The Government is committed to the provision of additional special school places for children with more complex educational needs. More than 300 new special school places have been and will be provided for in the coming 2025-2026 school year. Five new special schools are being established in addition to the 11 new special schools that opened over the past few years. Special school capacity has also been expanded across a number of existing special schools. It is important to note that it is not the intention to exclude children who require a special school place from accessing certain special school settings, but rather to allow children with complex additional educational needs apply for their local special schools. Currently, there are instances of children with complex needs not being able to apply for admission to their local special schools simply because they do not meet the narrow designation of those schools.

In this regard, and along with providing additional special school capacity, the Department and the NCSE consider that it is necessary to look at the profile of our existing special schools. This is not a new departure. The NCSE reports that more than half of mild general learning disability special schools have diversified to allow children with more complex needs in their communities who require a special school setting to enrol in their local special schools. Many schools have worked with us to broaden their designations and this Department will continue to support schools in this endeavour so that more special schools can better support children with complex needs in their local communities.

It is noted that many of the children enrolled in MGLD special schools do so around the transition point from primary to post-primary school. Historically, these children and young people may not have had a local post-primary special class available to them. Through the accelerated provision of new special classes in recent years some of these children and young people should now have the option of attending a local post-primary school with a special class. The new senior cycle level 1 and level 2 programmes offers a new curriculum pathway for students with additional and special educational needs at post-primary level also.

The Department has asked post-primary schools to prepare and plan to provide at least four special classes each. The Deputy alluded to that in her opening statement - the decreased number of classes in secondary schools. I take on board everything the Deputy said today. I will relay her concern for this school and that it should not be, in any way, interfered with because the model works.

**Deputy Catherine Ardagh:** I do not take comfort in the response that the Minister of State has read out. Expanding the designation will break schools, such as Scoil Eoin, that are not currently broken. They are not failing; they are succeeding. That success is rooted in the fact that these are specialist environments led by professionals who have committed their lives to special education. I saw it myself. I met the staff and the children. There are real stories and real lives, and there is real progress being made in schools such as Scoil Eoin.

Inclusion must not be used as a cover for rationalisation or as a reason to take something away from children who need it most. I urge the Minister of State to respect parental choice, to listen to the voices of educators, such as Ms O'Neill and Mr. Doran, and to halt any plans that would dismantle the essential part of the education system.

We need more settings like Scoil Eoin, not fewer. This is not about moving resources around. This is about building a system that truly supports all our children, including children with acute learning disabilities and those with moderate learning disabilities. Let us not allow these children to become invisible. Let us protect spaces, such as Scoil Eoin, because we know they are thriving.

**Deputy Niamh Smyth:** Deputy Ardagh has made the case well for Scoil Eoin. It is important that we, as public representatives, who have the opportunity to listen to the real-life stories of parents and teachers, such as in Scoil Eoin relay that to Department officials as well as the Deputy's sense that to make any change will dismantle something that works, that is good and that is providing the care and the educational atmosphere needed for these children to thrive, to be welcomed and, as she said, to be included. We all have a responsibility and the Deputy is taking that responsibility seriously. I will relay that to the Minister, Deputy McEntee, and ask that further negotiations, or at least further talks, be held with Scoil Eoin and that the experience of the teachers and the parents is number one in terms of any changes that may be pre-empted.

## **Housing Policy**

**Deputy Eoin Hayes:** I will start by paying tribute to a good friend of mine who passed away suddenly this month a year ago, after I was elected a councillor. There is a memorial service for him this weekend. He was a member of the Social Democrats and we served on the national executive of the party together. He was born in Britain of Nigerian and Ghanaian descent and he was deeply committed to making this island of ours better. His name was Kodzo Selormey and he was a patriot in an era when people who lay claim to that word have no sense of its real meaning. I wanted to honour his memory today at the close of this Dáil term because it is likely I would not be speaking here in the people's Parliament today but for his hard work and friendship and the spirit he shared with all of us in the Social Democrats to make this a country for everyone.

I was deeply concerned last week, listening to the chairperson of ALONE, Seán Moynihan, speaking about the housing crisis and the extent of its effects on older people. So much



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of the discussion around housing focuses on the typical young couple stuck renting or in their childhood bedroom unable to get on the ladder. Knowing many of those people personally, I expected to hear those stories when I entered politics. What shocked me, however, was meeting people since I entered public life in their 40s, 50s and 60s in terrible and hopeless circumstances paying extortionate rents with no prospect of ownership.

The latest census shows an 83% rise in renters over the age of 65. Some 42% of all older people renting face significant stress from renting in the private sector due to concerns about the instability of their housing. We know from the number of renters in their 40s and 50s that this will only increase.

I recently spoke with a constituent in his 60s living in a studio apartment who was deeply worried about the proposed changes to the rental protections and what they might mean for him as he approaches retirement age. I say “retirement age” and not “retirement” because he is now convinced he will never be able to retire. He will not be able to afford his rent on his pension and is terrified of the hikes to come from this Government’s policies. He has been told to deplete his savings, so that he can access social housing. Is this what we are telling people now? Are we asking people who have worked their whole lives who do not have an asset to their name to squander what little they have saved so that we can create a generation of destitute pensioners on housing assistance payment, HAP, and on housing lists?

I heard from another older couple in my constituency dealing with a devastating cancer diagnosis and a progressively worsening prognosis when they were dealt with yet another blow in the form of an eviction notice. Can you imagine what it is like to deal with the enormous challenges of such a diagnosis arriving precisely at the time that you are told you will lose your home? I spoke with another older couple who are dedicated to helping the most vulnerable people in our community in a local hospital and doing this while caring for their son with a developmental language disorder. They suffered a no-fault eviction by their previous landlord and their rent for a two-bedroom apartment doubled overnight. Their savings are now draining away, as they rent at the expense of their future and the future of their child.

The story that shocked me the most on the campaign trail was that of a professional woman in her 50s with a well-paid job in an American multinational whose extortionate rents have left her and her family with no prospect of homeownership in Dublin.

What began as a singular crisis in housing is now resulting in a cascade of social calamities, a catastrophe that affects everyone in society, and none more than people who are already vulnerable and marginalised and bear the brunt of pre-existing social problems. What do I say to these people? How do I tell my constituents that the Government has sacrificed them on an altar of greed? How do I explain to them that the Government’s housing policy will not save them, nor will their pension, nor will the private market on which the Government is so reliant? What hope can the Minister of State give them now in their moment of despair?

**Minister of State at the Department of Housing, Local Government and Heritage (Deputy Kieran O’Donnell):** I thank Deputy Hayes for raising this important issue today. The clear focus of this Government is to increase the supply of new build social and affordable homes to buy or rent. There is a record level of investment being provided for the delivery of housing in 2025, with overall capital funding available of €6.8 billion. The capital provision is supplemented by a further €1.65 billion in current funding to address housing need. This funding will support the delivery of increased numbers of social housing and cost-rental homes.



On 10 June 2025, the Government approved new policy measures to provide for the enhancement of rent controls and tenancy protections from 1 March 2026. The stronger tenancy protections will provide further improvements to security of tenure. The rental sector provides a home for a significant proportion of the population and we need to give people more certainty that their tenancy will not be ended. We want to provide more stability and confidence in this area.

The programme for Government includes a number of commitments related to the supply of housing for older people. I have been appointed to a role where for the first time there is a stand-alone Minister with responsibility for older people in both the Departments of housing and health and it is something I am very committed to in terms of housing for older people. As I said, the programme for Government includes a number of commitments related to the supply of housing for older people. This commits to increasing housing options and choices available to older people to facilitate ageing in place with dignity and independence. Work on these commitments is ongoing within a policy group recently established within my Department, by me as Minister, to look at the progressing and implementation of these commitments. This work will be advanced through specific measures in the new housing plan that is currently being prepared by my Department.

Under the housing assistance payment scheme and the rental accommodation scheme, local authorities also continue to provide critical housing supports by enabling access to accommodation within the private rented market for eligible households, including older people. My Department provides capital funding to local authorities and approved housing bodies to support the delivery of social homes in their area, including for older people. Under the social housing investment programme, my Department provides up to 100% of the costs where local authorities build or acquire homes and apartments for social housing use. Under the capital assistance scheme, my Department provides up to 100% capital funding to approved housing bodies to provide new social homes for priority categories to include homeless people, disability and housing for older people. From 2020 to 2024, 514 units for older people were delivered under the capital assistance scheme, CAS, by providing purpose-designed age-friendly homes. Furthermore, CALF funding is capital support provided to AHBs by local authorities to facilitate the funding of construction, acquisition or refurbishment of new social housing units which may also accommodate older people.

Meeting the housing needs of all households, including older people, continues to be a priority for this Government. We will continue our focus on the delivery of homes to provide a range of choices which meets the diverse needs of the ageing population, spanning owner-occupier, private rental and social housing.

I did not know the man Deputy Hayes made reference to. Was his name Kodzo?

**Deputy Eoin Hayes:** His name was Kodzo Selormey.

**Deputy Kieran O'Donnell:** I join in acknowledging his recent passing. He was obviously someone very close to the Deputy.

I am utterly committed to housing for all people. For me, it about providing choice. I take this very seriously and I am actively progressing and working on it. As the Deputy said, our demographic is evolving and we will have an older population. We have to bring a range of choices across the spectrum for older people and I want to work on that with all sides of the

House. It is hugely important and very much a priority for this Government.

**Deputy Eoin Hayes:** I appreciate the Minister of State's commitment to this area and I do not doubt his sincerity but, like every single occupant of his office before him, he has been sent out with prepared remarks to defend the indefensible. He and this Government unfailingly refuse to reckon with the enormity of the problem in housing. The Government is tinkering around the edges of failed policies while the situation deteriorates even further, leaving in its wake a litany of shattered dreams for individuals and their families who want nothing more than security and a safe place to call home. Can we call building 500 homes in four years, which was the figure the Minister of State just cited, a success? The longer this goes on, with more and more people in these precarious housing situations, the greater the chance that the vicissitudes of life, such as a cancer diagnosis, bereavement or loss of income, will come at the same time as an eviction notice, a rent hike or another hair-brained Government policy that only makes life more difficult, more stressful and devastating for my constituents and their reasonable desires for a dignified life.

As all these problems continue to compound, there will be multiple generations for whom it will be too late as they will find themselves either unable to retire or being turfed out onto the street. When will this Government wake up and come to terms with the fact that what is required now are 1930s and 1940s levels of public investment and State-led development on a massive scale? We need to reject the neoliberal developer-led model this Government has an addiction to.

We often hear about how our ageing population is creating a timebomb in our pensions system but the failures in housing policy have become so entrenched that the current Cabinet, like every previous Cabinet, has lit the fuse early for those without a home. We now have several cohorts ageing through the crisis, missing every milestone on the road to housing and long-term financial security, and this Government is failing them completely. It seems no matter who you are or what your story is, there is no escaping this crisis. Nobody is safe from this Government's housing policy, even the elderly and the Minister of State's party's voters. It will fall to parties like mine to clean up this mess.

**Deputy Kieran O'Donnell:** I again thank Deputy Hayes for raising this important matter. I listened carefully to the points he raised. The Government is working diligently in conjunction with key stakeholders, particularly local authorities and approved housing bodies, to increase delivery of housing for older people. We also want to work with the private sector because everyone has a part to play in the delivery of housing, including for older people.

The clear focus of this Government is to increase the supply of new builds and affordable homes to buy or rent. As I stated, a record level of investment is being provided in 2025, with capital funding of €6.8 billion supplemented by a further €1.65 billion in current funding allocated to address housing need. The Programme for Government: Securing Ireland's Future includes a number of commitments to deliver practical housing options for positive ageing. It commits to increasing the housing options available to older people to facilitate ageing in place with dignity and independence. As I stated, work on these commitments is ongoing, with a policy group recently established in the Department of housing to look at proposals on how best to progress them. Crucially, consideration of these proposals will feed into development of the new housing plan being progressed in the Department of housing. These proposals will set out a pathway to develop practical housing options for positive ageing to meet the housing needs of our growing and ageing population.

For me, it is all about choice when it comes to older people. Like any group, they will have differing needs. It is about providing a range of choices which allows older people to make their own decisions on where they wish to live. This could mean continuing to live where they are, moving to a smaller unit, independent living or supported living. My role in the Departments of Health and housing is to ensure older people have all the supports in housing and health they need to enable them to make those choices and decisions.

### **Dental Treatment Services: Motion [Private Members]**

**Deputy Brian Stanley:** I move:

That Dáil Éireann:

notes that:

— the School dental programme for children is not providing adequate and timely treatment for primary and secondary school students;

— children are not seen for their first screening examination in second, or even fourth or sixth class in primary schools and in many areas, they are receiving their first examination in fourth year in secondary school;

— in Co. Laois, based on Health Service Executive (HSE) figures of 6,433 are waiting on their first exam invitation, and that is being provided seven years late;

— in 2017, 135,662 pupils were screened and treated, and this dropped to 101,112 in 2023, and in the same period in Co. Laois and Co. Offaly it reduced from 4,300 to 181;

— the Dental Treatment Services Scheme (DTSS) for adults with medical cards is not available in many areas, in Co. Laois for example just one dental practice currently takes clients under this scheme;

— the budget for the scheme in the current year is €73 million, a reduction of €6 million from 2010;

— the HSE emergency dental service is almost impossible to access;

— the Treatment Benefit Scheme based on Pay Related Social Insurance (PRSI), only provides for examination and polishing which puts lower- and middle-income families at a disadvantage; and

— children or people with special needs, that require anaesthesia cannot access treatment due to a lack of staff in hospitals, and there is a two-year waiting list; and

calls on the Government to:

— publish the promised dental services plan;

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- provide for a significant increase in Dental School places in University College Cork and Trinity College Dublin, and provide additional funding for this;
- facilitate the re-introduction of a structured mentorship programme to allow new graduates to gain work experience;
- authorise the HSE to step up recruitment for dentists to work in the School dental programme, and in public dental services;
- introduce a dynamic advertising and recruitment campaign for the DTSS, to encourage dental practices to take medical card patients in all parts of the State;
- expand the range of services available under the PRSI based Treatment Benefit Scheme;
- ensure the HSE improve and expand hospital services and capacity for children and adults who have special needs, and require treatment under general anaesthetic; and
- provide for a significant increase in the forthcoming budget for dental services.

The public dental health service is in crisis and there is also a shortage of dentists in the private sector. This is due to a lack of planning and the schemes not properly being resourced. Dental and oral health have not been made the priority they need to be. For a relatively wealthy First World country, we have a Third World dental health system.

Untreated tooth decay is one of the most common health conditions, according to the Global Burden of Disease Report 2019. Conditions such as stomach ulcers, gum disease, heart conditions and a range of other physical health issues are caused by poor oral health. The work-force crisis in dentistry has been well publicised in recent years. This has not happened all of a sudden; it has crept up over several years. Action on this by successive Governments and the HSE has been way too slow and at nowhere near the pace required to have a substantial impact. In recent years, insufficient attention and resources have been put in to prevention through education and public awareness campaigns. The cure comes too late, often and most likely in the form of multiple extractions and fillings.

I want to address the main public schemes, namely, the school dental scheme, the dental treatment services scheme, the treatment benefit scheme and orthodontics, for which there is a six-year waiting list for treatment. The school dental scheme is not providing timely and adequate treatment for primary and secondary school pupils. Children are not being seen for their first examination in second, fourth and sixth class, as they should be. In many cases, they receive their first examination well into secondary school. In Laois, children are four years into secondary school when they are first seen. In Offaly, it is not much better, at three years. This is an absolute scandal in public health. In the case of Laois, according to HSE figures, 6,433 pupils are waiting on their first examination. As I said, for most of those pupils this will come six or seven years too late, and they will then have to wait for treatment. In 2017, 135,662 pupils were screened and treated. This figure dropped to 101,112 in 2023. We are going backwards. I am not too sure what happened but these are figures I got from the HSE. In Laois, the number of pupils screened and treated reduced from 4,300 in 2017 to 181 in 2023. Those are interesting figures.

The dental treatment services scheme for adults on medical cards is not available in many

areas. For example, for people in Laois, only one dental practice currently takes clients under the scheme and it is based on the edge of Carlow town. The budget for the current scheme is €73 million this year.

*10 o'clock*

That is a reduction of €6 million on the allocation in 2010. There has been a reduction of almost 50% in the number of dental practices taking clients under the scheme. The HSE's emergency dental health service is almost impossible to access. The treatment benefit scheme for workers and retired workers, which is based on PRSI, only provides for examinations and cleaning. This puts low- and middle-income families at a disadvantage. I refer here to ordinary workers and their families who get no fillings or extractions under the scheme. Overall, 83% of dental treatment is funded by means of out-of-pocket payments.

Children with special needs and adults who require anaesthesia to access treatment suffer from a lack of services. There is a two-year waiting list in hospitals for such treatment. I have had representations at my constituency office about this. Patients often present with serious levels of tooth decay and oral health issues. That needs to be fixed. In the Dublin and midlands health region, there are 654 children and 102 adults on waiting lists for hospital treatment. That matter requires urgent attention.

The Irish Dental Association has highlighted the fact that 500 additional dentists are needed immediately to address the crisis in private practice and the public system. Given the rising population and the high number of dentists who will reach retirement in the coming years, this needs a particular focus on the part of and action from Government. To underline the scale of the crisis, the overall number of dentists working in both public and private practice has dropped by 23% in the past 15 years. Less than 10% of dentists are working in the public service. It is estimated that 120 additional dentists are needed just to maintain the very basic level of service we have at present. In 2023, 320 dentists were working in the public service. By 2025, according to the HSE, that had dropped to 294. In the context of private practice, the Irish Dental Association has found that due to workload, one quarter of dental practices are not taking on new adult clients and more than one third will not take on new children. This is not because they do not want to do so; they cannot do it due to their workload. While the effects of this are felt across society, low- and middle-income households are hit the hardest. Between 2009 and 2023, there was a cut of €800 million in funding for the PRSI scheme and the treatment benefit scheme, or medical card scheme, to which I referred earlier. This has meant that workers on low and middle incomes have suffered hugely negative outcomes. Unfortunately, dental health and dental treatment are often put on the back burner by families out of economic necessity. We all know how important it is that dental health is tackled early, namely when children are in second class in primary school. We also need to bring forward the promised scheme for children under seven. The €800 million cut in funding for those two public schemes over a 14-year period has had a significant effect.

I urge the Government to publish the long-promised new plan for dental services. I acknowledge that a new dental school was opened in Sandymount last week. The Minister for Health told me about it the other day. While I acknowledge that development, more needs to be done. We need to bring forward a plan for our dental health services, and a scheme for children under seven must be given priority. There must also be a significant increase in the number of dental school places in universities, particularly UCC and TCD, and additional funding for this. We need to facilitate the reintroduction of a structured mentorship programme to allow new



graduates to gain work experience. I am sure the Minister of State understands the importance of that. We need to authorise the HSE to step up recruitment for dentists to work in the school dental scheme and public dental services. We need to sort out the delay between the point at which dentists are recruited and told they have a position and when they start work. The information I have, if it is correct, is that such delays can be for six months or more, which is too long. Officials need to take this on board and take it up with the HSE directly because what is happening is that in the interim, those recruited either emigrate or get another job. That means that we do not have them in the public system where they are needed.

We need to introduce a very dynamic advertising and recruitment campaign for the dental treatment services scheme. Extra funding was provided for that. The rates being paid have been increased, but we need to encourage more dental practices to take on medical card patients in all parts of the State. I have been highlighting this issue since former Deputies Varadkar and James Reilly served as Minister for Health. It needs to be sorted out. The situation across the country is bad, but there is a really big hole in the service in Laois and Offaly is not much better. We need to expand the range of services available under the treatment benefit scheme. Workers are working hard and paying their taxes - PAYE, USC and PRSI - which are gone out of their wages before they get them. They do not mind paying their taxes but they need to see services for that money. If people could see good services, they would not mind paying their taxes and levies. We need to ensure that the HSE improves and expands hospital services and capacity for those children and adults with special needs who require treatment. I have outlined the numbers waiting in just one area, and that needs to be tackled. There is a particular need there because such patients have to be under anaesthetic before they can be treated.

We are coming up to budget time. The Government is being lobbied left, right and centre. I see lobbyists going in and out of here every day. They are coming to us, as Opposition Deputies, as well. This is not just about oral health. Oral health affects all health. The Government needs to provide a significant increase in funding. The one message I want to leave with the Minister of State, having chaired the Committee of Public Accounts for four and a half years, is that we need clear tracking of the budget going into dental services. If we just throw money at it, we will not get the outcomes we want. There needs to be clear tracking of the budget going in and the outcomes and services being provided, and that needs to correspond to increases in the budget.

**Deputy Roderic O’Gorman:** I thank Deputy Stanley for tabling this important motion, thus giving us the opportunity to place a particular focus on oral health and oral healthcare in the Dáil during the final week of this term. I am really pleased to have the opportunity to speak on the motion. We all know the importance of oral health. It affects everything including how we eat and speak. It can even affect our self-confidence, but, for far too long, it has been considered and treated as an optional extra in our health system. Dental healthcare is too costly and too hard to access for far too many and this has to change.

One of the biggest challenges in our system is the shortage of dentists. The dental treatment service scheme, which provides dental care for most medical card holders, has seen the number of participating dentists fall by 50% over the past decade. There were about 1,600 dentists practising previously. That number is now down to 810, and only 600 of those are actively providing dental care.

Community dentists are the backbone of accessible oral healthcare in our communities. They provide essential preventative and treatment services directly within communities, es-



pecially to those who need it most. They really help to reduce pressure on our hospitals and wider emergency services. It is for this reason that I really welcome the initiative by the Royal College of Surgeons in Ireland, RCSI, and its recent establishment of a brand new bachelor of dental services degree. It will be the first community-based undergraduate dental degree course delivered in Ireland. In order to advance the education of students on this new programme, work by the RCSI and the HSE on a new dental education centre at Connolly Hospital Blanchardstown has commenced. This new centre is set to open in September of 2027 and will provide state-of-the-art facilities for training dental students while also delivering local care in the community. It is expected to support over 375 dental students annually and provide approximately 30,000 treatments in the community.

What has really piqued my interest in that this is the pilot programme under which supervised dental students will provide free dental care to local residents. That is going to help to improve access to care for those who face barriers, particularly financial ones. It is going to give students valuable practical experience and will be a major boost for oral healthcare in Dublin 15, an area I represent. As well as giving that immediate benefit to residents in Dublin 15, we will now have a new stream of trained dentists emerging from third level every year whose entire training has been about serving the community. We will have a brand-new type of dentist, and that is something we should really welcome.

Oral healthcare is healthcare. We need to treat it that way. It is about fairness and making sure that no child or older person feels left behind because of cost or a lack of access. The work under way shows what can be delivered when we have ambition that is backed with action. The Government must show that same ambition at national level to back our dentists, serve our communities and treat oral health as the essential element it is. This means fixing the dental treatment service and giving medical card holders the same level of access to dentists as everybody else. It means investing in prevention and early intervention in order that we do not have to rely on emergency care and emergency situations to pick up the pieces. We are getting this right in some pockets of the country but that is not enough. We have to build on that success and ensure there is access to dental care in every part of the country.

**Deputy Paul Murphy:** I thank Deputy Stanley for bringing forward this motion. It is striking that oral health is not much discussed in this House. This reflects a neglect that exists within our State whereby we know that oral health is so important for overall health and well-being but it is neglected and seriously under-resourced in our public health system. If your teeth and gums are healthy, you are less likely to suffer from heart disease, cancer, chronic respiratory diseases and diabetes. Dental care is a key part of preventative healthcare that can keep everyone healthier for longer and lower costs for the HSE. At least it should be. Unfortunately, in Ireland it has been treated as a luxury only accessible to those with the ability to pay to see a private dentist. Scandalously, that goes for children as well as adults. Public dental care is extremely limited. There are long waiting lists. Fewer private dentists accept medical cards. Children are meant to be seen in first or second class but often this does not happen until secondary school.

A mother of a child with additional needs recently contacted me in relation to this. She says they are currently paying a private orthodontist to help with their daughter's teeth because she urgently needs early intervention treatment and they cannot wait for the HSE. When the mother called the HSE, she was told that it could not help and that the child would not be seen in sixth class because the backlog is so big. She was also told that it would wait to see her for the first time in second year, most likely. If the family waits for this, their daughter will most likely need more intensive treatment and other treatments that would not be needed if she was seen when

required. The mother tells me the HSE is currently only seeing kids for dental problems that are causing pain, so basically when it is too late. She says that all the waiting times are very frightening and the kids have been failed so badly right now, and that she just has to stand back and watch her daughter be failed in the context of multiple issues. She finds it absolutely heart-breaking that she cannot do anything else to help her. If this is not a common story, elements of it are definitely things I hear again and again. I refer, for example, to the complaint that people do not get prioritised in the public system until they are experiencing pain, that is, when it is too late. Kids have to wait to be seen and are then forced to go private, if their parents can afford to do so. In many cases, parents get loans in order to go private.

The cause of all this unnecessary suffering is deliberate underfunding and understaffing of our public dental service by successive Fianna Fáil and Fine Gael Governments. They have pursued a policy of privatisation by stealth. Public dental care in this country was never great, but it was decimated after the financial crash as a result of austerity cuts. That policy of starving the public system of resources continues today through the HSE pay and numbers strategy, which guarantees that there are never enough dental workers to staff the system properly. There are also nowhere near enough dental training places. In addition, inflexible working conditions force dentists to either go into private practice or emigrate. We still do not have any dental therapists. A dental therapist qualification is midway between those of dentist and dental hygienist. Dental therapists exist in many other countries and could help fill in the gaps here. The solution is to fund public dental services properly and to train and recruit hundreds of new public dentists and dental therapists. Public dental care should be available to all, free of charge, as part of a universal single-tier national health service. There should be no limits on care as proposed under Sláintecare, which has still not been implemented.

No one is going to the dentist for the craic, obviously. The right-wing argument that free healthcare will encourage overuse is even more wrong for dentistry than for other forms of healthcare. Free dental care - free healthcare - would encourage people to go early to ensure prevention rather than seeking a cure later. We know that prevention is always better than cure. Even from the point of view of cents and euros, it makes sense. Regular, free dental examinations, with treatment from an early age preventing more serious problems later, make obvious good sense. The only argument against it is an ideological preference for privatisation and private profit. For Fianna Fáil and Fine Gael, these will always take precedence over public health. We need a renewed mass movement for universal free public healthcare, including free oral healthcare. A left government is needed for this change to happen, together with the mass movement to which I refer.

**Minister of State at the Department of Health (Deputy Mary Butler):** I thank Deputy Stanley and his colleagues for tabling this motion and giving us the opportunity to discuss oral healthcare services. The motion is timely, given that the Minister for Health has only last week officially opened the RCSI's new dental education centre in Sandycroft. The motion, which the Government is not opposing, provides a chance to update the Dáil on developments in the sector and to outline the Government's priorities to fundamentally reform dental services. As Deputy Murphy said, it is really important that we are talking about dental treatment services and oral hygiene.

To be clear, this Government allocates over €230 million to the provision of public oral healthcare services every year across the Departments of Health and Social Protection. This ongoing investment shows our commitment to delivering real change in important areas and to addressing the challenges that we acknowledge exist in the provision of oral healthcare services.

es. Improvements in access to care and in addressing waiting lists over recent years have been supported by significant additional investment. This included an additional €15 million in recurring HSE funding between 2022 and 2024 to support progression of the national oral health policy. A further €17 million in one-off HSE funding was provided between 2022 and 2024 to improve access and respond to waiting lists. This investment demonstrates the increased focus placed on improving oral healthcare services.

At the same time, we acknowledge much more needs to be done. The Minister for Health wants to do much more to improve oral healthcare services and to address the access issues that are still there. This will be achieved through the implementation of the national oral health policy. This year, a further €2 million is being invested to support implementation. This will increase to €4 million next year. It will support recruitment of additional dentists and dental nurses into the HSE. A further €2.85 million is also supporting continuation of successful orthodontic waiting list initiatives.

The salaried HSE oral healthcare service provides dental care to several groups of patients. Last year it provided care to over 156,000 adults and children. This includes almost 50,000 emergency appointments to eligible patients, on a same-day or next-day basis. Those with additional needs, who cannot receive care in a general dental practice, may need special care services provided by the HSE. The HSE provides these patients with oral health examinations. Where necessary, their treatment is provided using additional supports. This service provides care to many children and adults who would not otherwise have access to oral healthcare services.

Regarding access to public oral healthcare services for children, there are access issues in respect of the current model of service provided by the HSE. This service aims to offer the first of three appointments to children while they are in second class - at approximately seven years of age. Due to the impact of the pandemic on the operation of its dental clinics, the HSE has had to prioritise patient groups in order to ensure emergency care remains available for all eligible patients. Within the three childhood appointments, the sixth class appointment is prioritised by the HSE. This is to ensure that children receive preventative fissure sealants on their permanent molars and, for those who require it, referrals for orthodontic assessment. It is important to note that the number of examination appointments being provided by the HSE to its target group is increasing. In 2022, 99,000 such appointments were provided. Last year, this increased to almost 107,000 appointments, including almost 15,000 appointments for children on the second class list. I acknowledge that, previously, it was second, fourth and sixth class. Sixth class is now being prioritised.

On recruitment, the RCSI proposal was really welcome, and the Minister opened the RCSI Dental Education Centre last week. The Royal College of Surgeons in Ireland will commence its new bachelor of dental surgery in September 2025. This will train students in a community-based model of dental education, significantly increasing the number of dentistry training places available nationally and expanding access to dental services. This was what Deputy O’Gorman spoke about just some minutes ago.

The new RCSI bachelor of dental surgery programme will provide for between 25 and 26 students, 20 of whom will be EU students from 2025 onwards. The RCSI will provide these 20 EU places from September and would like to be in a position, with Government support, to increase the number to 35 the following year. Over time, this will expand domestic graduate output by approximately 25% and will contribute to workforce sustainability. Overall, the

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RCSI has indicated it will produce 75 graduate dentists when fully operational. Within the model, the RCSI proposes to establish dental education centres that would be community based dental clinics to train students. This is really welcome. These centres are planned to be located in areas of deprivation where there is a pronounced need for greater access to community dental care and there is a dearth of both HSE infrastructure and private dentists participating in the dental treatment services scheme. The RCSI will train the dentists in their facility in Sandyford and the Connolly education centre. The RCSI also plans to train dentists in an outreach primary care centre in Ashtown, north Dublin. This is really welcome.

Last year, the State provided care to 300,000 medical card holders over the age of 16 through the dental treatment service scheme, DTSS. In order to address contractor concerns regarding the DTSS, a range of measures came into effect in May 2022. The Minister for Health also increased the fees paid to dentists for most treatment items by 40% to 60%. These measures are having an impact with access to care continuing to increase each year since they were introduced. In 2024, more than 227,000 additional treatments were provided under the DTSS, supporting more than 44,000 extra patients. Activity has continued to increase further into this year. Preliminary data from the first half of the year indicates almost 3,000 patients have been additionally treated compared to the same period in 2024.

The Department of Social Protection administers the treatment benefit scheme funded by PRSI contributions to the Social Insurance Fund. The scheme provides a financial contribution towards certain dental, optical and medical appliance services for eligible social insurance contributors. In all, more than 2.7 million contributors are eligible for services provided under this scheme. These treatments are also available to their dependent spouses or partners, if applicable. Under the dental scheme, the full cost of one oral examination per calendar year is covered. The scheme also provides a payment of €42 towards the cost of one scale and polish with the patient paying the remainder, capped at €15. Furthermore, it provides a payment of €42 towards periodontal treatment with the balance payable by the patient. All the above payments are available to eligible contributors once every calendar year.

Activity within the dental element of the scheme is increasing in both claim volumes and associated costs. In 2023, €63.7 million was spent on 1.6 million claims, while €75 million was spent on 1.7 million claims last year. The Department of Social Protection keeps schemes under regular review to ensure they meet their objectives. Any changes to the treatments available under the scheme would have to be considered in a policy and budgetary context.

There are also important measures making a real difference for patients today. In tandem, we are driving fundamental reform of our healthcare services for the future. The Government's national oral health policy, Smile agus Sláinte, aims to radically transform our current oral healthcare service, recognising that we need an entirely new approach to oral healthcare to meet the needs of our population into the future. The policy provides a framework to comprehensively reform oral healthcare services, supported by accompanying reforms to legislation, strategic workforce planning and education and training. Implementation of this policy is a programme for Government commitment. To support a focused and structured implementation process, the Department of Health and the HSE are currently finalising, following the targeted external consultation, a three-year implementation plan for the first phase to guide an acceleration of reform. The Deputy asked about this when he spoke and my understanding is that this plan is currently with the HSE for further observations. Mr. Bernard Gloster, the chief executive, is part of the management team that will be signing off on it. That is where it currently stands at the moment. The plan is with the HSE and we hope to expedite it as quickly as

possible to support a focused and structured implementation process. The plan will provide a multi-annual framework for policy implementation and will help to inform the necessary budgetary considerations.

I did not get to conclude my written speech because I wanted to include the piece about the RCSI, but there is a copy of it that the Deputies have all received.

**Deputy Charles Ward:** I thank my colleague, Deputy Stanley, for tabling this motion, which I fully support. Dental care is completely inaccessible, especially for people in rural areas. In Donegal, children are lucky if they have seen a dentist once by the time they are finished school. Many of them have not seen one at all. I know this from experience, as I have four children. Maybe one has seen a dentist but the rest have not, unless we go privately. The Irish Dental Association has outlined that just half of the children targeted for school dental screening were screened in 2022. Of those who are seen, many are seen late, with almost a ten-year backlog in accessing services in parts of the country.

It is very common for children in Donegal to receive their first appointments when they are nearly finished primary school or well into secondary school. The HSE threshold for children and teenagers to avail of essential dental treatment like extractions or orthodontic work is far too high. Many children in Donegal are forced to go across the Border to access essential dental treatment. This is not for cosmetic procedures; this is for essential treatments. The application process can be complex and confusing, with many constituents feeling misled or unclear about the eligibility requirements. Some of the requirements to ensure reimbursement are unnecessary and, frankly, ridiculous. When people go into the North to visit a dentist, they have to purchase an item from a shop in the North so as to have a receipt to show they are actually in the county of Derry or Tyrone. That receipt would then be proof instead of the dentist actually filling in the paper. Dentists do not take that. People must have the receipt. Some of the requirements to ensure reimbursement and some of the things people have had to do are bizarre.

Many people are unaware of these requirements, believing the application and confirmation from the clinic would be enough. This is not the case, and many people are misled and some are out of pocket for significant amounts of money. The Ombudsman himself, Ger Deering, has criticised the HSE for an unreasonable, inflexible approach to administering the scheme. It funds treatment abroad for healthcare that the State is either unable to provide or unable to provide in a timely manner in Ireland. In his report, entitled “In Sickness and in Debt”, the Ombudsman found that some patients faced a fight to be reimbursed for the legitimate costs they had incurred for necessary treatment they had received abroad. Many people were forced to borrow money, and some fell into debt as a result. In other cases, approval to have treatment abroad was unreasonably refused or delayed. This is completely unacceptable and it is clear that the application process needs to be far more accessible and the scheme needs to be flexible.

We also need to address the severe lack of dentists. This is what is causing such a backlog. Last year, there was only one dentist per 2,500 eligible medical card patients in Ireland. One in six patients on private dental care waiting lists is waiting over three months for an elective appointment, while half of patients are being forced to wait longer than three months for specialised care. The Irish Dental Association has outlined issues regarding staffing across the sector, which is limiting capacity and patient access. Our overreliance on non-EU students at our dental schools is growing, so we need to increase the number of places available to undergraduates in the country. We need to start taking necessary steps to address this.



I agree with this motion. We need to provide a significant increase in dental school places in University College Cork, UCC, and Trinity College Dublin, but we also need to expand significantly beyond Dublin and Cork. It is clear that we need to establish a new dental school, and this should be established in the north west. I do not believe we can properly address issues in the public or private dental sectors, particularly in rural areas, without establishing a dental school in the north west. The Atlantic Technological University is steadily growing. It is developing its campus. There are new courses going on all the time. The university should be supported in establishing a dental school to address the staff shortages and clinic closures we are seeing across the country.

The HSE needs to step up its recruitment. There are dentists in County Donegal and beyond who would work and who would help. The Government needs to ensure significant investment to make sure this is addressed in this upcoming budget. Oral health has often been left behind in health budgets despite the fact that so many oral health issues are preventable. Early intervention is available to ensure issues are caught in time. However, like everything else, the Government sits on its hands and allows issues to grow and fester until we have a full-on crisis. It is time we break this vicious cycle.

**Deputy Ruth Coppinger:** Why are teeth a luxury item in Ireland? Why are they considered an accessory? Everything about our dental system implies that. On one hand, one in six adults over the age of 54 in this country has no natural teeth. The figure for Japan is 15%. It is just completely different. We have a historic and systemic unequal dental system whereby if people are rich and able to pay, they can keep their teeth and keep them straight and white, and if they are poor, they cannot. Then, we have so many more people who have VHI, which does not cover, for example, periodontal treatment at all and yet the way most people lose their teeth is from gum disease. It does not cover orthodontics. Every parent in this country knows that when their child reaches a certain age, they will be coughing up four grand for braces. Why is that? Teeth and gums are essential for a person's overall health. They are also essential for people's self-esteem and that is important as well.

This idea that people should go to Turkey and get a loan or save up the money to restore their teeth is not generally done. Maybe celebrities do it, but for most people, it is to get implants to keep their teeth so they can actually smile and so that they do not feel self-conscious. Most important, however, it is related to people's cardiac health. A person I know who is waiting for a heart transplant had to get all of his teeth removed recently because it would be too injurious to his prospects not to do so.

Why do we have a dental system where very few elite people can qualify and provide care under the private system and then there is hardly anybody in the public health system? It really is shocking. I welcome this motion. We need much more discussion on this topic. I welcome the fact it has been tabled.

A person might pay tax in this country, and this is where the injustice of the tax system comes in. On paper, we have a so-called egalitarian tax system, but in practise, we get nothing for it. I went to France some years ago and had a dental problem and I got treated immediately in the public system for €50. I would be waiting so long in Ireland for that, and it would probably cost thousands of euro.

According to the HSE, there are 7,000 children in Ireland waiting for urgent dental care, and 1,100 children have been waiting more than four years. In 2003, 104,000 children missed out



on school dentistry checks at which problems can be picked up early. In 2024, 2,000 children were facing a waiting list of over four years for orthodontic treatment. We know most people do not even bother putting their child on the public list. They just save money or get a loan or whatever, and that goes into the hands of private providers.

The prices for dentistry have increased dramatically in the past five years by 20%. It has led to what the Irish Dental Association has called a divide between rich and poor on affording care for their teeth. For dentistry that requires a general anaesthetic for children with disabilities or anxiety, the waiting list is even longer; it is well over two years. The Economic and Social Research Institute, ESRI, noted that the majority of dental care is private and paid out of pocket. The fact is this is being put down by professional associations in the area to a lack of investment in public dental services.

We need massive investment to create a public dental system. We also need to recruit and to open up the recruitment system. For example, we have a situation at the moment where only UCC and Trinity College Dublin provide places. My understanding is that a number of places are for international students so that the colleges can avail of increased fees. The problem with that is that it means those people may not stay and work in the public system. We need to open dentistry up, not just to those who achieve 625 points, which is massively unattainable for most people, and make it something that ordinary young people can get into.

Teeth are not luxury item. They are not an accessory. They are absolutely essential for people's health, and it is time that Ireland started recognising that fact.

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** We will move to the Sinn Féin members, starting with Deputy Gould.

**Deputy Thomas Gould:** I will just give the Minister of State some figures. Before Covid-19, in the first quarter of 2019, 5,175 children got dental screenings in Cork city. In the first quarter of this year, it was 4,938. There were fewer children seen in the first quarter of 2025 than there were in the first quarter of 2019. We must factor in that during the Covid years, screening went below 2,500.

There is a crisis now in dental care for children in this State and there seems to be no plan to deal with it. In an area I represent in Cork city, Mayfield, the Government closed Harrington Square and the centre at the COPE Foundation where dental services were provided. Now children in that part of the city, in Ballyphehane, the Glen, Mayfield and Glanmire, must travel to the other side of the city to get services. How can that be right? This is something the Government has done for the last number of years. It has stripped services out of the north side of Cork city, whether it is dental services or doctors. We are waiting for primary care centres. There is no primary care centre in Glanmire, Mayfield or Blarney. What we have now are waiting lists for children to be seen.

We are talking about dental services here. There is a two-tier system in this State where if people have money, their children will get the care they need and if they do not have money, they go on a waiting list for years. I have spoken to parents whose children were so long on the system waiting to get treatment that they became adults. How can that be right? Then once they become adults, they are not entitled to the care and they have to go on a different list. Enough is enough; children deserve and need proper dental screening and proper dental care.

**Deputy Louis O'Hara:** Access to dental services is fundamental to a person's overall

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health. A person's income or means should not be a factor as to whether he or she can access the dental services he or she requires. However, we have seen a total collapse in the school screening programme, while adults with a medical card find it increasingly difficult to access care under the dental treatment services scheme, DTSS. Over the past number of years, we have seen the number of dentists who are participating in this scheme reduce, and people in need of dental services are forced to travel increasing distances for appointments. In my constituency of Galway East, there are just five dental practises to provide dental services to medical card holders. Not all of these will take on new patients.

I recently hosted a group from the Brothers of Charity and Galway Advocacy Council in Leinster House and their experience of the DTSS is grim. To quote one of the advocacy council members:

Medical card holders in Galway simply cannot get dental appointments. Every time we ring, we are told we can go on a waiting list. However, we have yet to find anyone who has come off the waiting list. Not getting appointments is leading to a deterioration of people's teeth, gums and general well-being. We want services in our locality. At the minute, we are travelling miles to get an appointment and many of us cannot drive.

The current situation is disgraceful. The Government is punishing ordinary families who cannot afford private healthcare as a result of incompetence and mismanagement.

Access to care needs to be on the basis of need, not ability to pay. We need to recruit and retain more dentists and, crucially, ensure greater participation in the DTSS so medical card holders can access care in a timely manner.

**Deputy Seán Crowe:** I agree with other speakers in that successive Governments have left dental services for public patients to collapse in the State. The dental services scheme for medical card holders has been in a state of chaos for years. In the term of the previous Dáil, the then Minister, Stephen Donnelly, assured us at a meeting of the health committee that a breakthrough on dentists was imminent and that services would be restored for all medical card holders. That was clearly not the case. Hundreds of thousands are left without access to dental treatment they simply cannot afford to obtain privately.

Dental care is another aspect of the healthcare sector that we have seen privatised by stealth. Residential care services and eye and hearing services are other examples of services that the State is steadily scaling back, relying on the private sector to pick up the slack. In disability services, we expect charities to do likewise. We must initiate a widespread recruitment plan for public dentists and sort out the DTSS so medical card holders can gain access to treatment. It is simply unacceptable to leave hundreds of thousands of people without access to dental care. This is an area of health in which it is guaranteed that a person will get worse without care. Having a dental issue can have a debilitating effect on quality of life. We cannot even give schoolchildren one check-up to ensure their teeth are developing properly.

It is pointless to talk about how we are spending more and more on health every year when there are fundamental services degrading over time. A dental service plan has been long promised. It must be published and discussed in this House and the health committee so we can get back on track and give people care at the level they deserve.

When I was chair of the health committee, we visited Daisy Hill Hospital. It has a free theatre for a number of days per week. It is ideal for dental surgery in the Border area. The

Minister might consider that proposal.

**Deputy Johnny Mythen:** I thank the Independent and Parties Technical Group for tabling this motion. Access to the DTSS has worsened every year under the Government's watch. Since 2020, I have raised this issue here, along with many other Deputies from across the country. Data in 2020 showed us the extent of the serious and erroneous condition of dental services. Thousands of people are left in pain, some for over a year. Children with special needs and disabilities who need immediate dental treatment have to wait for months for an appointment. Included are many of those who require treatment under anaesthetic. Each of the four main towns in my county – Enniscorthy, Wexford, New Ross and Gorey – faces these unacceptable conditions daily.

There are 104,000 children on a waiting list for school dental screening out of an eligible 208,000. This is forcing parents to go private, costing them an arm and a leg, which they cannot really afford. Of the 810 dentists signed up to the DTSS, only 600 are active. Seven thousand children have been waiting for over a year for orthodontic treatment and more than 2,000 have been waiting for over two years. How is this being allowed to continue? How can anyone justify this or attempt to say things are okay? It is now time to publish the promised dental services plan. People need to be able to access the HSE emergency dental service when needed. However, this is not happening. That statement alone is an indictment of the lack of support and inability of future planning for orthodontic services that has left our citizens with a broken system and a totally inadequate DTSS, where 50% of dentists over the past ten years have rejected the scheme.

It is now time to fix the problem, not just stumble from year to year having the same debates and discussing the same motions. It is not fair to the thousands of families who are being screwed for the last cents in their pockets because of the inability of the Government to plan, take hold of the real problem and give the people of the country the dental service they deserve and are entitled to.

**Deputy Mairéad Farrell:** This is an issue we have been discussing for many years. In my home county, Galway, not a single dental practice is taking on new patients with medical cards. This is an issue I have been raising for some time. Consistently over recent years, people in dire straits have come to me, whether for themselves or their children, to try to gain access to medical care. A child in absolute agony might be told there is no dentist who can take him or her but that he or she can be put on a list with a waiting period of several months or a year. Anybody who has ever experienced a toothache will realise it is not something a child can live with day in, day out. It is not a good enough response.

I have reached out to the HSE on this and the response was that people should look in other counties. That is not feasible or practical. The response is not an answer to the question. I am sure that if the people concerned asked about services in other counties, they would find it very difficult to find a dentist who would give the medical care with a medical card. Really and truly, what we need now is a plan.

Another dental issue I was contacted about concerns a woman who flagged with me that her young son, who has had significant dental issues throughout his primary schooling, will not be seen within the school system until he is in sixth class. The family has already incurred many dental expenses for which it has had to save. Again, that is not good enough. When it comes to dental care, or any form of healthcare, treatment for an immediate need should not be based

on what money you have in your back pocket to fork out for it. The reality is that everybody, including every child, deserves dental treatment when they need it. Therefore, we need to see a plan put in place to ensure people from across Galway and other counties have access to dental care when they need it.

**Deputy Conor D. McGuinness:** Over 200,000 children were eligible for school dental screenings last year but only half were actually seen. The other half, amounting to more than 100,000, were left behind. It is not an isolated failing; it is part of a wider collapse in public dental services – a collapse that is hitting families hard, especially those without the means to pay privately. Even medical card holders are struggling to find a dentist, let alone get an appointment.

In Waterford, the picture is especially stark. Staffing for children's dental and orthodontic care has halved since 2022, according to figures released to me in response to a parliamentary question. These are not abstract figures; they reflect the reason children are waiting in pain. The Minister, other representatives in Waterford and I have met some of the families and helped them to gain access to care, but families should not have to go on radio or to their local TD to get very basic care for their children. The statistics point to why children are left waiting in pain and are missing school. When they can get to school, they cannot concentrate. They are losing out on parts of their education and suffering avoidable health problems that get worse while this issue is not addressed.

Half of all children due school dental checks last year were not seen. In Waterford, the situation is much worse. The staff number has halved since 2022. We are without a senior dentist in Waterford and there is no full-time orthodontist in place. Children are waiting in pain while services collapse around them. The Government's failure to act on this is hurting families and it needs to end.

We know how critical second-, fourth- and sixth-class screenings are for early detection. When children are missed, small problems become major. In regions like the south east, which now has the second highest number awaiting orthodontic care, the crisis is only deepening. The number of dentists providing care to medical card patients has fallen by 200 in just eight years. In Dungarvan in particular, but also in other parts of County Waterford, it is next to impossible for a medical card holder to get a dentist, much less an appointment. The service is being hollowed out and the HSE has admitted it cannot manage the preventative care backlog. When will the Government act? When will recruitment bans be lifted and proper funding be delivered to restore services in Waterford and across the rest of the State? When will the contract be agreed with dentists so medical card patients can get access to much-needed dental care services?

**Deputy Donna McGettigan:** The lack of dentists and orthodontists across the State is a long-running problem that I raised when I became a councillor in Clare County Council and have since raised in the Dáil since my having become a TD. Not only has there been no progress in this time but things have gone from bad to worse, despite the lip service paid to the problem by the Government. There was a 46% reduction in investment in dental treatment service schemes between 2017 and 2021 and a devastating 50% reduction in the number of dentists practising in the scheme in the past decade. These figures have been available to the Government and they should have acted as a wake-up call, but they have fallen on deaf ears, it seems.

On the basis of the most recent figures I have received, eight dentists are still practising un-

der the DTSS in Clare. I first sounded the alarm bell when the number had reduced to 17, so the situation is beyond alarming now. There are no orthodontists in Clare. Patients are referred to St. Camillus Hospital, Limerick, and languish on the waiting list there. Recently, a constituent of mine was told her daughter would have to wait from three to four years to have braces fitted. By then, she would have started college. That girl was in pain and her mother was at her wits' end, and since there was no hope in sight for them, they ended up going private. I had contacted the Department about this. This is just one example of many.

In response to the number of constituents coming to me who are unable to find a dentist, I phoned around in Clare and discovered none of the practising dentists was taking on new patients with medical cards. That is another of the Government's failures. Another is chronic overcrowding at University Hospital Limerick, which is also impacting on this problem. Some dental patients require anaesthesia for extractions, and when the hospital is forced by overcrowding to enact surge capacity protocols, it cancels day procedures, including dental extractions. There are no dental anaesthesiologists in Ennis hospital. Failure to treat dental problems promptly can have serious long-term impacts on a person's health. Tooth infections can cause sinus infections, which can be serious. They can also lead to bacteria in the blood and can increase the chances that a tooth that could have been treated ends up being extracted.

**Deputy Rose Conway-Walsh:** If there was ever an example of a do-nothing Government, it is when it comes to dental care. I want to read out a letter from somebody in County Mayo:

I'm writing to you as a desperate mother from Mayo. For the past five years, my family has been unable to access any dental care through the medical card in our area.

No one is accepting new patients, and despite endless phone calls, pleading, and searching, we've hit a brick wall over and over again.

My 23-year-old daughter is on a disability payment and has been in constant dental pain.

She has many cracked teeth, cavities and a likely infection, and she is getting to the point where she may not be able to eat soon.

She's trying every day to find someone who will see her, but there is just no one available.

She is only 23 and deserves so much better than this.

My husband is also suffering.

He was told he needed dentures and was referred to get all his teeth removed first but no one in the county will do it.

He was even sent to the north for treatment, but they couldn't help him and he had to come back [to Mayo] untreated. He's now left in limbo, unable to eat properly, in pain, and with no idea [of] where to turn.

Our family is at the end of our rope.

We feel ignored, abandoned, and forgotten by a [Government and a] system that is supposed to care for its people. This has become an emergency.

We don't have the money to go private, and yet the public system is impossible to access.



That about sums it up. I do not know how many times last year I spoke on dental services and the lack of them in County Mayo. We were referred to the HSE and back again, and when there was nothing there, back again. For heaven's sake, will the Government please do something? I thank the Deputies who brought forward this motion. What is outlined in it is what the Government needs to do. It has been outlined over and over again. Can the dental care system please be fixed? It is a basic human right.

**Deputy Cathy Bennett:** I thank the Independent and Parties Technical Group for bringing forward this motion on this very important matter. This Government is utterly failing in terms of dental services. The Minister's role is to provide a framework in which services can reliably and efficiently be delivered and to adequately fund these services. As I see it, the Minister is utterly failing. Of the 200,000 schoolchildren eligible for dental screening appointments, only half received what they were entitled to. Blaming the pandemic might have flown in its aftermath, but at some point the Minister must accept that her job is to address this backlog and not to make excuses for it.

Despite the increase in population, the Irish Dental Association tells us we have 23% fewer public dentists than we had 15 years ago. What have Fianna Fáil and Fine Gael done that they have overseen the collapse in the school screening programme? At the same time, they have fostered an environment that has seen the number of dentists participating in the scheme to provide care to medical card holders decrease by 50% in just eight years, despite warnings from across this House. In County Monaghan, for example, as of May 2024, nearly 40% of whole-time-equivalent hours for dentistry positions were vacant. Last month, the one consultant orthodontist post in the region was also vacant, as were both specialist orthodontist posts. This is utterly scandalous and stands as another testament to the failure of Fianna Fáil and Fine Gael in terms of dental services in counties like Monaghan. When will the promised dental services plan be brought forward to address the situation? The truth is that free dental services for children up to the age of 16 do not exist.

**Deputy Louise O'Reilly:** There are 7,000 kids who have been waiting for dental treatment for more than a year. It is a damning figure and one the Government should be rightly ashamed of it. I am sure the Minister of State is ashamed of it. She might not put it on the record, but I am sure she looks at those figures and feels some shame. Despite the veneer of a public system, the vast majority of dental care is carried out in the private sector. We have heard from people who have been forced to go to the private sector and forced to take out loans just for something very basic in a civilised country. We should not really have to come in here to beg the Minister of State for dental services for kids, but this is the situation the Government has brought us to and the reason we are here this morning. I thank the Deputies who brought forward this motion.

The impact of the Government's failure to provide even basic checkups is felt by kids right through into secondary school and into adulthood. Added to the pressure to go to the private sector and to get a loan, what do people do if they are in bits with their teeth, in pain all night and cannot access the public system? God knows, people cannot get anywhere near it. They cannot wait a year and a half with a toothache. Dentists now have in their waiting rooms - and I saw this last week - signs saying buy now, pay later. There was a brochure with a lovely big picture featuring a lovely woman with a big smile on her face, as if buying now and paying later would give you the toothy smile of your dreams. Every person I spoke to in that dentist's waiting room was someone in pain and on a low income who was getting into short-term debt they could not simply for the privilege of not having a toothache. The figures speak for themselves.



**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** I thank Deputy O'Reilly.

**Deputy Louise O'Reilly:** The inaction of this Government has caused tens of thousands of children to miss out on basic dental care. The impact of this is felt throughout their lives.

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** The time is up now, Deputy.

**Deputy Louise O'Reilly:** Now, they are getting themselves not just into long-term debt but also into short-term debt.

**An Cathaoirleach Gníomhach (Deputy Aidan Farrelly):** The House might join me in welcoming our Young Scientist and Technology Exhibition winners in the Public Gallery: Ciara Murphy, Saoirse Murphy and Laoise Murphy and their parents. We wish them well in making their presentation to the health committee at 12.30 p.m.

**Deputy Marie Sherlock:** I extend a sincere welcome to the Young Scientist winners. I sincerely thank Deputy Stanley for his motion. The reality is that public dental services in this country are on the brink of collapse. We know there has been an almost 40% drop in the number of dentists participating in the dental treatment services scheme over just five years. The number of directly employed HSE dentists has fallen by about one third since 2009. When we think back to those awful years post the recession, there has been no investment by the HSE since to increase the number of dentists working directly within the organisation. We know in places like Laois–Offaly that school assessments have had to be suspended. In other parts of the country, sixth-class assessments are now being conducted when the children are in sixth year of secondary school. As one dentist said to me yesterday, some of her children are now driving themselves to their appointments. That is outrageous. The critical point here is that with all these facts and figures, we have a very clear picture and it is that the public dental services are being allowed to whittle away in favour of the private provision of dental care, leaving those on low incomes and with limited means in a desperate situation.

Let us start with the public dental service. We have just 249 dentists covering the entire country, down from 330 in 2009. It is scandalous that this has been allowed to happen. As I said, this has a very real impact, particularly on low-income persons and people dependent on the medical card or with particular dental circumstances who cannot access private services. There was a time when the school assessments used to happen in second class, fourth class and sixth class. There were even senior infant assessments in some parts of the country. Now, in many parts of the country assessments are limited to sixth class, or will be in the coming months.

Of course, by the time those children get picked up, the result is that there are very high levels of decay and increased levels of extractions. The extremely important orthodontic checks are not being picked up because the dentist is the first point of contact and screening with regard to the need for an orthodontic check, especially when children are coming up to their teenage years. This is leading to much more complex and expensive care being needed as those children go into adulthood.

*11 o'clock*

Not only have pay and numbers had an extraordinarily devastating impact on dental employment within the HSE over the past number of years, it is also the case that the recruitment process, where it does exist across some of the health regions, is painfully slow. One principal

officer told me yesterday that it took 14 months for his role to be filled. It is not just about dentists; it is also about nurses. Another dentist working within the HSE has told me that he cannot provide clinics because he does not have the nurses available. A business case must be prepared to try to recruit a dentist. They will be lucky if that recruitment process commences by Christmas. This is completely unacceptable. It is perhaps the silent aspect of the motion before us. While we are talking about dentists, it is also about dental nurses. They are a critical part of the infrastructure because no dentist can function unless they have a dental nurse by their side.

The key devastating part of all of this is some of our most vulnerable children are those who are being hit hardest. Children with additional needs or special needs who require care under general anaesthetic are obliged to wait two years or more for that care. Kids in Kildare have to travel to Dundalk in order to be treated under general anaesthetic. Kids in Waterford have to go to Cork for such treatment. I am aware that in one part of the country adults requiring specialised care involving general anaesthetic have to wait five years for treatment. That is absolutely unacceptable.

We have to get serious about recruitment to the HSE. We also have to get serious about the dental treatment services scheme and the number of dentists who are no longer participating. There has been a drop of 38.4% in just five years. The number participating is down to 833 according to the responses received by my office to parliamentary questions I submitted. If we saw this level of drop in GP numbers in this country, it would be a national scandal. Yet, because it is dentists, we are not seeing the same reaction. We need much greater ambition and direction on the part of the Ministers of State, Deputies Butler and O'Donnell, to ensure that dental services are properly resourced.

The other big part of the jigsaw is recruitment. In reality, if you are a dental student graduating in this country, botox anaesthetics is a very lucrative path to go down. We know that some dentists are going down that path. For others, staying within private practice is certainly a much more exciting prospect because of the range of services they get to provide. There is a real issue where dentists with a number of years' service go into the public system because the range of services they provide is arguably more limited. We need to look at the schemes that existed in the past. The vocational trainee scheme, for example, was in place 20 years ago. There used to be five places across the Republic whereby a dental graduate would effectively work under the mentorship of a private dentist and within the HSE for a 12-month period. This provided fantastic training before they went out into private practice or public practice. That scheme has been gone by the wayside for many years. It needs to be reintroduced.

There is another reality within our dental schools and in the context of the profile of students within those schools. A large number of those graduating from our dental schools are not staying in this country. They are going abroad. From talking to some dentists, I understand that 20 years ago the majority of students were Irish born and from the Middle East. We are now seeing a large number of students from Canada and other parts of the world coming here, availing of world-class training, paying for it, obviously, and then leaving very quickly after graduating. This is a serious issue. The State is spending significant amounts of money on that training. Obviously, those students who are coming have to pay but there have to be real questions about the third level institutions providing dental training and about what are we doing to ensure that we retain those dentists into the future.

The system of PRSI benefits was enormously popular prior to being cut back in 2009. It was enormously popular for people in being able to go to their dentist and avail of a range of

services paid for through their PRSI. That has been scaled back dramatically. People can now only avail of a very limited number of services. Ultimately, if one needs any sort of proper work done, one must go private. It is high time that we ensured an expansion of the range of benefits afforded to people by means of their PRSI. Oral care and dental care are hugely important for our population's health, and the State is doing far too little to support those involved in providing them. A crucial point is that for far too long people feared the procedures carried out by dentists; now they fear the length of time they have to wait to try to access dental procedures. That is unacceptable. If we saw the same drop in the numbers in GPs that we are seeing in HSE dentists, and those participating in the DTSS, then we would not be here in the Chamber debating with these small numbers. We would be having a much larger national conversation. We need this Government to take dental services and how they are resourced much more seriously and ensure that many of the things called for in Deputy Stanley's motion are implemented.

**Deputy Liam Quaide:** I thank Deputy Stanley for bringing forward the motion. It presents us with another opportunity to discuss the crisis in dental care. The Social Democrats tabled a similar motion in May of last year. Unfortunately, the challenges facing dental care in Ireland remain and urgent action on the part of the Government is still required. One significant issue relates to the number of dentists within the HSE and the numbers currently being trained to deal with unmet patient need. Patients are being left to sit on waiting lists up to two years for procedures involving general anaesthetic and six years for orthodontics, while the Government is failing to provide adequate funding to increase the number of dentists being trained.

I am sure many of the same numbers from the Irish Dental Association will be mentioned time and again during the debate, but I would just like to point out some salient trends. Half of all eligible children are being denied access to their dental screening appointments due to shortages of dentists within the HSE. This means that 104,000 children are missing out on their scheduled check-ups. The number of HSE dentists has declined by nearly one quarter over the past 20 years. We have seen a 31% reduction in the number of children being seen by HSE dentists in the past five years alone. It is not just children who are being affected by shortages in the number of dentists. One in six of all patients is left waiting more than three months for a routine appointment.

If we are to address these ongoing issues around the number of dentists within the system, we must address the funding and capacity issues relating to the education and training system. The two dental schools in this country are run by Trinity College Dublin and University College Cork. Neither has received significant funding in recent years to either update or expand their facilities or increase the number of trainees they have in order to keep up with patient demand. The dean of the school in Cork has described its current building as "frail" and said that its continued use is "untenable without significant investment". He pointed out that it has a leaky roof and other issues that come with buildings of a certain age. He has highlighted the need to update and even replace much of the dental equipment being used currently within the school.

As in so many areas, this Government is not getting the basics right with dental service provision. There had been plans to expand and relocate the Cork University Dental School and Hospital but these now appear to have been dropped, seemingly due to a lack of funding from Government. The school, which is located on the Cork University Hospital campus was granted planning permission back in 2019 for a five-storey building in Curraheen. The new building was designed and the project went to tender. The Tánaiste visited the site and turned the sod but the development appears to have effectively been shelved.

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Continued underinvestment in our dental schools has contributed to the insufficient number of dental graduates coming into the system each year and to a growing disparity between need and number of dentists required to meet that need. I appeal to the Government to address this specific issue that is contributing to our crisis in dental care services and to provide the necessary funding for a new dental school and hospital building in Cork.

**Deputy Rory Hearne:** I thank Deputy Stanley for tabling this motion on what is a very important issue. The public dental care service has declined significantly in recent decades. It is incredible how the idea of access to dental care is considered a luxury rather than a public service that should be universally available on the basis of need. It should not be about whether people can afford to pay. It is an incredible indictment of how we have developed our public services that areas such as dental care are not seen as core to the public health system.

The Government can argue about the funding it has put in - and it will speak about that - but the reality for people is that trying to access dental care in the public system, including for an emergency, is extremely difficult. One of my children needed a tooth out. People who need a tooth out are told it will take a certain amount of time. As a result, they have no choice but to go private. The cost of private dental care is astronomical. This is another part of the quasi-privatisation or outsourcing in our public services. It is deeply disappointing.

The Social Democrats believe in a public universal health system under which people have access to dental care as a human right and a basic human need. Dental care is interconnected with so many aspects of our lives. The problems have been outlined, including underfunding, under-resourcing and understaffing.

I want to speak about children and dental care. Since 2023, more than 100,000 children nationally have been missing dental checkups annually. Two thirds of posts advertised remain unfilled as the staffing crisis worsens. A total of 65% of dentists have said that staff shortages impact on the care of their patients and their capacity to deal with emergency appointments. Delays in visits result in escalating need. Delayed intervention requires more intensive and emergency care, particularly for children. It is no different to early years intervention for additional needs in education. Dental intervention in children is key to preventing the much more expensive and traumatic procedures that must happen if we do not have proper preventative care and intervention.

Dental care is an extreme financial burden on families. Children are suffering as a result of the lack of dental care. As I have said, oral healthcare is not a luxury; it is necessity. The current model of access denies children this necessary care. Dental health and general health are not two separate things; they are intertwined. Unfortunately, as a result of the cost-of-living-crisis, people have far less disposable income. The Irish League of Credit Union's annual back-to-school survey has found that one in three parents will get into debt to cover back-to-school costs. Along with covering rising rents and the rising cost of food, families have to consider whether they can afford to go to the dentist. What does this mean? It is an incredible decision when we think about it. Families have to decide whether or not they can bring their child to the dentist. They will put off this care. The child might be in pain but they put it off because they cannot afford it that week. Then it ends up being a much worse situation. Parents have to choose between food and going to the dentist. It is wrong that children should bear the cost and pain of inadequate public dental healthcare.

As recently as 2023, 104,000 eligible schoolchildren were denied screening appointments

by the HSE's dental service due to a shortage of public-only dentists employed by the executive. The Irish Dental Association has voiced serious concerns regarding access to dental care for children. There are two-year waiting lists for treatments requiring general anaesthetic, as my colleague Deputy Quaide outlined, with decisions having to be made on which children have the greatest need. This is a sanitised way of saying dentists are being forced to choose which children are in the most pain in order to treat them first.

In my constituency of Dublin North-West, the number of dentists contracted to the dental treatment service scheme in January 2024 was a shocking 31. Almost 20,000 children in Dublin North-West are being treated by 31 dentists. It is a simple and sad fact that these children will not receive the oral and dental care they need and deserve. Figures released by the HSE in February indicate that 6,289 children were registered as new patients for scheduled assessments Dublin North-West. This cohort is to be assessed by 31 dentists and is in addition to their current patients. Acute need for dental care impacts on vulnerable children and children with additional needs. Children with autism or special needs face extremely long waiting times as they often need more specialist care and there is no staffing capacity for it.

It is clear that chronic underfunding, historic under-resourcing and, I would argue, a lack of commitment to a public dental care system and model, have resulted in this crisis. It has to be addressed. Children cannot be allowed to languish on waiting lists without access to appropriate healthcare or to suffer the pain and indignity of poor access to the dental care that should be available as a human right and a public need. It is the least we should be doing in a republic that is committed to cherishing all children of the nation equally.

**Deputy Michael Collins:** I thank Deputy Stanley and his group for tabling this very important motion, particularly in view of the crisis we have in dental care throughout the country. In the past 12 months alone, Cork has lost 58 dentists who were providing treatment to medical card holders. This is almost one quarter of all dentists who are part of the dental treatment service scheme. These include 22 dentists in the south Lee area, 25 in the north Lee area, eight in west Cork and two in north Cork. These are not just numbers; they are people and families left without access to basic dental care.

The figures speak for themselves, with a 23.57% drop in the number of dentists participating in the dental treatment service scheme in only one year. We are met with nothing but a mass exodus from the scheme, which is no longer fit for purpose. One Cork dentist described the system as being like banging your head against a brick wall. Who could blame dentists? The scheme is outdated. It was designed in 1994 and it has failed to evolve in order to adapt to modern dental practices. Dentists are restricted to providing only two fillings per year, but they can perform an unlimited number of extractions. That is not healthcare; it is damage control. The HSE has admitted that access to routine care is now somewhat restricted and that the focus has shifted to emergency care. Emergency care is not a substitute for prevention. It is not a substitute for dignity. Dentists are burning out and patients are being left behind. The system is collapsing under the weight of its own neglect.

I call on the Minister for Health and the Government to act now. Reform the dental treatment service scheme, restore clinical autonomy, invest in prevention and, above all, ensure that every person in Cork and throughout Ireland can access the dental care to which they are entitled with their medical cards. We cannot allow this crisis to deepen. The people of Cork deserve better, our dentists deserve better and our healthcare system must do better.



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The waiting time to see a HSE dentist for a routine visit for a child is five years. The urgent waiting time is more than two years. All children in west Cork, from Mizen Head and Castletownbere to Kinsale, are being referred to see dentists in Clonakilty or at St. Finbarr's Hospital campus in Cork city. There is no service west of Clonakilty. It is questionable that children who should be seen urgently are being put on a routine list. There are children in west Cork who have been put on the routine list at 14 years of age and are never seen as children because by the time they come to be seen they are aged over 18. They are then in the adult dental service and go onto another waiting list.

When I was growing up, there was a dental service in every town and village. In the name of God, what has gone wrong in this country? We take one step forward and two, three or four steps back. A mile or two down the road, we were able to meet our dentist on a weekly basis when we had problems. There was no issue. Now we have to travel 40 or 50 miles and we still cannot get to see a dentist. If you cannot afford it, "To hell with you", you just lie in pain.

I brought up this issue a couple of weeks ago. I attended a public meeting at Oranmore, County Galway, with Deputy Michael Fitzmaurice and Councillor Declan Kelly. I met parents whose children had been scammed by a local orthodontist and neglected by the Dental Council of Ireland. These parents paid large sums upfront in 2022 for their children's dental treatment only to find out they were being deceived. Some children were left with misaligned jaws and others with braces but no treatment plan. Some had to remove their braces themselves or with the help of others over the phone. One girl had a wire sticking into her mouth, which her boyfriend eventually cut with a clippers. These parents have faced significant challenges as a result of the previous Government, the dental council and the former Minister for Health with no solutions or support available. The Dental Council of Ireland is supposed to investigate the fitness of registered dentists to practise based on allegations of professional misconduct or unfitness due to physical or mental disability. According to the parents of these children, however, the dental council has done absolutely nothing to help them. These parents and children have been left more than €2 million out of pocket. Let us imagine €2 million paid by parents who are hard-working people in Oranmore. It was sad to hear the stories at that public meeting. Out of respect, I travelled there to listen to their stories because Councillor Declan Kelly asked me to. They have had no satisfaction from the dental council.

We are living in a very tough time for some people out there. They are the ordinary folk, not the extraordinary folk. These people deserve answers. To be left €2 million out of pocket as these people were, tells parents they may not be able to send a child any further in education because of the amount of money that was wasted. It was initially paid up to get a proper dental service and they ended up getting no service. In the worst-case scenario, some of them already have a service that has been left unattended.

**An Leas-Cheann Comhairle:** I acknowledge the presence of Patrick O'Dea from Dromin in the Public Gallery. He is a colleague and friend of Deputy O'Donoghue and has travelled here from Spain. I hope he enjoys the proceedings.

**Deputy Richard O'Donoghue:** I welcome Patrick. It is great to see a fellow Dromin man in the Gallery.

The year 1968 is memorable to the Minister of State because his father was one of the members who set up St. Joseph's Foundation. It was set up to help vulnerable children and adults. It is still running and is a massive service that covers north Cork and south Limerick.

Maybe it is time that history repeats itself. He could be the Minister of State who can deliver for young children in this country by reintroducing dentists into our areas and encouraging dentists through a work-life balance that will welcome them to Ireland, where they will be able to get affordable housing. They would be able to have a work-life balance when they come here and we would have the dentists as we had years ago. Maybe it needs something like what the Minister of State's father did in 1968, which everyone is grateful for. We need something like that now.

We need to reintroduce, number one, training and the offer of free college places. Other countries are doing it. They are sending people here to be trained. They go back to their own countries where they have to work for two years because they were given their training for free. Why can we not do that here? Why can we not get the front-line services by getting people to their college courses and giving them the training for free? We could ask them in return that they spend two or three years here for having their training done. Would that not encourage people who would love to be a dentist in this country but cannot afford to be one, if we now back them?

It is the same thing with our doctors and nurses. Other countries are doing it. I spoke to a doctor yesterday. Of the people she was in college with, four from her class were being paid to come here from other countries to train to be a doctor. It was in their contract that they had to return to their own country to do two years there because they had got their placements and college for free. Maybe it is time we did this to encourage people. It has gone on for decades. It affects young children and adults throughout the country. Children are going through the whole of primary school who are not getting their dentistry done. Maybe it is time to look for a change.

**Deputy Ken O'Flynn:** I have now been seven months in this House. This is another important debate that is going on in this House, but let us have a look at the benches. There is not one member of Fine Gael or Fianna Fáil on the backbenches. Not even the senior Minister bothered to turn up. Instead, we are left with the Minister of State. With all due respect to him, and I appreciate him coming to the House, we do not have the senior Minister here. Instead, we have the Minister of State for housing and older people, when we are talking about a dental issue. We are talking about one of the most important issues in this country, that of oral hygiene and oral health, and not one of those Ministers have turned up. Where is the Minister for Health? She is too busy looking for the Tánaiste's job rather than doing her own job. That is the reality of it. I am sitting here and looking at this continuously. Nobody is showing up for debates. Nobody is interested in what is going on in the country.

I met with a family in Cork the other day. They had to pay €1,900 because the dental hospital turned them away as it was a weekend. They were lucky enough to be able to get credit and money from the credit union. It was €1,900, despite having a medical card. I meet parents every day of the week whose children are on six-year waiting lists for orthodontist services. Most of them have gone off those lists because what happens when they hit 16, 17 or 18 years of age, and still have not seen a dentist or orthodontist, is they go into the adult cases. No wonder people are flying to Turkey to get their mouths reset. It is because they have no other opportunity. They do not see dentists or are two years waiting to see a dentist. There is not one dentist in my hometown of Mallow who will take a medical card. There is not one dentist in Mallow who will take DTSS patients. That is the reality of it. People are going away from it.

The Minister of State knows as well as I do that with the stroke of a pen he could fix this problem. To fix that problem, the same deal given to GPs needs to be given to dentists because

this is a serious matter of oral hygiene for the entire country. We are not looking after people at all, whether children, men or women. It is impossible to get a dentist appointment. It is an absolute disgrace.

**Deputy Danny Healy-Rae:** I am glad to get this opportunity. I thank Deputy Brian Stanley for tabling the motion on this very important and serious matter to give us all the chance to say a few words on it. We know the scenario in County Kerry is very drastic. Practically no dentist will take a patient on a medical card to remove or extract a tooth or to deal with that patient at all. Gladly, when people were in very dire circumstances, we found places for them in another county. That is a poor reflection. Some of these people are on a State pension. They worked all their lives, and contributed their stamps and all that, but their medical card is not taken. They have a medical card. The dentists say to me they have no agreement with the State and are not being properly compensated for carrying out the work. They do not undertake the work then. They are very busy anyway. For the people who paid their stamps, what is pay related social insurance, PRSI, for? It does not cover dental services anymore. At least, dentists are saying it does not cover it.

There are then young people. I have dealt with many cases of girls and boys, who are coming up to their group cert or leaving cert, who become shy because their mouths are wrong and they need extractions, straightening and a whole lot of work. The longer that goes on and their mouths become firm, it is way more difficult and a much bigger job. It is easier to do that type of work when the children are aged 13 or 14. I know of one girl whose mother was so concerned about her. She would not leave her room, she was missing days in school and she would not go out in the evening. Her mother was constantly worried about her. It took about two years to get that little girl seen. She is a lovely girl and is doing very well now, but we had a battle to get her seen. There have been many other cases. When we were going to primary school ourselves, the dentist called to the school and undertook whatever was to be done. The dentist talked to the parents and we got sorted out. However, that is not the case any more. This is a new Government but the same system pertained all through the last Government. Many of the Ministers and members of the Government are the same. I urge the Minister of State to look at this very serious matter to see if it can be improved. That must happen because it is just not fair. It is a health issue when a person's teeth go wrong, given that so many other things go wrong as a result. When there is an oral health problem, it causes adverse issues and other parts of the body not to work right. On top of that, there is the pain of it. There was a publican across the road from ourselves, John Reilly, who used to say about teeth that they were trouble coming and they were trouble going. There is a lot of trouble with the system now.

We are grateful to Brian Stanley for recognising the issue, identifying the problem and bringing it forward here today. The main point is that dentists are not taking the medical card. We must bring people who are in a bad way outside the county. I ask the Minister of State to look at Kerry especially for this very reason. Some bits of a service are happening in Cork. Deputy O'Flynn says there are no dentists taking the medical card in Mallow, but there are other parts of Cork where they do. Nothing is happening in Kerry. That is the honest truth of it. Dentists are upset about it. They do not want to be refusing people. The Government must sort it out. It is about money. People are paying into the scheme.

**Deputy Barry Heneghan:** Gabhaim buíochas le Deputy Stanley as an motion seo a chur chun cinn. This motion reflects a shared understanding. The Minister of State has heard multiple Members across this House speak about public dental services, in particular for children, that are under significant pressures. Young parents are in urgent need of our support.

I urge the Minister of State not to oppose the motion. When I was knocking on doors across my constituency, one of the things I heard most often during the election campaign in areas like Clontarf, Raheny, Donaghmede, Clongriffin and Darndale was that many people across Dublin Bay North were under stress due to their children not being seen as part of the school dental screening programme. In some cases, children are in fourth or fifth class or even in secondary school before they have a public dental check up. These are not just isolated cases. I know the Minister of State is aware that it is a national problem.

In 2023, more than 208,000 children were eligible for school dental screenings, yet fewer than half that number were seen. This means that more than 100,000 children were not assessed. This represents a 31% drop in screening since 2019. Even as the population of children has continued to rise, the Irish Dental Association has made it clear that this is not sustainable and the gap is growing.

As the Minister of State is well aware, staffing is at the core of this problem. I welcome the contributions of other Members. We have heard there are 241 full-time equivalent public dentists working in the system, but that is simply not enough to meet the need. We all know the solution, which requires more recruitment and training. That is the case across the board with most of the issues relating to public services that we raise in this Chamber. We must increase the number of dental training places.

I welcome the opening last week of the RCSI's purpose-built education centre in Sandyford and the centre under construction at Connolly Hospital Blanchardstown. However, these alone will not solve the crisis. We must create a structured and supportive pathway for dental graduates entering public services. I call for the creation of a national membership scheme for new dental graduates. This would pair new dentists with experienced HSE clinicians. I have friends who are dentists and I spoke to them before today's debate. They said it would be a good idea. They also said it would give them a stronger pipeline into the public system. We cannot build dental services without making public dentistry a supported and attractive career path. A lot of my friends who studied dentistry have emigrated. That is a truth that we must consider.

For children who require more complex care, including those needing general anaesthetic, the current waiting time is up to two years. That is the real issue we have on the ground. This is not just an access issue; it is due to a pure neglect of dental services, which places enormous pressure on families.

I wish to briefly mention the dental treatment services scheme. We all know it was designed to ensure access for adults with medical cards, but no dentists are participating in it in many counties. That leaves vulnerable people without any dental care at all. A person's economic status should not determine whether he or she can receive dental care. The scheme must be reviewed, fees must be modernised and dentists must be brought back into the system.

I appreciate that progress is being made and that planning is under way. I thank the Minister of State and other Ministers for their engagement to date when I have spoken to them about struggling constituents who have reached out to me. The reality is that dental care is not a luxury. It is essential to a child's health, development and well-being. Every child deserves to thrive in every aspect of life. Every child should smile without pain and grow up with dignity and proper care. I believe we have the right vision but we need it to be delivered. I look forward to hearing the Minister of State's contribution. Words are not enough.

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**Minister of State at the Department of Health (Deputy Kieran O'Donnell):** I thank Deputies across the House for their contribution to the debate. I also thank Deputy Stanley for bringing forward the motion.

As the Minister of State, Deputy Butler, announced, the Minister for Health and the Government are not opposing the motion, which provides a chance to update the Dáil on developments in this sector and to outline the Government's priority to fundamentally reform dental services.

As the Minister of State noted, there was €4.85 million in additional HSE funding this year, building on an additional €15 million in core HSE funding from 2022 to 2024 and a further additional €17 million in one-off HSE funding in the same period, which is supporting the ongoing work to reduce waiting lists and address access to services through policy implementation. Further, expenditure on the dental element of the PRSI-based treatment benefit scheme administered by the Department of Social Protection increased by more than €11 million in 2024 compared to 2023, bringing it to €75.4 million. A total of 1.7 million dental claims were processed under the scheme in 2024.

I assure Members that the Minister for Health, Deputy Carroll MacNeill, and her Department appreciate the difficulties experienced by people seeking to access oral healthcare and we will continue our ongoing work to address this. We are easing current access issues through a range of measures, which include a 40% to 60% increase in payment for treatments under the dental treatment services scheme and additional staffing for the HSE oral healthcare service. Ultimately, implementation of the national oral health policy will achieve the substantive service reforms that are required to ensure that patients can access the care they need, as set out in international best evidence and practice. Collectively, these reforms will examine the scope of oral healthcare in Ireland to ensure a focus on basic and essential oral healthcare, provided in a reoriented community-based model of care so that our most vulnerable can access the care they need. The State has a responsibility to do this. In turn, we recognise that the oral healthcare sector must be enabled and supported to provide this evidence-based care through an appropriate framework of professional regulation, education and training and strategic workforce planning, as well as modernised contractual arrangements.

The national oral health policy, *Smile agus Sláinte*, sets out the vision for the future of oral healthcare services in Ireland. The policy was informed by considerable evidence inputs, including the support of an oral health policy academic reference group, consultations with key stakeholders, considerable feedback from a number of consultations with front-line workers, including dentists and auxiliary dental workers, and a comprehensive qualitative research project.

This policy constitutes a body of very wide-ranging and transformative reforms. The implementation plan for the 2025 to 2027 phase is being finalised by the Department of Health and the HSE. The lengthy phase of policy development was fully cognisant of two policies in particular, which have provided the framework for the vision of transformative change that *Smile agus Sláinte* sets out. *Smile agus Sláinte* is based on technical concepts that the World Health Organization has endorsed for several decades, including the emphasis on preventative care, the provision of care in a primary, rather than acute, setting, and the integration of oral healthcare into general healthcare. Accordingly, *Smile agus Sláinte* reflects the ethos, practices and intentions of the WHO's global oral health resolution, strategy and action plan.

*Smile agus Sláinte* also applies the *Sláintecare* vision of enabling patients to access the right



oral healthcare in the right place at the right time, based on best international evidence and practice. The designing and development of oral healthcare packages for adults and children that is under way within the HSE represents a significant expansion of preventative care. The delivery of these packages by local dental practices under contract to the HSE will allow patients and families to attend a local practice of their own choosing for continuity of care and to prevent problems before they arise. This will also allow dental practices to build enduring relationships with their patients.

The Sláintecare approach also means that people should have sufficient access to care from birth and across the full life course to prevent problems before they arise. This is why starting with our zero- to two-year-olds, who can currently only access emergency care, is a priority.

The HSE oral healthcare service will continue to play a core role in oral healthcare provision. The changes envisaged will increase the capacity of the HSE service to reorient and develop oral health promotion programmes. There will also be greater capacity to provide care to those more vulnerable groups in our community, including adults and children with additional needs, and adults living in residential settings. This a considerable change, based on the evidence identified. The Government will work with the sector to support these developments.

A key enabler of this transition towards the Sláintecare ethos is ensuring that we have a sufficient number of appropriately trained oral healthcare professionals. We need to consider educational models that enable students to experience care provision in community settings, including within our most vulnerable communities. We currently have more dentists on the Dental Council's register than ever before, with 3,888 as of July 2025. There has been a steady increase in the number of registered dentists since April 2019, when *Smile agus Sláinte* was published, from 3,100 - an increase of more than 25% - but many more are needed.

The Department of Health is committed to the development of an oral healthcare workforce plan, as set out in the national oral health policy. This workforce plan will consider how dental professionals can best support the new model of oral healthcare services and how they, in turn, can be supported with career pathways that support staff retention. We will progress consideration of the role of the wider dental team and expand the scope of practice of oral health professionals where appropriate. This will support increased capacity and access and give patients greater choice.

To support this work, the Department is finalising the design of the first oral healthcare workforce census skills assessment. The workforce census will gather information, including the proportion of registered oral healthcare professionals who are practising in their registered profession, the services they provide and the skills they have. The census data will provide information to support the development of the sector and support workforce planning by identifying the skills that oral healthcare professionals need to provide the new model of service set out in the policy.

This Government is firmly committed to ensuring our healthcare services are supported by a steady, sustainable pipeline of highly skilled graduates, and one of the programme for Government commitments is to increase the number of healthcare college places, including in dentistry. The RCSI will commence a new bachelor of dental surgery this September, which will train students in a community-based model of dental education, significantly increasing the number of dentistry training places available nationally and expanding access to dental services. Last week, the Minister for Health officially opened the new Dental Education Centre in

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Sandyford. This is the first of three proposed facilities that the RCSI is developing to facilitate the delivery of its new bachelor of dental surgery. This new programme will significantly increase the number of dentistry places available in Ireland and provide 20 new dentistry places per annum for EU-EEA students from 2025 onwards. It will also have a focus on delivering a primary care-oriented model, in line with policy.

The Government remains committed to supporting oral healthcare and dental education. By enhancing our future workforce, we are taking important steps to ensuring that our national oral health policy, which supports greater access to care across the life course, is implemented.

The Minister for Health will continue the ongoing work to address the access issues that are affecting current healthcare services and will progress work on implementation of the national oral health policy, which sets out a body of transformational reforms. Along with the Minister of State, Deputy Butler, I thank Deputies across the House once again for their contributions and reiterate the Government's commitment to improving our oral healthcare services. I also thank Deputy Brian Stanley for tabling this motion.

**An Leas-Cheann Comhairle:** Before calling Deputy Stanley, I acknowledge the visitors in the Public Gallery. They are all very welcome. It is good to see so many here. I also acknowledge the presence of Councillor Pat Fitzpatrick, former president of the AILG, who is attending with family and friends. Indeed, some have come from America. They are all very welcome.

**Deputy Brian Stanley:** I join with the Leas-Cheann Comhairle in welcoming the visitors to the Gallery. I welcome Fintan Hourihan from the Irish Dental Association, as well as Pat Fitzpatrick. As a councillor, I met Pat Fitzpatrick a few times in his former role.

We are all elected here to be the voice of the people - Teachtaí Dála, Dáil delegates. Not to take any cheap shot, but the Government benches have been empty throughout this debate. Not one member of Government, apart from the Ministers of State, spoke. Maybe they do not see there is any problem in dental health, but I find that remarkable. Maybe they are not hearing it from constituents. We have had a range of speakers from across the Opposition benches, from Kerry to Donegal, from Dublin across to Galway, and everywhere else in between. The problems and some suggestions have been outlined, and that is welcome. I welcome the fact the Minister of State is not opposing it. I know he and the Minister of State, Deputy Butler, are sincere in what they are doing. In his closing remarks, he framed it in the context of Sláintecare, and we have to set it in that context. That means we must start providing the proper dental health services that are available to everybody.

It is like many other problems, including housing. There is no one thing that will fix any of it. There are a number of parts, and a number of them are being focused in on, in fairness, and were identified by Deputies. I also tried to do it in the motion and in the proposals I tabled.

The Minister of State, Deputy Butler, mentioned the overall budget of €230 million. That is the case, but we cannot have budgets without tracking the outcomes. Outcomes have to match any increase in budget. That needs to be clear and I am saying that as an Opposition TD. Throwing money at something will not solve it on its own.

People going abroad has been mentioned. There is even a term now I heard recently, namely, "Turkey teeth". We have seen good and bad examples of people coming back with treatment. However, if they are going there, it is a failure.

What brought this to my attention a number of years ago, and I have raised it since joining the House – it is my 15th year here – is that an acquaintance of mine wound up nearly dying in hospital because of poor dental health. Poison got into his system. He was a fine hardy fellow and it almost killed him. It really underlined the problem for me.

I raise another issue. I watched my granddaughter go through primary school. As far as I can remember, I saw the dentist in third class – it is a few years ago now – in the dispensary in Mountrath. Everybody else also saw the dentist at that time. Here we are now, and she did not see the dentist in primary school. She came out of primary school. She and her pals - I know the kids she was going around with at the time - are now near the end of their teens. They went through secondary school and almost came out the other end without seeing the dentist. They saw the dentist in the past year. That was their first examination. It brought it all into sharp focus for me.

Under section 67 of the Health Act 1970, the HSE must provide dental treatment and appliances for those on medical cards.

We must increase the number of places. Some 65% of dentists have been unable to recruit additional people. There has been no progress on the new dental school at UCC since the then Minister, Simon Harris, turned the sod in 2019. My understanding is the funding is being withdrawn. Only 10% of dentists work in the public dental health services. Even private dentists are saying that figure needs to be doubled. We need to double the percentage to have a representative number in the public dental system. It is like the GP situation. Not all dentists can afford to open a private practice or want to open a private practice because they would have to run a small business and there are a lot of costs associated with that. Women, because of the reality of the world we live in, need to work a 35- or 40-hour week while also having other responsibilities trying to manage their families and everything like that. They want to work a nine-to-five job, and a lot of men do, too. Men are now taking on a greater role in parenting children. We must try to get more people into the public system and the private system.

The shortcomings and the limited number of services available under the dental treatment benefit scheme have been outlined very graphically. Portugal, as I understand it, has a voucher scheme. I do not want to make this look cheap, but the voucher scheme would allow people to access the services they or their dental surgeons consider they need under the dental treatment benefit scheme. It is something the Minister of State may consider. I mentioned the six-year waiting list for orthodontic services. Nothing happens during school term in primary. Nothing happens during secondary. They then come out the other end and it is all over at that stage. The opportunity is gone, and that is really disappointing.

I will read a short letter, which is one of many letters I get. This came from somebody working in the public dental services who wanted to outline to me some staffing issues:

There have been jobs advertised and no dentist have applied. There are currently two full time dentists covering all of Laois. They are currently doing late evenings or try get through the list.

I acknowledge here the efforts of one particular HSE manager, Joe Ruane, in getting that in place. I want to acknowledge that because there are people trying to change things. I welcome that fact and I recognise the efforts of those people working late in the evening to try to do that, shorten the list and get on top of this. The letter writer goes on to say:

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There are very few dentists qualifying in Ireland as college spaces are limited and non-Irish Nationals tend to go back [to their home countries] once qualified. Maybe you could speak on the dental hospitals in Dublin and Cork and maybe they could come up with a scheme that once you qualified you have to practice in Ireland for a year [or, as some Deputies have mentioned, two years]. I know two years ago 43 dentists qualified in Dublin and only 10 stayed in the Country.

I will finish there and will not read the rest of it. That to me brings home the problem we are facing. The overall dependence on foreign students has been mentioned. I have nothing against foreigners. They are welcome, particularly those who are working in our public health system, but governments of other countries are paying them to come here to train. The funding from that is supporting the dental schools. This is something I have put a lot of work into looking at over the years. In the past few months, I have decided to give this a particular focus while I am in the Dáil representing Laois during this term. We cannot have a situation where the dental schools are depending on foreign students. The spaces are taken up. We are not educating and training enough dentists to work in either the public or private systems here. We need to get on top of this.

As has already been outlined, dental care is not a luxury. We need a fix. I outlined the new dental plan, the timeline for which the Minister of State, Deputy Butler, referred to when she spoke earlier. That needs to happen a lot quicker. We also need that scheme for the under-sevens. The Minister of State knows what needs to be done in the dental schools in TCD and UCC in terms of additional funding. The structured mentorship programme and its different forms have been spoken about. It needs to be brought on stream so that people can gain work experience.

On HSE recruitment, I think it was Deputy Sherlock who mentioned a 14-month wait for one person between being told that person would be taken on and actually starting the job. People will go elsewhere. They are not going to hang around. They cannot hang around because they have to bring in money to live in an expensive economy and country.

There is also still something wrong with recruitment for the DTSS. I acknowledge the 40% increase in payments, but the scheme is not being taken up. There needs to be a dynamic advertisement and recruitment campaign for the DTSS. The services under the treatment benefit scheme need to be expanded. The voucher system also needs to be looked at as one option. I do not know all the ins and outs of it, but it certainly should be considered.

For those people with special needs, I plead with the Minister of State, because I have come across some terrible cases where people have had to have treatment under anaesthetic because they are autistic or have some other condition. That needs to be fixed in the hospitals providing those services. I have seen awful situations.

I welcome this opportunity. I know the Government is not opposing the motion and I welcome that, but let us not just go out of here this morning and nothing then happens. Let us use some of the suggestions put this morning. They are being put forward genuinely from Kerry to Donegal and Galway to Dublin. I am telling the Minister of State that the situation is really serious in Laois. It needs a fix and I plead with the Minister of State to fix this issue.

Question put and agreed to.

*Cuireadh an Dáil ar fionraí ar 11.57 a.m. agus cuireadh tús leis arís ar 12.01 p.m.*

### **Ceisteanna ó Cheannairí - Leaders' Questions**

**Deputy Mary Lou McDonald:** As the Dáil prepares to rise now for the summer, the thing on everybody's mind is runaway prices and the sky-high cost of living. Working households really struggle now to make ends meet and they hear from the Taoiseach time and again as he digs in and refuses to include a cost-of-living package in October's budget. Today, a report published by the Irish League of Credit Unions reveals the big pressure on parents with the enormous cost of sending their children to school. This follows reports from the ESRI, Barnardos, the Society of St. Vincent De Paul and the Money Advice and Budgeting Service, MABS, all of which reflect the real, present and growing pressure on families. Yesterday, the Taoiseach described prices as being at a relatively elevated level. Those are his words. That was one for the books. Let me break it to him: prices are not relatively elevated, they are through the roof. The price of a litre of milk is now higher than a litre of petrol. People here pay among the highest energy prices in Europe and 450,000 customers are in arrears on their bills, yet the Government proposes to cancel their lifeline of energy credits. The Taoiseach and his Government have convinced themselves, in their own out-of-touch way, that things are not actually as bad as people make out. Well, they are. We are contacted day in, day out by people who are fleeced, stressed and pushed to the brink. I will share some of their experiences if the Taoiseach cares to listen.

Amanda says:

We constantly leave bills unpaid or late. The children wait weeks for new clothing and footwear. We both work fulltime. I spent over €220 on shopping last week. There's nothing left to make a meal today as shopping day is tomorrow. We don't even have diluted juice left. Only for loans from my mother most weeks we would be hungry or sitting in the dark.

Fiona says:

My shopping now costs €300 a week! I used to get by on €200 a week. That's a huge jump. I cannot believe I'm spending over €1000 a month on food!

Brian says:

It's gone beyond a joke. We're drowning trying just to keep a roof over the kids' heads and put food on the table. Something has to change big time.

Joanne says:

Every time I go to the shop prices have gone up. €9 for a bottle of shampoo! Don't get me started on electricity bills, the cost of sending the kids to school, or the price of fuel! Why are people going out to work at all?

Now, that is real pressure. Amanda, Fiona, Brian and Joanne speak to the real-life experience of tens of thousands - hundreds of thousands - of households. Then the kick in the teeth for people is that the Taoiseach flatly tells them the Government is not going to help when the



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State and Government clearly have the resources to help. There is a surplus of €8 billion and the Government proposes to throw ordinary working families under the bus now and come budget day. That simply cannot happen. Tá brú ollmhór ar theaghlaigh de bharr phraghasanna atá ag dul i méid arís agus arís eile. Caithfidh an Rialtas pacáiste costais maireachtála a chur san áireamh sa bhuiséad. On this, the Taoiseach's last appearance before the Dáil until September, I want him to clearly commit to including a comprehensive cost-of-living package in the budget.

**The Taoiseach:** Ní aontaím leis an Teachta mar-----

**Deputy Aengus Ó Snodaigh:** Ní haon rud nua é sin.

**The Taoiseach:** Admhaím go bhfuil brú. Gan amhras, tá brú ar dhaoine agus ar chosmhuintir na tíre maidir leis an gcostas maireachtála. Tá an-chuid déanta ag an Rialtas go dtí seo chun an brú sin a íslíú. An rud is tábhachtaí sna míonna atá le teacht ná cinneadh a dhéanamh infheistíocht a chur isteach in infreastruchtúr, cúrsaí tithíochta agus a lán nithe eile chun an brú sin a íslíú. Beidh sé sin á dhéanamh againn sa cháinaisnéis a bheidh againn i mí Dheireadh Fómhair. I dealt with this again yesterday. Deputy McDonald's assertion that the Government does not get it is wholly wrong. The Government understands there has been pressure since peak inflation of 10% coming out of Covid and as a result of the Russian invasion of Ukraine. This Government intervened, more than any other government in Europe, to alleviate pressures on households through cost-of-living packages and also through additional measures within budgets. We are facing a very difficult scenario in terms of the economic situation globally. The Deputy seems to be oblivious to the threats that are coming our way in respect of tariff wars or a dislocation in the global economy.

**Deputy Cathy Bennett:** That is a new excuse.

**The Taoiseach:** We are well-placed to deal with it because of the surpluses we have and so on. We have taken fundamental measures such as the free book scheme, which Sinn Féin never mentions for some reason. That was a game-changer in terms of the costs that people have going back to school.

**Deputy Darren O'Rourke:** The credit unions did that before.

**The Taoiseach:** We did that a number of years ago and the finality of it will be this September. Every school now has free school meals. These were things that, up to three years ago, were not on the agenda and Sinn Féin ignores that. We have improved the situation regarding carer's allowance.

What we intend to do in the next budget is to mainstream provisions that will help people to deal with what is a high-cost of living, particularly in food prices. That said, inflation is coming down. It is at about 1.6% or 1.7%. We have the third lowest inflation rate in the European Union. We are mid-table in the European Union in respect of food prices, even though prices are still high and very high for beef and various other essential products people have to buy on an ongoing basis. That is acknowledged. It is also important, however, that we invest in people's future. We are going to transform infrastructure in this country because people need it with the population growth we have, which has been phenomenal in this country over the last two decades. For the first time ever now, we are back to the pre-Famine population on the island of Ireland.

**Deputy Darren O'Rourke:** No, we are not.

**The Taoiseach:** That is a positive but we have to provide for that as regards our water infrastructure, housing, energy infrastructure, public transport and roads. We are going to do that but there are limits to what any government can do.

**Deputy Cathy Bennett:** The Taoiseach should start driving the roads.

**The Taoiseach:** Sinn Féin is a party of Opposition with no limits on what it would spend. In terms of expenditure, it does not matter. It is just whatever turns up on any day, it will spend a billion or two billion euro on it. That is its philosophy and mindset.

**Deputy Mary Lou McDonald:** Sorry, are you the guy who was giving bankers back their bonuses?

**The Taoiseach:** Yesterday, in Dáil Éireann, I challenged the Deputy's party to say whether it would support the EU-Canada free trade deal, which has enhanced Ireland's exports.

**Deputy Mark Ward:** What the hell?

**An Ceann Comhairle:** Deputies, language.

**Deputy Paul Donnelly:** What has that to do with the price of butter?

**The Taoiseach:** We were doing about €900 million in exports in 2016. We are now doing €4.1 billion, which is bread on the table of Irish working families. That is how you deal with cost of living, not being against trade deals of that importance and scale, which have real impact on the working lives of people.

**Deputy Mary Lou McDonald:** Níl cliú ag an Taoiseach agus níl suim aige ach an oiread sa bhrú atá ar theaghlaigh. The Taoiseach's answer demonstrates again that he could not care less. It is spin and rhetoric from the Government again. I raised this with the Taoiseach yesterday, I raised it today and I will raise it every single day I have to for as long as working people and families are under so much pressure that they wonder whether they can put a meal on the table for their children. I cited the evidence. Do not mind us as the Opposition. The League of Credit Unions, the Society of St. Vincent de Paul, Barnardos and the Money Advice and Budgeting Service are all dealing with this on the front line and the Taoiseach refuses to hear it. The Government has the resources to intervene and make a difference. Should the worst emerge in terms of tariffs, which I am very aware of, the real casualty again will be the Irish working class, Irish working people and young people-----

**An Ceann Comhairle:** Thank you Deputy, your time is now up.

**Deputy Mary Lou McDonald:** -----because they have a Government that cares more about the high rollers, big bankers and squadrons of super junior Ministers than it does about struggling households. I cited real-life examples-----

**An Ceann Comhairle:** Deputy, your time is up. Thank you, Deputy McDonald.

**Deputy Mary Lou McDonald:** -----and I want a response from the Taoiseach for them.

**The Taoiseach:** In the forthcoming budget, this Government will respond to those most in need. We will test Sinn Féin. This morning, I heard Sinn Féin's spokesman talking about universal benefits for the high rollers. That is what its spokesman, Deputy Doherty, said this morning, that he wants universal energy credits for the high rollers. I will test you and your

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commitment and principles. Will Sinn Féin agree to targeting and prioritising those in child poverty in the forthcoming budget? We will target and prioritise those most in need.

**Deputy Thomas Gould:** Child poverty has doubled in a year.

**The Taoiseach:** More fundamentally, the Deputy ducked and dived on the question of the free trade deal between Europe and Canada. It has brought huge benefits to working people in multinationals and Irish-owned companies.

*(Interruptions).*

**An Ceann Comhairle:** Deputies, please.

**The Taoiseach:** Jobs ultimately put bread on people's tables.

**Deputy Mary Lou McDonald:** Working people are hungry.

**The Taoiseach:** Sinn Féin's economic approach to trade matters in particular - it has opposed this trade deal for years and yesterday, it could not agree if it supported it or not - is a fundamental point.

**Deputy Mary Lou McDonald:** Do you?

**An Ceann Comhairle:** Time is up, Taoiseach.

**The Taoiseach:** If we do not continue to expand and grow trade, we will reduce the capacity of ordinary working people-----

**An Ceann Comhairle:** Thank you, Taoiseach.

**The Taoiseach:** -----to deal with the cost of living.

**Deputy Mary Lou McDonald:** What is more fundamental is your refusal to respond to the crisis in Irish households.

**An Ceann Comhairle:** That is enough, Deputy McDonald. Your question has ended.

**Deputy Thomas Gould:** Child poverty has doubled in 12 months.

**Deputy Ivana Bacik:** I welcome young Olivia Nevin who is in the Gallery with her family. She is up from Cork for a birthday visit to Leinster House.

The number of children in homelessness is hurtling towards the 5,000 mark. This would represent a truly shameful new record. The tenant in situ scheme can no longer keep families in their homes because the Department of housing has starved it of cash. Dublin City Council and Fingal County Council have stopped operating it altogether. Vacancy and dereliction blight our communities, a grim visual symbol of the housing crisis. As we approach the Dáil recess, the Government's end-of-term report on housing is a clear fail. The Taoiseach said it would ramp up to deliver 60,000 new homes per year and continue the tenant in situ scheme. He said the Government would update compulsory purchase laws to tackle dereliction and promised to protect renters from abusive practices and soaring rents but there is no sign of effective action on any of this. Fianna Fáil is the largest party in government. It holds the housing Ministry and the office of An Taoiseach, so it holds all the cards. Where is the change the Taoiseach committed to delivering? So far, his big ideas have amounted to him or the Minister for housing

licking their fingers and sticking them in the air to see which way the wind is blowing. There is no evidence base for Government policies. Instead, we have seen texts to journalists, press releases issued and worrying about the consequences later, along with the ill-fated notion of a housing tsar and tax breaks for the same developers who conspired with the Taoiseach's party years ago to create this housing mess. The announcement on rent pressure laws actually necessitated emergency legislation to avoid a flood of evictions.

The Government's policies range from bewildering to certifiable. I will give an example. The Government claim to have passed a once-in-a-generation planning Act mere months ago but in our last sitting week before the recess, we are asked to amend that Act by the Minister for emergency legislation, as he might as well be called, before most of the big planning Act has even been commenced. It wants to reduce apartment sizes and remove the minimum 5% for community and cultural space. It denies this is being done at the behest of big developers. The Taoiseach has insisted that the change will reduce the cost of an apartment by between €50,000 and €100,000 but we have seen no evidence for this claim, just an internal summary of Land Development Agency research. At the housing committee, the Minister told my colleague, Deputy Sheehan, that the research would be published but he would not say when and the Bill is being rammed through the Dáil and Seanad this week. Yesterday, Deputy Sheehan asked the Taoiseach for the evidence there would be a reduction in the cost of apartments as a result of this change. The Taoiseach did not answer him either. We are not surprised there is no apparent evidence from Fianna Fáil because it has form on giving us dodgy, non-evidence-based policies like the overstatement of the number of homes built last year by nearly 10,000 units. I will ask the question again. Where is the evidence that reducing apartment sizes will make any substantial reduction in apartment prices for hard-pressed people who simply want a home of their own?

**The Taoiseach:** The fundamental difference between the Government and the Opposition is that we are action-focused and get things done on housing. I do not like to put this to the Deputy but I have seen nothing in the Labour Party's policy proposals on housing that would build anything extra. All the policy instincts of the Opposition is to oppose any measure the Government has introduced in the past six months. The same pattern happened in the past two or three years. I put the more fundamental point to the Deputy that if we want to get to 50,000 or 60,000 houses a year, we need about €20 billion, made up of public sector and private sector finance. No one on the Opposition side has come forward as to how to deal with that.

*(Interruptions).*

**Deputy Jennifer Whitmore:** That is rubbish.

**Deputy Ivana Bacik:** That is not true.

**The Taoiseach:** The Government is simply saying we are maintaining and increasing public investment in housing from the State, the largest actor in housing right now, while also creating the conditions to facilitate far greater private sector investment in house building and apartment building in particular, which needs to increase. The fundamental way to deal with housing is to increase supply significantly over the next number of years. We have gone from a situation pre-2020 when about 20,000 houses were being built per annum, which was too low, to about 33,000 now. We need to get to 50,000. That will not happen with tinkering or spending a year or two setting up a new State agency, as the Labour Party wants to do.

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**Deputy Ivana Bacik:** We do not want to set up a new State agency.

**The Taoiseach:** You do; you said it in your manifesto and you doubled down on it only last week.

**Deputy Ivana Bacik:** You misread it.

**The Taoiseach:** If one looks at first-time buyers, for example, the percentage of first-time buyers has been steadily increasing, from about 25% of all purchases in 2015 to just under 40% in April 2025. Real progress has been made, through the help to buy scheme and first home scheme, in enabling first-time buyers to get into the market and get their first homes. About 119,000 first-time buyer mortgages were drawn down in the five years to the end of quarter 1 of 2025. In the first quarter of this year, there was an 8% year-on-year increase in first-time buyer drawdowns, at 5,308 for the period. That represents progress. In the past six months, an additional €700 million has been allocated, €325 million of which is for the tenant in situ scheme. That scheme needs to be targeted and focused on those in imminent danger of homelessness. It cannot become a mechanism to be deployed more generally for acquisitions, with a view to moving the emphasis in local authorities away from new builds to just acquisitions. We will allocate further funding for social housing to increase the record level of social housing we are already providing.

**An Ceann Comhairle:** Thank you, Taoiseach. I call Deputy Bacik to respond.

**The Taoiseach:** I have not even started yet on the range of measures we have taken in the past number of months.

**Deputy Ivana Bacik:** I am not hearing any acceptance of responsibility. The Taoiseach leads the Government. His party has the housing Ministry, and yet every time any of us in opposition raises the housing crisis with the Taoiseach, he seeks to deflect responsibility, putting it back on the Opposition and suggesting we have no policy. Nothing could be further from the truth. I am very proud of the Labour Party's housing policy. The Taoiseach clearly has not read it if he thinks we want to set up an entirely new agency. Our policy is about ensuring there is a State-led approach to the necessary investment that will deliver the homes people need and to ramp up the Land Development Agency, which we supported, to a point where it has capacity to deliver. That is what people want, and the Taoiseach is boasting about more people being able to get mortgage approval. I am hearing from families who are losing mortgage approval. They are losing it. It is running out because they cannot find homes to buy. There are simply not enough homes being built to meet the demand that is there. The tenant in situ scheme, which is supposed to save families from homelessness, is simply not working. Where is the radical reset and the Government approach, ambition and urgency needed to fix this housing crisis?

**The Taoiseach:** First, we do take responsibility. We are leading and have taken measures. The Deputy does not like the new planning design standards for apartments but that is addressing-----

**Deputy Rory Hearne:** Shoeboxes.

**The Taoiseach:** -----a viability gap. There will have to be a range of house and apartment types built. There will simply have to be to cater for different elements of the market. Some people have said outside of Government that this will be positive with regard to single people seeking housing and apartments also.



**Deputy Paul Murphy:** Developers will.

**The Taoiseach:** The single-stage approval process for all social housing projects under €200 million has been decided on by the Minister and also the RPZ reforms, which the Deputy opposed. That is an action the Government took that increased, by the way, protection nationally but that will also increase greater investment for the private sector.

**Deputy Mary Lou McDonald:** To increase rents.

**The Taoiseach:** The Deputy just said, “No, no, no”. Any measure designed to bring any private sector investment into the market the Deputy says “no” to.

**Deputy Mary Lou McDonald:** And ramp up rents. Good man.

**The Taoiseach:** The Deputy does. She consistently says “no” to that. The review of the national planning framework-----

**An Ceann Comhairle:** Thank you, Taoiseach. Time is up.

**The Taoiseach:** -----enables us to zone more land and guess what? Some of you people will be out there opposing all of that too when it comes to the local authorities.

**Deputy Cian O’Callaghan:** For the record, the Social Democrats has published detailed proposals about how to increase financing for housing, make it more affordable and build more homes.

The Taoiseach owes the people an explanation. Why was their money used to fund Israel’s genocide in Gaza? There is no denying or hiding it. Not only was public money used but the Taoiseach actually increased that funding in 2024. Last year, as tens of thousands of innocent people in Gaza were slaughtered, as hundreds of medics were butchered, as hospitals were flattened, as refugee camps were set alight and schools were razed to the ground, the State increased its financing of Israel’s brutal genocide.

The figures are clear: at the end of 2023, the Irish Strategic Investment Fund held €2.62 million in Israeli sovereign debt. By the end of 2024, that had increased to €3.62 million. This was not a mistake or some kind of oversight. Someone made a deliberate decision to increase the level of public money spent on Israeli war bonds. The Israeli Government has not hidden what those bonds are for. These bonds are clearly being used to help finance their genocidal campaign. This is utterly outrageous. I am sure many people who are learning about this will feel sickened. They will wonder why it was that their hard-earned taxes were used to buy bombs and bullets that killed and maimed children in Gaza, and they will also wonder why the Government let this happen.

Last night, the finance Minister, Deputy Paschal Donohoe, said all of these bonds have now been sold but this only happened in the last number of weeks, right before the annual accounts of the State investment fund had to be published. While the Government says it wants to ban trade with the occupied territories, public money is actually being invested in companies operating there illegally. Nearly €8 million of Irish public money is invested either directly or indirectly in those companies. This is shameful. Just yesterday, the UN warned that the largest displacement since 1967 is happening in the West Bank right now.

The State sold its Israeli war bonds. Can the Taoiseach confirm exactly when those bonds

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were sold, why public money is being invested in companies operating illegally in the occupied territories, and does he have any plans to stop this?

**The Taoiseach:** First, I take strong exception to the Deputy's assertion that the Irish Government is funding genocide. It most certainly is not and never has.

**Deputies:** Hear, hear.

**Deputy Cian O'Callaghan:** It is public money.

**The Taoiseach:** Hold on, now; do not be twisting. The Deputy knows full well that ISIF was established as a separate organisation in terms of all of its investment decisions.

**Deputy Cian O'Callaghan:** It is funded by Government.

**The Taoiseach:** The Deputy knows Government does not get involved in investment decisions by any fund that is established. He knows that is the case. In terms of this specific issue the Deputy raised this morning, I will follow through on that. I ask him not to make the assertion because he must understand and know that this Government is fundamentally opposed to the Israeli war in Gaza.

**Deputies:** Hear, hear.

**The Taoiseach:** Surely the Deputy knows that.

**Deputy Rory Hearne:** Where is the occupied territories Bill then?

**The Taoiseach:** Surely Deputy O'Callaghan knows that when he meets Palestinian representatives in this country. The Minister of State, Deputy Thomas Byrne, met the deputy foreign minister yesterday in Europe, and what was the response of the Palestinian deputy foreign minister? To thank Ireland for the role it has played in terms of the Palestine question.

**Deputies:** Hear, hear.

**The Taoiseach:** I met Mr. Filippo Grandi this morning, the UN High Commissioner for Refugees. What did he say to me? He said: "Your voice matters. We thank you for how you have articulated in respect of the Middle East and other issues." That is what international people are saying about Ireland - that Ireland has taken a strong position in respect of the Israeli war in Gaza, and also a strong position regarding the atrocities committed by Hamas on 7 October against innocent people and civilians. We have been very consistent approaching this through the lens of humanitarian law and we will continue to do so.

We are the only country that has initiated legislation to ban goods coming from the illegally occupied territories. We have sponsored UN resolutions in respect of decisions at the International Court of Justice, ICJ. We have intervened legally in the South African case-----

**Deputy Mary Lou McDonald:** Belatedly.

**The Taoiseach:** -----before the ICJ under the Genocide Convention. Very few countries in the world have done that. The record is there with regard to the decisions taken by the sovereign Irish Government at every single forum, be it the European Union or the United Nations itself. That is fundamentally where we are as a Government, and we will continue to do that.

The more fundamental issue is how we get Israel to stop the war, and it is very clear to me-----

**Deputy Mary Lou McDonald:** Sanction them.

**The Taoiseach:** The United States has a key role-----

**Deputy Mary Lou McDonald:** The Taoiseach is passing the buck. Sanction them.

**The Taoiseach:** -----in getting Israel to stop the war. The European Union has influence but because of divided historic positioning-----

**Deputy Mary Lou McDonald:** That is a cop-out.

**The Taoiseach:** -----on Israel and the Middle East, Ireland has pushed for the suspension of the Israel-European Union association agreement.

**An Ceann Comhairle:** I thank the Taoiseach. He will have another response.

**The Taoiseach:** We got traction on that in recent times but it still remains to be seen-----

**An Ceann Comhairle:** Taoiseach, your time is up. Thank you.

**The Taoiseach:** -----whether we can get a majority to support measures on that.

**Deputy Cian O’Callaghan:** The Irish Strategic Investment Fund is funded by the Government using public money - money that belongs to the public. The Government gives the Irish Strategic Investment Fund its strategic direction. It should be directing it not to have any of our money invested in companies operating in contravention to international law in the West Bank.

**A Deputy:** People in glass houses should not throw stones.

**Deputy Cian O’Callaghan:** There are much better places our money should be spent - in affordable housing, healthcare and disability services. Not a cent should be invested in companies operating in occupied Palestinian territories in the West Bank. The Taoiseach knows that. Is he going to stop this now and will he tell the Dáil when were the Israeli bonds sold, on what date? We know it was a few weeks ago. The Minister for Finance has told us that but I ask the Taoiseach to give us the date on this.

The genocide that is happening in Gaza must be stopped. There were over 700 Palestinians killed over the last 21 months just trying to collect water, when the Israeli army bombed the wells they were trying to get that water from.

**An Ceann Comhairle:** I thank the Deputy. The Taoiseach to respond.

**Deputy Cian O’Callaghan:** Is the Taoiseach going to act to ensure not a cent of Irish public money goes into these companies?

**Deputy Thomas Gould:** Hear, hear.

**The Taoiseach:** We need perspective here as well. From my perspective, the ISIF has confirmed that at the end of 2024 it held €3.6 million in Israeli sovereign debt.

**Deputy Cian O’Callaghan:** Directly and indirectly.

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**The Taoiseach:** That is not going to fund any war. Let us have a sense of perspective.

**Deputy Rory Hearne:** It contributes to it.

**The Taoiseach:** The Deputy can argue that it is not right or proper and I take that point.

**Deputy Cian O’Callaghan:** Is the Taoiseach defending it?

**The Taoiseach:** No, but the Deputy said we funded genocide. That is an outrageous, exaggerated assertion-----

**Deputy Cian O’Callaghan:** Where does the Taoiseach think that money goes? There should not have been a cent.

**The Taoiseach:** -----and the Deputy lacks credibility in putting a point like that but he does it for political gain only.

*(Interruptions).*

**Deputy Thomas Gould:** Come on now. Fair is fair.

**The Taoiseach:** It has been a constant hobby. By the way, the ISIF also held €5.2 million in Egyptian sovereign debt and €2.3 million in Jordanian sovereign debt.

**Deputy Mary Lou McDonald:** They are not committing a genocide.

**An Ceann Comhairle:** Please, Deputy.

**The Taoiseach:** They made a decision off their own bat and for their own commercial reasons. I would not approve of some of this either, particularly in terms of divesting and all of that.

**An Ceann Comhairle:** I thank the Taoiseach.

**The Taoiseach:** In terms of divesting from Jordanian and other debt, we are talking about small amounts of money which could not fund any genocide. I ask the Deputy to withdraw the assertion that the Irish Government has funded genocide. That is wrong.

**An Ceann Comhairle:** Time is up, Taoiseach. I call Deputy Paul Murphy.

**Deputy Paul Murphy:** It is the final week of Dáil sittings before the summer recess. When we return, the schools will already have started. The Minister for education previously stated that it was her intention that every child needing special education would have a place come September. Will that commitment be met or will children be left without appropriate school places?

Over the course of the past year, parents of children with additional needs have done incredible campaigning work. Mothers such as those from the Equality in Education campaign who are in the Gallery, have organised public meetings throughout the country. They slept out on two occasions - once outside the Dáil and once outside the Department of education. They organised an impressive march a few weeks ago and put this issue of the incredible injustice of children having their basic right to an education denied. Their core asks are very simple, namely that every child should have an appropriate school place in their local community, that children are not left at home without school places, that parents are not pressured into taking

inappropriate mainstream places where their children will not be supported and that children will not be ferried across or out of their counties on a daily basis. We know that 3,275 children with additional needs were notified to the National Council for Special Education, NCSE. The Minister has indicated that 92% of those have an offer of a school place or a pathway to a school place. That means 260 children were without any offer. However, those 260 are only the tip of the iceberg. Many of the 3,000 or so who have offers do not actually have school places for September. They have a pathway to school places. In many places, it is a pathway to a classroom that does not yet exist.

Teddy will be five years and nine months old in September. After much struggle, his mother, Adrienne, got a call from the school secretary in St. Canice's in Finglas two weeks ago offering him a place. She was told that the place is subject to a building project. She asked for a timeline on the availability of the place and was told that the school is in discussions. She is not holding her breath in terms of the place being available before Christmas. Lucy, who is five, was offered a place but her mother, who is in the Gallery, was told it will not be available until November.

How many of the 3,000 children to whom I refer will not have places in September? How long will they have to wait? How have the classrooms not been put in place? How many will have to travel outside their local areas? Will all 3,000 get the appropriate supports they need? Some of them have been allocated places by the NCSE, which has instructed schools to expand special classes. They are being promised that additional special needs assistant, SNA, supports will be provided. Will they? The additional 1,600 SNAs announced by the Government have already been allocated. The Government is operating an irrational cap on SNA posts.

**An Ceann Comhairle:** Time is up, Deputy. Taoiseach to respond.

**Deputy Paul Murphy:** To go back to the 260, will they get offers of school places or will they be forced to turn up outside the Dáil before we come back?

**An Ceann Comhairle:** Deputy Murphy will be coming back in.

**The Taoiseach:** First, I welcome James Maloney, who is in the Gallery with his wife Deirdre. James is an elected member of the Parliament of Canada and is affectionately known there as "the minister for Ireland". I had the pleasure of meeting with him when I was last in Canada. I hope he enjoys his visit to the Oireachtas and to Ireland, particularly as he has been a great friend to Ireland in Canada.

*Members applauded.*

**The Taoiseach:** Every child is entitled to and has a constitutional right to an education. It is the Government's job to vindicate that right, especially for children with additional educational needs. Schools and parents consistently highlight the value of special schools and classes, particularly where there are challenges in the system with the provision of a broader range of disability supports. This is a key priority of the Government. I have established a Cabinet subcommittee on disability more generally. I have also established a disability unit within my Department to drive change and transformation in respect of all aspects of disability in Irish society.

More specifically, in terms of special education, 407 special classes are being created this year, with close to 2,700 new special education placements for the 2025-26 school year. An additional 1,200 places are available due to student movement, bringing the total number of



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available places close to 4,000 for the 3,275 students who are seeking them. The key issue will be in terms of geography and making sure that children have access to schools close to them. That is an important consideration. The Minister of State, Deputy Michael Moynihan, and the Minister, Deputy McEntee, have both been working extremely hard on this matter. As the Deputy knows, we are close to establishing an in-school therapy service. This will begin in special schools in the country and will provide in-school therapists for children in special schools. We will then expand it to the entire cohort of special schools and to mainstream education after that. A huge effort has been made to get places in position by September. This is being done in conjunction with the NCSE, which, in turn, works with and liaises with schools.

Five new special schools are being established. Some will not be entirely ready by September, although temporary alternatives are being provided in respect of those where building works are being carried out. For next year and the year after, we are looking at bringing forward the application dates to make sure that there is better identification of need earlier in order to plan for the subsequent year. A pilot programme is under way in respect of the common application system that would ease the burden for parents.

**Deputy Paul Murphy:** I appreciate that huge efforts have been made by those in the NCSE, people working in schools and, above all, parents. However, what is happening is not acceptable. This is the last Leaders' Questions the Taoiseach is going to face. He cannot back up the commitment by the Minister for education that every child needing special education will have a place come September. He is sending out the message that we have made a huge effort but, unfortunately, some children will be left behind.

The Taoiseach mentioned that for those who have been offered school places perhaps in October, November or December, temporary solutions will be put in place. Will he expand on that? None of the parents know about these temporary-----

**The Taoiseach:** Of course they do. In Cork schools, they do.

**An Ceann Comhairle:** The Taoiseach will have be able to respond.

**Deputy Paul Murphy:** The Taoiseach might expand on that because the parents I am talking to have to leave their kids in preschool, if the preschool will allow them to do that. In some cases, that is going to be a real problem. In other cases, they are going to have to stay at home - some will not be able to do college courses they were planning to do - in order to mind their children. Can the Taoiseach tell us how many children are going to be left without appropriate school places? Is the number to whom no offer has been made still 260?

**An Ceann Comhairle:** The Deputy has asked the question and is over time. The Taoiseach will now respond.

**Deputy Paul Murphy:** That is simply not acceptable.

**The Taoiseach:** In Carignavar in Cork, alterations are being made to an older school building to facilitate a new special school. In the interim, the Gaelscoil, which is no longer in use, is being used as an alternative location until the building is complete. It will be completed before the end of the year. That is my understanding. That is what I referred to in response to the Deputy. I reiterate that five new special schools are being established.

It is our aim that no child will be without an appropriate place by September. That is what

we want to do. We are going to work might and main to make sure that becomes the reality. We will work with parents, schools and the NCSE to attend to those children who do not yet have definite clarity in terms of school places. We want every child to have a school place by September. The Minister of State, Deputy Moynihan, along with the NCSE, met recently with parents and advocates from the Equality in Education campaign in order to address a number of key issues. I understand parents have been kept updated on available places for the year ahead. The whole objective is to help parents to secure the right place for their child as quickly as possible.

**An Ceann Comhairle:** I thank the Taoiseach. Before moving on to Other Members' Questions, I, too, on behalf of the Oireachtas, extend a warm céad míle fáilte to Mr. James Maloney, MP, from the Canadian House of Commons, who is accompanied by his wife. James was instrumental in having a private members' motion adopted unanimously by the Canadian House of Commons in 2021 declaring March as Irish Heritage Month. Mr. Maloney is affectionately known as "the minister for Ireland". Welcome, and thank you very much.

*Members applauded.*

**An Ceann Comhairle:** There are other distinguished guests in the Gallery. We welcome members of the Knocklong Men's Shed. We also welcome Maureen and Elly, who are from Granagh and Templeglantine.

**Deputy Richard O'Donoghue:** It is Maurice.

**An Ceann Comhairle:** It is Maurice. Excuse me. That is the Deputy's writing. We welcome Maurice and Elly, who are from Granagh and Templeglantine.

### **Ceisteanna ó na Comhaltaí Eile - Other Members' Questions**

**Deputy Michael Lowry:** According to a United Nations report, statistics show that Irish people are the fourth highest consumers of cocaine globally. Over a short few years, there has been a 171% in the number of young people receiving treatment for cocaine abuse in this country. In 2023 alone, over 13,000 people were treated for problem drug use. Four in ten of those cases were first-time presentations. Cocaine is the most common drug responsible for referrals. It accounts for one in three cases, which underlines the chilling fact that we have a serious and ever-growing problem with cocaine use in this country. The problem is growing rapidly with a dramatic rise in the number of young women seeking help to combat their addiction to cocaine. Figures provided by the HSE show that there was close to a 400% increase among females seeking treatment for cocaine addiction between 2017 and 2023.

All current indicators show an explosion in cocaine use across society. We are on the verge of a cocaine crisis. It is destructive and alarming. It is a new cancer spreading throughout our society. Behind these disturbing statistics lies the person — a son, daughter, husband, wife, mother or father. Cocaine makes no distinction between the lives it destroys and the lives it takes. Cocaine has gripped people across Ireland by the throat and most are unable to loosen its hold. An increasing number of lives are being decimated.

Currently, the problem of drug misuse is tackled in a co-ordinated and integrated way under

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the national drugs strategy, Reducing Harm, Supporting Recovery. A mid-term review of and report on this strategy were published. As this is the final year of the policy initiative, when can we expect a final report? It would appear to many on the front line that this strategy has not been effective or successful. Given the consistent rise in the numbers seeking help for drug addiction, the overall effectiveness of this approach must be measured. Is it reaching those in danger of dabbling in drugs? Is it targeting those who have tried drugs such as cocaine and are at risk of addiction? Are our support and response systems adequate? What key issues have been identified and not yet addressed?

**The Taoiseach:** I thank the Deputy for raising what is an important and serious issue facing Irish society. The Government is acutely aware of the terrible damage that drugs can do to individual users, their families, communities and society as a whole. We are committed to a health-led approach to drug use that reduces the harms associated with drugs and supports recovery from problematic drug use.

In 2024, over 13,000 people sought treatment. That represented an increase of 50% in the number of cases since the national drugs strategy commenced in 2017. This is a worrying trend and, clearly, much more must be done. The Department of Health is providing funding on a recurring basis to the HSE to expand drug services for people with problematic cocaine use across the country. A number of projects have been funded in the Dublin region, including projects that work specifically with women who use cocaine and crack cocaine. The HSE is running a Reduce the Harm awareness campaign on cocaine use in conjunction with community-based drug services. The campaign raises awareness about the dangers of using cocaine powder and crack cocaine and how to reduce the harm associated with snorting, smoking or injecting through online resources and posters. The Government in May established the Joint Committee on Drugs Use to consider recommendations in the report of the Citizens' Assembly on Drugs Use and make a reasoned response to each recommendation.

The growth in the use of cocaine is shocking. The data from the Health Research Board is a real wake-up call for all of us. Cocaine was the most common drug reported in 2024, comprising close to 40% of all cases. There was a 7.4% increase in 2023, from 4,923 people to 5,289. Cocaine remains the most common main drug among new cases, accounting for almost one half in 2024. Of those reporting crack cocaine as the main problem, 45.6% were female, 7.2% were employed and the median age was 40. Of those reporting powder cocaine as the main problem, 22% were female, 38.8% were employed and the median age entering treatment was 32.

Those are alarming trends in cocaine use. The national drugs strategy and its successor strategy will have to focus on this key issue. The Department of Health has commenced the preparation of the successor national drugs strategy. It has, as the Deputy said, commissioned an independent evaluation of the outgoing strategy, which will be published shortly. We can get that to the Deputy. That evaluation will inform the next national drugs strategy, as will the recommendations of the Citizens' Assembly on Drugs Use and the views of the re-established Joint Committee on Drugs Use. The Department has undertaken in-person consultations on the successor strategy with relevant stakeholders. More than 250 people have attended consultations, including civil society organisations and people and families with lived and living experience.

**Deputy Michael Lowry:** I appreciate the Taoiseach's concern. Most people agree that not enough is being done to address the growing cocaine situation in our cities, towns and villages, and even at crossroads. We obviously do not have our fingers on the pulse of what is happening or the extent of it. We need to strengthen and expand current strategies, together with funding

new initiatives to counteract the malaise of drug abuse. We need a renewed public awareness campaign showing the dangers and information on supports that can be accessed. We need to increase the number of places available in rehabilitation facilities and improve back-up assistance for those in recovery. Without providing such supports, we are fighting a losing battle. It is a battle that will continue to spiral out of control and could end in tragedy for many of our families.

I am very much looking forward to meeting the Taoiseach on Sunday, although we will be on opposing teams.

**The Taoiseach:** I fully take on board what the Deputy is saying about the need to expand the current strategies and for a new public awareness campaign on this issue. I will speak to the Minister for Health and other Ministers about the matter. We will take a cross-departmental approach.

On the criminal justice side, there have been some strong and successful interventions by An Garda Síochána, which must be acknowledged, particularly in the context of its international collaborations. It has had good results in seizures and so forth. The health-led approach has worked historically at the level of the individual and community. It is a society-wide response. We will be pursuing those issues along with the European Union in the context of its drugs strategy.

May I take the opportunity to wish the Deputy the best of enjoyment next Sunday at Croke Park. All I can say is that the Cork hurlers will do everything they possibly can to make it a most enjoyable occasion for him.

**An Ceann Comhairle:** I am glad I will not be refereeing that one.

### **Ceisteanna ar Pholasaí nó ar Reachtaíocht - Questions on Policy or Legislation**

**Deputy Mary Lou McDonald:** After that bit of craic and sport between friends in government-----

**Deputy Noel Grealish:** Come on.

**Deputy Mary Lou McDonald:** -----let me raise the issue-----

*(Interruptions).*

**Deputy Mary Lou McDonald:** Sure, it is all great craic lads.

**An Ceann Comhairle:** The clock is running, Deputy.

**Deputy Mary Lou McDonald:** I know. Everyone's clock is running.

**Deputy Jerry Buttimer:** The Deputy was well able to use social media to support the all-Ireland semi-finalists last week.

**Deputy Mary Lou McDonald:** It has been reported that the European Commission proposed to end the two-pillar Common Agricultural Policy budget and merge it with other cohe-

sion funds. This is very bad news. We need ring-fenced budgets for agriculture and guaranteed income streams for farmers. Small family farms are being squeezed and pushed out of business. There has, of course, been an increase in the cost of food. How has the Government allowed this Commission proposal to grow legs and gather steam? What does it propose to do to put a stop to this?

**The Taoiseach:** Ireland is very strongly supportive of the Common Agricultural Policy. The EU Commission will publish the multi-annual financial framework proposals later today. This is only the beginning of a long process. The Presidency that Ireland will hold in the latter half of 2026 will be important in the context of finalising issues around the multi-annual financial framework. There is a long road to travel yet. We believe in ring-fenced funding for the Irish agriculture industry, just as we believe in good, strong, robust trading agreements with countries like Canada, Japan and others all over the world. If Irish farmers do not have markets to sell their beef, their milk, their poultry and their pigs to-----

**Deputy Mary Lou McDonald:** Does that include Mercosur?

**The Taoiseach:** -----then their livelihoods will go down. I do not understand Sinn Féin's position of opposition to the Comprehensive Economic and Trade Agreement, CETA, particularly as it would damage Irish farming.

**Deputy Jennifer Carroll MacNeill:** It makes no sense.

**Deputy Mary Lou McDonald:** What about Mercosur?

**An Ceann Comhairle:** I call Deputy Alan Kelly.

**Deputy Alan Kelly:** I know the Taoiseach is going to be very sad next week when my great county of Tipperary defeats, in fairness, his great county of Cork in the all-Ireland. I just want to condition him for that. I hope that sadness does not permeate elsewhere, particularly as the Government is doing the NDP and the summer economic statement. There has been a bit of conditioning coming from the Tánaiste and the Taoiseach over the past few days. As we know now, there will be no cost-of-living package etc., but the Tánaiste has said that "the budget will look to see how we can structurally reduce the cost base and the delivery of services". Inflation on food and drink is rampant, at 4.6%. Milk is up 14% and beef is up over 20%. I am intrigued. What structural reductions will come in so quickly that they will have a dramatic impact on people watching us here now as to how they can put food and drink on the table?

**The Taoiseach:** First, Cork is quite happy to accept the underdog label-----

**Deputy Alan Kelly:** You already have your car signs printed.

**The Taoiseach:** -----that the Deputy has clearly ascribed to us. I would never have the degree of confidence he would have. We are humble people.

**Deputy Alan Kelly:** Humble. That is displayed everywhere.

**The Taoiseach:** In respect of the cost of living, fundamentally, since Covid and the war in Ukraine, there has been volatility, uncertainty and turbulence in world markets. Supply chains have been disrupted. That has been a factor in the very high inflation we experienced in the immediate aftermath of Covid and during the energy crisis caused by the war and the Russian invasion. One of the problems now is with the tariff policy adopted by the US Government.



The latter is creating further uncertainty and volatility in markets, which does not help to settle the situation in respect of pricing. There are fundamental market issues here-----

**Deputy Alan Kelly:** What will be the structural reductions?

**The Taoiseach:** -----that have to be addressed.

**Deputy Jennifer Whitmore:** The Government has achieved something no one previously thought possible when it comes to climate. Last year, our forests released more carbon than they stored. That is according to the Climate Change Advisory Council. The Government has turned our forests into carbon emitters. Its record is unbelievably bad. It is so bad that it is hard to fathom. The Government has no plan to remedy what is happening. Quite the opposite; it wants to double down on failure. The Taoiseach put Michael Healy-Rae in charge of forestry, and his big plan is to plant forests on peatland. That would have absolutely catastrophic consequences. This is meant to be the low-hanging fruit. All the Government has to do is encourage people to grow trees, and it cannot even get that right. What hope do we have of doing the hard stuff like wind farms and offshore wind? Does the Taoiseach realise that 20 years ago we were actually producing more wind energy than we are now? In 2030, there will be zero offshore wind energy produced by Ireland. We are hurtling towards disaster. Will the Taoiseach please tell me-----

**An Ceann Comhairle:** Deputy, you are way over time.

**Deputy Jennifer Whitmore:** -----what his climate-sceptic Government will do to deal with this issue?

**The Taoiseach:** That is a bizarre assertion.

**Deputy Jennifer Whitmore:** What is a bizarre assertion?

**The Taoiseach:** What the Deputy said about forestry.

**An Ceann Comhairle:** This is not a back and forth.

**The Taoiseach:** The Government has not turned anything into anything.

**Deputy Jennifer Whitmore:** It is not my assertion; it is the assertion of the Climate Change Advisory Council. It is science.

**The Taoiseach:** The new forestry programme is the biggest and best-funded forestry programme to date in Ireland, at €1.3 billion. A huge allocation has been made.

**Deputy Jennifer Whitmore:** Forestry is a carbon emitter.

**An Ceann Comhairle:** Deputy, if you want to have-----

**The Taoiseach:** It provides unprecedented incentives to encourage the planting of trees. This can provide a valuable addition to farm income and help to meet national climate and biodiversity objectives. The forestry programme offers a very generous package to farmers, with premiums increased by between 46% and 66% and the length of premiums increased to 20 years. One licence is required now to plant a forest. There are strong environmental requirements around planting, particularly on peatlands, so that will not be there. Then there is the protection of the hen harrier, breeding waders and high nature value farmland. The Deputy

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could be a bit more serious in her analysis of forestry.

**Deputy Jennifer Whitmore:** The Taoiseach needs to get serious. He needs to listen to the science.

**The Taoiseach:** There are cultural and behavioural issues-----

**An Ceann Comhairle:** Thank you, Taoiseach. Your time is up. I call on Deputy Ruth Coppinger.

**The Taoiseach:** -----around adoption of forestry for agricultural use.

**Deputy Jennifer Whitmore:** We are emitting carbon.

**Deputy Ruth Coppinger:** Can murderers, specifically wife murderers, continue on the State payroll after conviction? Is there any regulation to stop someone receiving State funds years after killing someone, particularly the mother of their child? A number of attempts have been made to find out if James Kilroy, who murdered Valerie French, is still being paid by the National Parks and Wildlife Service, NPWS. My information is that he is. A journalist asked the NPWS and was told it was the subject of legal correspondence. Three freedom of information requests by somebody else have failed to elicit a clear answer. The first response said they could not answer a personal question. The second said that they could not clarify the procedure and it was being dealt with on a case-by-case basis. The third request also failed to elicit an answer. I ask the Taoiseach straight, why would the NPWS not point to the regulation where someone is no longer turning up to work and on the payroll? The information is that James Kilroy can not only keep his children but also that he can keep getting paid by the taxpayer years after killing his wife. Nothing seems to have been done about this. Why is this happening?

**The Taoiseach:** In respect of guardianship, there has been change.

**Deputy Ruth Coppinger:** Yes.

**The Taoiseach:** The Deputy has to acknowledge that. The Minister for justice has moved on that matter legislatively. I do not have the background in respect of the NPWS and how it is dealing with this, but I will find out and come back to the Deputy.

**Deputy Ruth Coppinger:** There is no law to stop such people being on the State payroll.

**An Ceann Comhairle:** Deputy, the same applies. This is not a back and forth.

**Deputy Ruth Coppinger:** Well, Deputy Martin should know that. He is the Taoiseach of the country.

**An Ceann Comhairle:** Excuse me, Deputy.

**Deputy Ruth Coppinger:** He should be able to indicate whether there is a law-----

**An Ceann Comhairle:** I call on Deputy Michael Collins.

**Deputy Ruth Coppinger:** I asked the Taoiseach if there is a regulation or law and he has not answered.

**Deputy Michael Collins:** Excuse me. It is my question now. The Deputy might sit down and give me the decency-----

**An Ceann Comhairle:** Thank you, Deputy. I will chair.

**Deputy Ruth Coppinger:** You might just let me ask a question without getting-----

**Deputy Michael Collins:** I did not disrupt you when you were speaking.

**An Ceann Comhairle:** Deputy Collins, please.

**Deputy Ruth Coppinger:** Well, I know you do not care about women's rights, but I am allowed to ask a question.

**Deputy Michael Collins:** Sit down, please. Would you ever learn your place in this building?

**Deputy Ruth Coppinger:** Unbelievably rude.

**An Ceann Comhairle:** Deputy Coppinger, please.

**Deputy Michael Collins:** I want to raise a critical issue affecting the people of Castletownbere, Eyeries and Ardgroom. These communities are effectively frozen, unable to grow and develop because of a water infrastructure crisis that has gone unresolved for far too long. Planning applications are being refused or withdrawn due to the concerns over water abstraction from Glenbeg Lough, which lies within a special area of conservation. As a result, over 100 residential and commercial units are on hold. Even vital marine infrastructure and housing projects have been stalled. Castletownbere is Ireland's largest fishing port, yet its future is being held hostage by an outdated system and bureaucratic delays. A simple low-cost interim solution has been proposed, one that protects the environment while allowing development to proceed. This low-cost, low-tech, simple solution could be put in place quickly in order to give everyone breathing space to investigate the feasibility of developing a new source of water for Beara. Blocking development in Beara while more than 90% of rainfall is available through the environment is beyond draconian and grossly unfair to the people there. I urge the Taoiseach to act and to bring Uisce Éireann and all the concerned bodies together to work for a short-term solution for Beara.

**The Taoiseach:** I thank the Deputy for raising the issue. It is obviously a matter of real concern to people in Ardgroom, Eyeries and Castletownbere. I have had discussions but not specifically on this issue. I did not realise the Deputy was going to raise the matter this morning, but I will follow up on it. I have asked Uisce Éireann, in respect of rural communities in particular, to develop bespoke solutions to deal with water supply and wastewater treatment under the umbrella of standards and facilitating an inspection regime subsequently. If the Deputy can send on the details, I will follow up.

**Deputy Eamon Scanlon:** The programme for Government outlines a commitment to reduce costs, minimising red tape, reforming our planning system and promoting direct delivery. Because there is a national housing crisis, I believe the Government needs to urge local authorities and planners to actively support individuals applying for planning permission. People feel disconnected from the process and feel they are unable to effectively deal with the local authority. We need a designated point of contact with local authorities for planning, allowing applicants to consult with a dedicated individual for guidance and support.

*1 o'clock*

To effectively address the housing crisis, we must adopt a more collaborative approach to planning. This means ensuring that the processes are not only accessible, but also welcoming and supportive. Many of these people could easily have their names on council housing lists, but with help from parents, families or friends, they could build homes over time. A more collaborative approach is needed to ensure the planning process is accessible and supportive so that people can build homes for themselves and their families.

**The Taoiseach:** I thank the Deputy for raising the issue. There is a lot of merit in what he is saying. The Government is endeavouring to develop greater flexibilities for people in rural Ireland in particular. I understand guidelines are under consideration in that respect to enable people to build their own homes. With the vacant grants and the grants to restore derelict houses, we have facilitated quite a number of people in rural Ireland, and young couples in particular, to establish homes. However, I know what the Deputy is saying, in that many people have the wherewithal to build a house. We just need to facilitate and enable them to do that.

**Deputy James Geoghegan:** The AI summit hosted by President Macron in February was a big moment for Europe, demonstrating innovation and a change of approach at a European level. I put it to the chair of the AI council at the AI committee that Ireland could host a similar AI summit during the hosting of the EU Presidency. That is something that has been taken up by the Minister of State with responsibility for AI, who also appeared before the committee. She indicated that she would prepare a report for the Taoiseach on the AI summit, which she advocates for. Does the Taoiseach agree that the EU Presidency presents a unique opportunity for Ireland to demonstrate that it will be the best in class for certainty when it comes to the regulation of such an important industry?

**The Taoiseach:** AI is an enormous issue of enormous consequence for the future of Ireland and the future of the world in terms of economy and society. Its impact will be as significant as the industrial revolution of the 19th century. I spoke to the Minister of State, Niamh Smyth, on this after the committee meeting. Certainly, we will give consideration to this.

I did attend the AI summit in Paris. It was a significant and enormous event involving governments across the world and was co-hosted by the Prime Minister of India, Narendra Modi, and President Macron. There was also a lot of private sector involvement in the conference. I have met a lot of companies in the last while recently and there is absolutely no doubt that the impact of AI on work, behaviour and the economy will be profound. We need to be very clear about the regulatory environment but also see if there are areas in which we can develop particular strengths, given the strengths we already have in human capital on AI and in terms of some of the industries we have here, too.

**Deputy Ruairí Ó Murchú:** I want to take up the issue of a child who is registered blind and who is due to start at Rampark National School in north Louth in September. The child can navigate around quite well but he is sensitive to lighting levels and they greatly affect him. It has been stated that he needs an SNA from a health and safety perspective. The principal of the school says communication with the NCSE has been incredibly difficult and the school has been given a hard “No” and told there will be no additional support. The school has been told to use the allocation that it has. It has promised the parents it will do everything it possibly can, but this situation needs to be looked at. There is an issue with SNA allocations and there are a number of other issues in ensuring we have appropriate places, but I ask that this particular issue be looked at and that there be an overall look at SNA allocations and appropriate places.

**The Taoiseach:** I thank the Deputy. I do not have the details of the individual case. The model of general allocation is one that was favoured by school bodies and principals when it was originally introduced, giving more flexibility to schools to deal with the numbers of children they may have in respect of additional needs.

I introduced the SNA system back in the late nineties when I was Minister for education and we had no SNAs in mainstream schools. By September, we will have 23,179 SNAs in the country. That is double the number of SNAs that were in our schools ten years ago. This year's budget provides for about 1,600 additional special needs assistants. There is no cutting back on this. It is also the case that the number of children identifying with additional needs is growing. If the Deputy sends the details, we can forward them to the NCSE and see what it can do in respect of this particular case.

**Deputy Ruairí Ó Murchú:** Gabhaim buíochas leis an Taoiseach.

**Deputy Cathal Crowe:** I thank the Taoiseach for taking this question. In the last few days of the school year, Gareth Heagney, the principal of Sixmilebridge national school in County Clare sent a letter out to parents. The school has around 400 pupils, so is quite a large school, and for the last few years it has only had three SNAs even though the children in the school have needs that far exceed that allocation. Indeed, children who will enrol in junior infants in September will also have additional needs. The school applied for an exceptional review to the NCSE. It was going to have that review on 16 June but it was cancelled. It now faces the prospect of starting the new school year, going back on 28 August, without having additional SNAs. The school is quite worried about that. The Taoiseach is a big advocate for SNA support in schools and supporting all children equally in the school environment, but it is daunting for the school that it faces a new school year without an additional SNA allocation. I ask for the Taoiseach's intervention on this matter.

**The Taoiseach:** I thank Deputy Crowe for raising this issue. The National Council for Special Education, I understand, has advised that Sixmilebridge national school has resubmitted a previous special needs assistant review request, which now includes additional new junior infants due to start in September 2025. The NCSE has confirmed that the SNA review will be completed and the outcome notified to the school in advance of the new school year. It is important that that would happen.

I gave the figures in an earlier reply but, by September, we will have 23,179 special needs assistants. When the school receives its SNA allocation from the NCSE, it may recruit two SNA posts as it would have done in previous years, so there is no change to the recruitment process. I understand the particular issues facing the school in terms of its expansion and growth. The Minister, Deputy McEntee, and the Minister of State, Deputy Moynihan, have announced work is under way on a redeployment scheme for special needs assistants, which will be in place in the 2025-26 school year.

**Deputy Frankie Feighan:** Last April, the Minister for housing was quoted in the media as saying he would instruct all local authorities to reopen their county development plans and rezone a very significant additional amount of land for residential use so that that land is available for builders to build homes that people need across the country by the end of this year. This is a very welcome initiative. When will the Minister write to the local authorities and spell out what he wants from this process? Will he consider bringing in all the chief executives, directors of service for planning and chief planners along with the OPR's office to thrash out how this move



can result in progressing planning applications for local housing?

**The Taoiseach:** The Minister moved early in terms of the national planning framework and the follow-through on that is a circular to all local authorities on zoning and to get more land zoned for residential use. That is absolutely vital and we expect every executive and every county council to follow through on that and to zone more land because that will be essential for the level of housing we require in the coming decade.

The Minister had to go through certain procedures before the direction could issue. I will get the exact date for the Deputy.

**Deputy Ann Graves:** Our hearts are broken at the sight of Palestinian men, women and children being targeted and killed while queuing for food and drink. In the West Bank, families are forced to endure unprecedented levels of violence from the Israeli state and illegal settlers. The GAA in Palestine has been working with local clubs across Ireland to provide Palestinian children with much-needed respite from the trauma of war. This week, we received the heartbreaking news that the Department of justice had refused the visas to facilitate their trip to Ireland. This was devastating for the children, who were so looking forward to a trip to Ireland and a break from the atrocities in their own country. I know first hand the work that has gone into this by the community services in Fingal County Council and local GAA clubs, including Fingallians and O'Dwyers. They are deeply disheartened and outraged by the Department of justice's outright refusal to allow these children to travel. I am pleading with the Taoiseach on behalf of the Palestinian children to use his office to ensure the visas are granted for them. Let them come to Ireland and play.

**The Taoiseach:** An appeal was lodged yesterday at about 2.40 p.m. even though people have suggested that an appeal could have lodged a week ago, but for some reason, that did not happen. I am genuinely perplexed about how all of this has been handled - not by the Department, but just generally. Normally in situations like this, the lead association would approach the Government or a Department with a plan and say it was intending to do this, and then one would get things lined up and people would understand what was required in respect of applications for visas. That is a fairly basic thing. There are basic rules there that apply to everybody in every situation. That has not quite happened on this occasion for some reason, and it has come late in the day in some respects - certainly from my perspective, if I am honest. There is something about this that has me surprised.

In any event, we are open. The appeal has gone in and is being considered by the Department, and the Department will respond as soon as possible.

**Deputy Catherine Connolly:** In Senator Frances Black's occupied territories Bill in 2018, she set out four categories of trade: the import of goods; the import of services; the export of goods; and the export of services. Inexplicably, the Government's Bill has left out three of those categories. This is despite the unequivocal advisory opinion of the International Court of Justice that Israel's continued occupation of the occupied territories is unlawful and must be ended as soon as possible. The violation of international law places an obligation on us to do all we can, so I am asking the Taoiseach to give me an explanation as to why the Government is proceeding with just one aspect of Senator Black's 2018 Bill over seven years later in the face of genocide and slaughter. More people have been shot at the so-called humanitarian aid centres - I make no comparison; it is just that the figures are stark - than were killed when Hamas wrongly crossed the border, which I have condemned. More people have been murdered at aid

centres.

**The Taoiseach:** It is horrific what is happening at the aid centres, where people have been mowed down, slaughtered and murdered. It is beyond any moral compass. I have condemned unreservedly the Israeli conduct in Gaza and the war in Gaza, particularly the last phase, which without question represents collective punishment of the people of Gaza and an attempt to drive them out of Gaza or make life so unbearable that people feel they have no alternative but to leave. That is something the international community has to respond to.

The legislation is currently going through the House. The Minister has asked for further legal advices in respect of services. In terms of the latter two points regarding the export of goods to the occupied territories, that is not an issue for us. In the past four to five years, goods worth about €600,000 have come in from the occupied territories, which is a tiny amount. Nonetheless, the symbolism of the Bill is important. When we get the legal advice back, we will have greater clarity regarding the inclusion of services.

**Deputy Gary Gannon:** I will raise an issue about a local school. In normal circumstances, I would not expect for one second the Taoiseach to have intimate details about a school in my constituency. The school is Gaelscoil Choláiste Mhuire on Parnell Square. There was a moment during the last Dáil term when the name of that school was on all our lips because of the tragedy that befell the community there. Gaelscoil Choláiste Mhuire was promised a school building would be delivered and completed. It found out earlier this week that this would no longer be the case. There has been a large degree of radio silence from the Department and, in the absence of communications, there are all sorts of whispers. This school is in the north inner city and the Taoiseach is overseeing the task force on this area. I ask that his office take an interest, find out some information and re-engage with the parents council and community there because communication has been sorely lacking and people feel let down.

**The Taoiseach:** I presume it must know because it is a contractual issue.

**Deputy Gary Gannon:** Yes.

**The Taoiseach:** There is an issue between the Department and the contractor, so I presume the board of management must be aware of this. The board would be in-----

**Deputy Gary Gannon:** It does not know if it is going to go into litigation.

**The Taoiseach:** It must know.

**Deputy Gary Gannon:** It does not. I promise.

**The Taoiseach:** In any event, I will ask the Minister for education to talk to the Deputy in respect of it.

**Deputy Naoise Ó Cearúil:** Every year, 14,000 expectant women lose their babies. This equates to roughly 25% of pregnancies ending in a loss, which is clearly a traumatic and difficult time for any woman. Currently, those women need to rely on sick leave to deal with the loss they are going through. Are there any plans to introduce paid miscarriage leave as a stand-alone support for women affected by miscarriage and their families?

**The Taoiseach:** That was the subject of a debate in the Seanad recently. The Government has an open mind on this. I will give consideration to it but there is a time lead into this and so

forth.

**Deputy Edward Timmins:** The birth rate in Ireland fell from 75,000 in 2010 to 55,000 in 2023. We now have the lowest birth rate ever. This low birth rate has clear negative impacts on sustaining our economy and public services. It will lead to a lower tax intake and inevitable cuts to our welfare state. Will the Government look at strategies to help increase the birth rate? This could be done by financially supporting people who want to have children. Additionally, we need to look at more imaginative strategies and not just financial ones. This is a really difficult challenge, as all countries in the world are experiencing, it but we must start having this conversation and face up to this reality, which is already well underway.

**The Taoiseach:** There is a broad range of factors. Ireland is late to the phenomenon described by the Deputy in many respects because we would have had the highest birth rate across Europe, and still do, is my understanding, or we have one of the highest. Nonetheless, the Deputy's point merits broader reflection in terms of the society we organise, how society is organised and supported, and challenges in terms of housing. They are all interrelated, so there is no one particular solution or idea that could change that trend. These are long-standing trends. The Deputy is right to raise the issue for reflection and for people to think about and I have no doubt that it could be a matter of discussion for some Oireachtas committee.

**Deputy Louis O'Hara:** I wish to raise the issue of energy developments in County Galway. My constituency has seen some of the highest concentration of wind energy projects across the State. There are proposals for a large solar project in Monivea and two large-scale gas-fired generation plants in Athenry and Portumna. These projects are causing huge unease in communities. They are extremely divisive and they are all being led-----

**The Taoiseach:** Is it the two wind farms?

**Deputy Louis O'Hara:** We have wind farms, a solar project in Monivea and two large-scale gas-fired generation plants being proposed in Athenry and Portumna.

**The Taoiseach:** Are all of them causing concern?

**Deputy Louis O'Hara:** In general, yes. All these projects are very divisive. They are all being led by private investors that are only interested in extracting a profit from local resources and are not interested in the communities around them. The public consultations on these projects are nothing more than box-ticking exercises. There is no input from communities and many large-scale projects are in close proximity to residential areas. Everybody understands the critical need for energy security but this developer- and profit-led approach needs to change. Communities need to have real input and, ultimately, ownership of these projects. I ask the Taoiseach to look into the projects outlined and ensure there is real community consultation and guidelines where projects should be located.

**The Taoiseach:** I will say something at the outset in a broader sense. The Government does not develop wind farms. The Government does not develop solar farms. The prospect of doing that would involve a multibillion euro speculative kind of investment by the State, so they are privately led. The fundamental difference between us in terms of economic philosophy is that I believe there has to be a private sector and there has to be private sector investment in these matters. There have to be guidelines. The Deputy's point is interesting because he instanced wind energy, solar and gas, and there are problems with all three. We have a significant energy security problem. In fact, one of the biggest issues facing the Government for the future is

energy security and how we provide for a growing population in terms of household energy, companies, business and industry and how we deal with the AI revolution that is coming. We need a debate on energy, because if we are going to reject all three types, then we have a very bleak future from an energy perspective.

**Deputy Louis O'Hara:** I am not rejecting them. I am just about talking about guidelines for where they should be going in.

**An Ceann Comhairle:** I am sorry, Deputy, but your question time is over.

We have two Deputies who were outside the time. Given the day that is in it, I am going to allow them in, ask them to brief and ask the Taoiseach respond. Deputy Richard O'Donoghue to begin.

**Deputy Richard O'Donoghue:** I thank the Ceann Comhairle. I am here with many friends today. I have the Knocklong Men's Shed and I have Patrick O'Dea here from Dromin. I have Maurice and Elly above in the Gallery and they are both wheelchair users. Maurice is from Granagh. He plays Munster hurling and tag rugby and he works in the HSE. He is 25. Maurice told me he had lost out on so much with his friends because the facilities were not there for wheelchair users. They are there in public buildings, but they are not in other businesses. Maurice knows businesses are under massive pressure, but is there any grant aid there to provide the basics for people who are wheelchair users so that they can go out and socialise with their friends? He has lost out on 18th and 21st birthday parties. His friends have been brilliant to him, but he wants to know. The Minister for Health is here as well. Maybe we could liaise with the likes of Maurice-----

**An Ceann Comhairle:** We will get the answer, Deputy, thank you very much.

**Deputy Richard O'Donoghue:** -----to see what we can do to help people in that situation.

**The Taoiseach:** I thank the Deputy very much for raising the issue. I welcome the community from Knocklong. I have a small connection. My grandfather was in the rescue party for Seán Hogan at Knocklong when he was rescued during the ambush there. They took him away and he was a sentry in the Galtee Mountains for a while.

**An Ceann Comhairle:** I see "brief" is not going to work.

**The Taoiseach:** Well, the Deputy mentioned Knocklong and I was reared on the stories about it in my family.

Deputy O'Donoghue raised a more serious point about wheelchair users. I was at an event recently with the Department of Social Protection in terms of supporting the employment front. The Deputy makes a fair point. In schools and some other areas of life, we do support adaptation.

**Deputy Mary Butler:** Local Link does it.

**The Taoiseach:** There is Local Link as well whereby we give incentives and supports in terms of facilitation for wheelchair users. There is certainly more we can do now with the sports grants because to the credit of sports clubs, of all codes, they are now developing really good streams of participation in sport-----

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**Deputy Richard O'Donoghue:** For leisure.

**The Taoiseach:** -----for those with additional needs.

**An Ceann Comhairle:** Maybe further engagement.

**The Taoiseach:** It is very good that rugby union is doing it. The GAA and soccer are doing it now as well.

**An Ceann Comhairle:** I thank the Taoiseach. Further engagement would be warranted there. I call Deputy George Lawlor.

**Deputy George Lawlor:** I thank the Ceann Comhairle. I recently met a Ukrainian woman who qualified as a GP in Kyiv. She practised for seven years as a GP and six as an intern. She is now working as a healthcare assistant and doing a very fine job in a primary care centre in Wexford. Last week, I met a man working with a drain clearing company in Wexford. He fled the conflict in Ukraine, where, having qualified and worked as a surgeon, he was moving to specialise in neurosurgery. They belong to a WhatsApp group with some 315 other highly skilled healthcare professionals from Ukraine. Their route to working in their discipline in Ireland is long and cumbersome and we employ highly skilled healthcare workers from right across the globe. Is there any way we can expedite the entry of Ukrainian healthcare professionals who are highly-skilled into our health service, given that they are here through no fault of their own but are eager-----

**An Ceann Comhairle:** Thank you, Deputy. The question is posed.

**Deputy George Lawlor:** -----and keen to take part in our workforce?

**Minister for Health (Deputy Jennifer Carroll MacNeill):** We are very keen for them to work here. There are three aspects to that. The Nursing and Midwifery Board of Ireland, NMBI, has done good work on improving its registration times and I am confident about that side of things. CORU, for the health and social care professionals more generally, has made very significant progress, although the Taoiseach and I are discussing how we can bring that further in respect of physiotherapists and a range of professions in that space. That is moving on.

The aspect where I have concern is the Medical Council. The Deputy mentioned a GP and a surgeon. I have given a very clear direction to the Medical Council to improve its processes. It is due to report back to me in early September and I will be keeping the Taoiseach and the Cabinet committee updated on this. It is very clear that the Medical Council has received very significant additional investment and it is now up to it from a public safety perspective to have as many doctors registered as quickly as can be.

### **Compulsory Purchase Order Bill 2025: First Stage**

**Deputy James Geoghegan:** I move:

That leave be granted to introduce a Bill entitled an Act to provide for the assessment of compensation payable on account of the compulsory acquisition of land; to provide for



the acquisition of land by vesting order; to provide for the making of advance payments to owners, lessees and occupiers on account of compensation owed to them as a consequence of the compulsory acquisition of land; to provide for the transfer of functions relating to the assessment of compensation for compulsorily acquired land to the Valuation Tribunal; for those purposes to repeal the Acquisition of Land (Assessment of Compensation) Act 1919; and to provide for related matters.

This legislation will overhaul a fundamental part of our land and planning system, namely, the compulsory acquisition of property. CPOs are integral to the economic development of the country. If the State cannot acquire land in a transparent, timely and cost-effective way, we will not build the infrastructure we need. Without this infrastructure, our economic development comes to a halt. A well-functioning CPO system is also essential if we are to meaningfully tackle the housing crisis and end dereliction. These are problems that affect Dublin, but also towns and villages across the country.

It should be put on the record that the compulsory acquisition of land is a sensitive issue. It is not always pleasant when people are moved involuntarily from their homes or required to sell their lands. Although we need a streamlined and cost-effective CPO system, these landowners are entitled to clarity, transparency and fairness. This Bill provides that and strikes the balance needed to make CPOs work.

Unfortunately, our current system does not provide that. It is primitive. It is opaque, creates uncertainty and slows down the delivery of housing and infrastructure. A hodgepodge of about 70 statutes currently govern how the State can acquire land. Two of the most important laws date back to 1845 and 1919, before the foundation of the State. In 1845, we barely had a rail network, no electricity grid and the Great Famine was yet to happen. We had a feudal land law system and no planning system. Any CPO-type powers were not used for the public good but to consolidate large estates. It is wrong that such an important process is made unclear and often unviable because we are still governed by laws introduced by our old colonial masters. These statutes have long outlived their context and frustrate all stakeholders.

If our CPO system cannot command the confidence of acquiring authorities and affected landowners, then it will not work. That is why I am introducing this Bill, which was published by the Law Reform Commission in 2023 after the Government tasked it with examining our CPO system. This Bill repeals those old laws and sets out a clear, unified system that guarantees two things, namely, that the State can acquire the land needed to deliver infrastructure and housing, which are our two most important public goods, and that landowners are fairly compensated and have confidence the process will treat them fairly.

I will outline the key reforms put forward by the Bill. First, it introduces unambiguous statutory timelines so property owners will no longer be left in limbo dealing with uncertainty about payment and timelines. Under this Bill, vesting orders will be served within one week-

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**An Ceann Comhairle:** Excuse me, Deputy. Could we have some quiet in the Gallery, please? Now, Minister. It is very difficult and I understand there is a lot of background noise.

**Deputy James Geoghegan:** You have upgraded me there, too. Thanks, a Cheann Comhairle.

Under this Bill, vesting orders will be served within one week of being made, compensa-

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tion must be determined within six months by an independent valuation tribunal rather than a non-transparent panel of arbitrators, and once compensation is awarded, it must be paid within two months.

Second, the Bill establishes the right to an advance payment. Up to 90% of estimated or agreed compensation will be paid up front. This helps landowners plan and move to a new property if required. Uncertainty about whether a payment will be received or what the sum will be is a common source of opposition to CPOs.

Third, the Bill removes complexity surrounding unknown ownership for properties. Where heirs cannot be located or title is unclear, funds can be paid into court with structured avenues for claims, determinations and eventual release to the authority if the compensation goes unclaimed. There are several derelict properties in Dublin that cannot be compulsorily purchased right now because the owners cannot be tracked down. This Bill will bring an end to that.

Fourth, the Bill repeals the current arbitrary principles of compensation that were developed in 1919 and codifies far clearer modern principles. It also ensures land values are not inflated simply because the State intends to develop nearby. The public should benefit financially from public investment, not a landowner who has already been fairly compensated.

Last of all, the Bill greatly enhances transparency. Advance payments, costs and interests must follow prescribed rules, bringing fairness to owners and accountability to public bodies. These changes will have a profound impact on housing infrastructure delivery and the renewal of towns and cities across the country.

The Bill will make our CPO process transparent, fair and quick. It strikes the balance between respecting property rights and empowering the State to act for the public good. It will make CPOs a modern tool for modern challenges. I commend the Bill to the House.

**An Ceann Comhairle:** Is the Bill opposed?

**Minister of State at the Department of the Taoiseach (Deputy Mary Butler):** No. Well done to the Deputy for ploughing on.

Question put and agreed to.

**An Ceann Comhairle:** Since this is a Private Members' Bill, Second Stage must, under Standing Orders, be taken in Private Members' time.

**Deputy James Geoghegan:** I move: "That the Bill be taken in Private Members' time."

Question put and agreed to.

*Cuireadh an Dáil ar fionraí ar 1.31 p.m. agus cuireadh tús leis arís ar 2.31 p.m.*

*Sitting suspended at 1.31 p.m. and resumed at 2.31 p.m.*

## **Health (Amendment) Bill 2025: Second Stage**

**Minister for Health (Deputy Jennifer Carroll MacNeill):** I move: “That the Bill be now read a Second Time.”

I am pleased to introduce the Health (Amendment) Bill 2025, by means of which it is intended to enhance the oversight and accountability of the Health Service Executive to both the Minister for Health and the Minister for Children, Disability and Equality. The Bill addresses a number of goals arising from the Sláintecare implementation plan, which highlighted the need to shift away from the previous directorate structure of the HSE towards an independent board overseeing a chief executive officer. The HSE board was established through the Health Service Executive (Governance) Act 2019 and has been in operation since then.

Given the implementation of the HSE health regions and the accompanying changes to the governance and structure of the executive, this is an opportune time to introduce these amending provisions and strengthen the oversight relationship between the Department of Health and the HSE. The provisions in the Bill will ultimately enhance the governance of the HSE, the relationship between the executive and the Government and subsequently improve the standard of care offered to those who make use of its services.

Since the foundation of the HSE board, the Department of Health has extensively consulted with the HSE and, more recently, with the Department of Children, Disability and Equality to develop robust and effective governance, oversight and accountability structures and processes. The structures and processes are guided by the founding legislation of the HSE, the executive’s code of governance, the separate but complementary oversight agreements between the two Departments and the HSE, and the code of practice for the governance of State bodies of the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation. The Bill’s provisions will build upon these structures and processes to further enhance the HSE’s accountability while retaining the independence and autonomy of the HSE board.

The purpose of the Bill is to ensure a more formal alignment of HSE and Government planning processes and to introduce more robust financial oversight measures, particularly in regard to any expenditure that exceeds the maximum amount allocated in the annual letters of determination issued by both the Department of Health and the Department of Children, Disability and Equality. This is achieved through the introduction of a number of new measures.

The Bill introduces an obligation on the Minister for Health to prepare a strategic direction statement in respect of health service priorities to guide the HSE in the preparation of its three-year corporate plan. The statement will specify the Department’s priorities for the three-year period in question and may also specify particular goals or outcomes related to those priorities. The statement will be prepared in consultation with the Minister for Children, Disability and Equality. Similarly, the latter will have an obligation to prepare a strategic direction statement in respect of specialist community-based disability service priorities. These statements will issue to the HSE simultaneously no later than three months before the expiry of the corporate plan in operation at the time. The statements can be amended at any time throughout the three-year period if and as necessary.

The Bill provides for the replacement of the national service plan with a performance delivery plan. It places an obligation on the Minister for Health to issue an annual statement of health service priorities to the HSE. The statement will guide the executive in the preparation

of the performance delivery plan and will contain priorities that are consistent with the contents of the strategic direction statements in operation at the time. The annual statement of health service priorities will be prepared in consultation with the Minister for Children, Disability and Equality. The latter will prepare a similar statement of priorities for specialist community-based disability services, to issue simultaneously and at a date no later than the issuing of the annual letter of determination from each Minister. The statements can be amended by either Minister in consultation with the other.

The Bill places an obligation on the chief executive officer of the HSE to notify in writing the executive's board, the Minister for Health and the Minister for Children, Disability and Equality if the CEO forms the opinion that the HSE is likely to exceed its allocated expenditure for any given year. When doing so, the CEO will be required to submit corrective action proposals for the approval of the HSE board. These proposals must outline the reasons for the projected overspend and the actions taken to attempt to avoid it. The proposals must be in line with the strategic direction statement and statement of priorities at the time. Either Minister may request that the HSE amend the proposals if they are deemed to be inconsistent with the strategic priorities or corporate plan in operation at the time or do not have sufficient regard to Government circulars or priorities.

The Bill makes a number of miscellaneous amendments that are required by outlying changes or to address practicalities arising from other provisions. These include, for example, the extension to 28 days of the 21-day deadline for the submission of the HSE performance delivery plan and the HSE capital plan to the Departments of Health and Children, Disability and Equality. A number of provisions correct references to sections of the Health Act 2004 that are being amended, removed or substituted by the Bill. The Bill also makes an unrelated amendment to the National Cancer Registry Ireland, NCRI, establishment order, which seeks to increase the membership of the board and amend the quorum arrangements accordingly. This addresses a recommendation in the Scally report to review the composition of the board of the NCRI.

I will now outline the provisions of the Bill section by section to clarify its content. The Bill comprises 28 sections. Section 1 is a standard provision giving the Title of the Bill and when it will come into effect.

Section 2 defines the Health Act 2004 as the principal Act referred to in the Bill.

Section 3 repeals sections 10A and 10D of the principal Act, which relate to the setting of priorities for the HSE by the Ministers for Health and children. The proposed new process for the setting of priorities is outlined in sections 17 and 18 of the Bill.

Section 4 inserts a definition for an approved performance delivery plan, which is to take the place of the definition for an approved service plan contained in the principal Act.

Section 5 amends the object and functions of the HSE to include a specific and explicit obligation to have regard to Government circulars related to expenditure as well as other relevant documents in the performance of its functions.

Section 6 updates a reference to the service plan to refer instead to the performance delivery plan being introduced in the Bill.

Section 7 amends the principal Act to account for the repeal of section 10A. Specification of priorities and performance targets to the HSE by the Minister for Health, which is currently

facilitated under section 10A, will instead be provided for in section 17 of the Bill.

Section 8 updates a reference to the service plan to instead refer to the performance delivery plan being introduced in the Bill.

Section 9 amends the principal Act to account for the repeal of section 10D. Specification of priorities and performance targets to the HSE by the Minister for Children, Disability and Equality, which is currently facilitated under section 10D, will now be provided for in section 18 of the Bill.

Section 10 amends the functions of the HSE board to include an explicit obligation to ensure systems are in place to provide assurance the HSE is achieving the highest standards of budgetary management and value for money and is operating within authorised resources. It also requires the board to ensure compliance with Government circulars related to expenditure as well as Government policies, codes, guidelines and other relevant documents. Section 11 similarly amends the functions of the chief executive officer to include the same provisions as those in section 10.

Section 12 inserts definitions for each of the new strategic direction statements and removes the definition of an approved service plan.

Section 13 inserts a number of provisions outlining the obligations of the Minister for Health regarding the strategic direction statement in respect of health service priorities. These provisions include instructions on the content of the statement, the time of issue and the amendment process. The statement must be issued in consultation with the Minister for Children, Disability and Equality. Section 14 similarly outlines the obligations on the latter in regard to the strategic direction statement in respect of specialist community-based disability services.

Section 15 outlines the new obligations of both the HSE and the Government regarding the preparation, content, submission and approval of the HSE corporate plan. The section requires the plan to be prepared within three months of receipt of the strategic direction statements and in a manner consistent with the priorities of the Departments of Health and Children, Disability and Equality.

Section 16 corrects a reference to a provision that is repealed by the Bill. The section updates the reference to account for the new structure of section 29 of the principal Act.

Section 17 outlines the obligations of the Ministers for Health and Children, Disability and Equality and the HSE in regard to the annual statement of health service priorities that will guide the executive in the preparation of the performance delivery plan. It also details the contents of the statement deadlines for issue, the amendment process and other relevant considerations. Section 18 similarly outlines the obligations of both Ministers and the HSE in relation to the annual statement of priorities for specialist community-based disability services.

**Deputy David Cullinane:** On a point of order, will copies of the speech be circulated?

**Deputy Jennifer Carroll MacNeill:** We can do that. I might speak to the Deputy about that matter again.

Section 19 details the obligations of the Minister for Health, the Minister for Children, Disability and Equality, Deputy Foley, and the HSE in relation to the performance delivery plan, which will replace the service plan. The section also outlines the requirements for the prepara-



tion, timeline for submission and content and approval of the plan.

Section 20 outlines the processes for amending an approved performance delivery plan. Either Minister, after consultation with the other, can issue a direction to the HSE to amend an approved plan and can specify the manner in which it is to be amended. The amended plan must adhere to the same requirements as the initially approved plan.

Section 21 deals with the implementation of an approved performance delivery plan. The HSE is required to deliver services in line with the approved plan and to ensure that the expenditure incurred for the period relating to the plan does not exceed the authorised amount.

Section 22 increases the deadline for submission of the HSE capital plan to the Department of Health and the Department of Children, Disability and Equality from 21 to 28 days.

Section 23 introduces corrective action proposals and outlines the obligations of the HSE, the Minister for Health and the Minister for Children, Disability and Equality in the preparation, approval and implementation of these proposals. The proposals are to be developed by the CEO and approved by the HSE board.

Section 24 outlines the process for amending corrective action proposals. Either Minister, after consultation with the other, can issue a direction to the HSE to amend the proposals and can specify the manner in which they are to be amended. This direction includes a timeline for the submission of amended proposals.

Sections 25 to 27, inclusive, update references to the service plan in order that it will be referred to as the performance delivery plan, as introduced under the Bill.

Section 28 amends the National Cancer Registry Board (Establishment) Order 1991 by increasing the membership of the board to ten members and adjusting the quorum to account for this change.

The purpose of the Bill is clear. It builds upon the foundations of the Health Act 2004 and the Health Service Executive (Governance) Act 2019 to further enhance the governance, oversight and accountability of the HSE. Through the introduction of strategic direction statements and annual statements of priorities, this Bill represents an opportunity to more formally align the planning processes of the HSE with those of the Government. The introduction of corrective action proposals means a shift towards a solutions-based approach to potential overspends and allows for early intervention with the full approval of the HSE board. Importantly, this Bill also ensures that the HSE board will retain its independence and autonomy while simultaneously ensuring sufficient oversight alignment with the priorities with the Departments of Health and Children, Disability and Equality. Ultimately, the Bill represents an improvement in governance and oversight of the executive through which an improved quality of care for the nation's citizens can be achieved.

I look forward to Members' contributions and welcome the opportunity to engage in productive discussions on its provisions. I commend the Bill to the House.

**An Leas-Cheann Comhairle:** I thank the Minister. Will she make a copy of her speech available to Members?

**Deputy Jennifer Carroll MacNeill:** I will reflect on it.

**An Leas-Cheann Comhairle:** The Minister will reflect on it.

**Deputy Jennifer Carroll MacNeill:** I will certainly give a copy to the Clerk. I made available copies of prepared notes last night which I expressively said I would not depend on, but they were quoted back to me. I need to reflect on how I provide information. This is a technical Bill. That is one thing. I can certainly do that. At the same time, however, this is a matter arising from what happened last night. We can manage it separately.

**An Leas-Cheann Comhairle:** It just might help with the debate.

**Deputy David Cullinane:** The official notes given by the Minister can be read back to the Minister because those are the notes that are circulated.

**Deputy Jennifer Carroll MacNeill:** As long as that is done accurately.

**Deputy David Cullinane:** That is a different matter.

**Deputy Jennifer Carroll MacNeill:** That is a different matter, and it is the matter at hand.

**Deputy David Cullinane:** It is a bit petty that the Minister does not share the-----

**Deputy Jennifer Carroll MacNeill:** There is no need. I am not required to do so.

**An Leas-Cheann Comhairle:** Deputy Cullinane-----

**Deputy David Cullinane:** I do not need to be corrected. I know how the Dáil works.

Accountability and good governance have always been at the fore of any debate about the health service. There is much great work is done by our front-line workers who strive every day to do their best. The efficiency with which many in the health service work, particularly in overcrowded emergency departments and under-staffed wards, is genuinely never credited. Unfortunately, that good work is often overshadowed by colossal waste and mismanagement across the HSE.

Since 2020, the health budget has ballooned, but the return on that investment has been questionable. While it is true that more services are being delivered than ever before, waiting times are, at best, stagnating rather than coming down substantially in the way that was promised when the Government parties signed up the Sláintecare. That is why this legislation is so important in the context of bringing governance and accountability arrangements up to a higher standard. We must ask whether the Bill will achieve that or whether it is simply more window-dressing to allow the Government to pretend it is doing something meaningful. Unfortunately, this Bill is a wasted opportunity. I will outline why.

The substance of the Bill is dealt with in Part 2, which provides for an improved performance delivery plan - this will replace the HSE's annual service plan - to be approved by the Ministers for Health and Children, Disability and Equality and developed on the basis of the statement of health service priorities. The Bill also places new obligations on the HSE regarding its three-year corporate plan, which is already done on a three-year basis, and provides that the Minister for Health and the Minister for Children, Disability and Equality, Deputy Foley, will issue strategic direction statements to inform the HSE's priorities. Given that this retains the annual approach to the service plan as the default and that the Minister currently issues priorities annually to the HSE through a letter of determination, this appears to be a rebrand-

ing exercise rather than any substantive change. Notably, it allows the Minister to extend the performance delivery plan over any period the Minister wishes, but it does not require a multi-annual plan by default.

The Bill also places an additional legal requirement on the HSE to exercise:

... the highest standards of prudent and effective budgetary management, including with regard to the achievement of value for money and recognition of the importance of managing within authorised financial and employee resources ...

One would have thought that this was already a legal responsibility for any public body.

The remaining substantive element of the Bill is the new process for ensuring that the HSE remains within budget and provides a legal basis for what is called corrective action proposals. There is already a requirement on the HSE to operate within budget. I do not think the CEO of the HSE allows the organisation to run over budget intentionally. This again seems to be rather meaningless. Notably, the Bill provides that where the HSE goes over budget, it must pay for this out of the following year's budget. Where it makes a saving, it may, subject to approval, retain that money for the following year. There is a concerning stipulation in this regard. As we know, health services are demand led. If, after taking corrective action and every measure tolerable to the Minister and the public to curtail spending, the HSE still runs over budget, there could be severe knock-on consequences for services. Such a proposal would only result in us returning to a situation that we had last year where a deficit is accumulated within the HSE's budget over a time period only to be bailed out after several years when it is no longer tenable to carry that deficit forward.

While these are important changes, they are nothing new. These amendments to the Health Acts are largely reflective of changes which have already occurred in practice between the Minister, the Department and the HSE. The truth is that this Bill does not implement any meaningful change. It seems to be a way for the Government to pretend it is being tough on the HSE for budget failures without providing the reforms that are truly necessary.

The Bill retains the shortsighted focus on annual-based planning. Year-to-year planning in the health service does not work. No multibillion organisation operates on a year-to-year basis in the same way that the HSE does. The Government parties signed up to multi-annual frameworks in the programme for Government, but they have failed to translate that into this Bill. That is deeply disappointing. While the Bill provides for a three-year corporate plan, which already exists, it does not provide for multi-annual frameworks in respect of funding, staffing and capital delivery. That is why, unfortunately, I see this Bill as a wasted opportunity. It is a wasted opportunity because of what is not in it.

When the health committee conducted pre-legislative scrutiny, one of our recommendations was that the Bill would provide for capital funding to be approved, indicatively on a multi-annual basis, to facilitate a proactive, multi-annual capital planning framework. That has not been incorporated into this Bill. While the HSE has to be expected and held accountable for operating within budget, it also must be enabled to make the very sizeable investments in digital infrastructure, bed capacity and primary care reform that are needed to make health spending more sustainable. The health service is inefficient by design. It is hospital-centric and working on pen and paper. Not only are there trolleys strewn across corridors, but there are also trolleys full of paperwork that are being pushed around.

When it comes to capital spending, there is a need to ensure that health is not forgotten in any revision of capital expenditure. We have to look at all of the needs across the health service over the next number of years. We had a good discussion in the committee today on digital transformation. That is going to cost a lot of money. The previous Minister for Health launched a comprehensive bed plan. That must be delivered and funded. We have all sorts of projects at a local level that every TD, whether in government or in opposition, will jump up and down for. They have to be funded. The children's hospital has to be completed. The new elective hospitals will have to be built. The new maternity hospital will have to be built. Unless there is a substantial increase in capital funding, I do not see how any of that is going to be paid for. Then the focus will be on the Government, the Department of Health and the Department of public expenditure and reform to explain to people which projects will not be funded and what will not be done if health does not get its fair share of any increased capital expenditure.

There is an issue with accountability, even with regard to parliamentary questions. The purpose of the public-only contract that we put in place was to facilitate public work on weekends, but insourcing has allowed private practice in public hospitals on weekends, which is far more lucrative. When I asked the Minister for Health and the HSE about the level of Saturday activity happening on a public-only contract, the question could not be answered by the HSE. When I asked the HSE how much was spent on locum cover for consultants who are not able to fulfil their out-of-hours obligations, the HSE could not answer it. When I asked about how much individual consultants, in anonymised fashion, were making from private work on public lists through insourcing arrangements, I was told this information is not available at a national level. How can we know what is happening if we are not collecting the data? An awful lot more work needs to be done in that area.

**Deputy Mark Ward:** The Bill before us is a Bill of optics to create an illusion that the Government is dealing with a health crisis that it created. It is like rearranging the deckchairs on the *Titanic* or an old-fashioned three-card trick that moves people from list to list without getting them the necessary treatment at the end of it. I will give the Minister some examples. In 2015, there was an agreement to place a much-needed primary healthcare centre in Rowlagh in my constituency. Planning permission was granted in 2018, followed by fire safety certificates and disability access certificates. It is now 2025 and not a sod of earth has been turned on this much-needed facility. The latest response I got from the Government is that the primary health centre for Rowlagh is currently on hold while the HSE evaluates current service needs.

The health needs of the people of Clondalkin and the families I meet daily have increased dramatically since 2015 and the people of my area feel abandoned by Fine Gael and Fianna Fáil. When I say the health needs have grown in my area, the Minister does not have to believe me. She just has to look at the latest figures that have come from the HSE about children with disabilities waiting for assessments of need. The number of children awaiting assessments of need is now expected to pass 25,000. That is 25,000 families and children who will be left in limbo. A total of 11,500 of these children are left waiting for first contact with the HSE, with nearly 8,000 of these children waiting for over a year before the HSE will even pick up the phone to contact their parents. When they finally receive the diagnosis, which could take years, these children are left on waiting lists for occupational therapy, speech and language therapy and psychology.

I have said numerous times that the Government is denying children in this State every right and every chance to reach their full potential. We have also spoken about the shortage of GPs in the State and how difficult it is for patients to get an appointment, but there are bureaucratic

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delays in the HSE that impede this. I will give an example. The Rowlagh medical centre in my area opened last year at the site of the old Rowlagh credit union building. This is something that I have been working on for a long time. The centre provides a range of health services, including GP services, in an area of high disadvantage. It wants to provide a GP medical card service. It sourced the GP, which is fantastic. It took some time to get him registered with the Irish Medical Council. This was finally resolved and now the centre is waiting for the general medical services, GMS, contract to be sorted out through the HSE. I am happy to announce that once this is approved, the Rowlagh medical centre could have the capacity to take more than 500 new medical card patients, which will be fantastic for my area.

There is also a shortage of public health nurses in Dublin Mid-West, in the Rossecourt resource centre in Lucan, the Lucan health centre, the Rathcoole health centre, the primary health centre in Clondalkin, and the Rowlagh health centre. Newborn babies' brains develop more in the first five years of their lives than at any other time. If children do not get the necessary developmental checks, something missed could have a lifelong impact on them. I have been getting the same answers from the HSE for the last two years, that there are recruitment and retention issues for the HSE getting public health nurses in the area. I want to know what is going to be done about that. Parents in Dublin Mid-West feel the burden of trying to spot any developmental challenges their baby is experiencing. Can you imagine the guilt parents feel if they fail to spot something? I want to be clear that the guilt is not on parents-----

**Deputy Jennifer Carroll MacNeill:** I agree.

**Deputy Mark Ward:** -----but rests solely and squarely on the shoulders of Government for not providing public health nurses in Dublin Mid-West. I am calling for action now so that no more children fall through the cracks.

**Deputy Cathy Bennett:** Fine Gael and Fianna Fáil introducing legislation to provide for revised governance and accountability for the HSE is farcical. In effect, the most substantive aspect of governance I see is a chief executive whose grossly substantial salary facilitates their operating as a mudguard for the Minister of the day. Regarding accountability, with scandal after scandal in our health service, the one certainty is always that no one will be held to account and that there will be no transparency. This should not come as a surprise to anybody, because it is part of a culture that is not limited to the HSE. It pervades every inch of Government itself. The Taoiseach, not content to be unable to admit that he and his Government have made mistakes in the past, has in recent weeks sought to rewrite history to cover up for his failure to protect services in Cavan and Monaghan while he was in government.

The facts are plain to see. The health boards had been abolished by the time Monaghan emergency department closed. The HSE was in place when accident and emergency services were stripped from our hospital in Monaghan under a Fianna Fáil Government. If the Taoiseach would like to backdate the decision to his own tenure as Minister for Health, he is free to do so, but the situation today is the Minister, Deputy Carroll MacNeill's responsibility. The minor injuries unit in Monaghan hospital does incredible work but this is not enough. We need an emergency department. A person can wait over 24 hours in Cavan emergency department without the necessary services. This is just not good enough. This hospital in Cavan is servicing three counties.

I can give the Minister an example. A person from Monaghan with an injury - for example, a suspected broken bone - may find themselves in the minor injuries unit in Monaghan hospital



and will be asked to go to Cavan hospital emergency department. God knows how long people will have to wait there. I have waited there for 24 hours with my mother. After that wait, because you have a suspected broken bone, you will be asked to travel to Drogheda to wait again. The Minister might find it hard to believe this, but this is what the people of Cavan and Monaghan are dealing with.

What is the Minister going to do about it? Past Ministers and the HSE have utterly refused to even examine the situation. If we ask about additional equipment in Monaghan, for example, a CT scanner or MRI scanner, currently exclusively located in Cavan hospital, we are told there is not a need because people can access them in Cavan hospital, but despite this, hundreds of people are on waiting lists, and waiting times in Cavan hospital are unacceptable. I ask the Minister again for a feasibility study and for this to happen in Cavan and Monaghan hospital so that we have the correct equipment in those hospitals. Can the Minister appreciate how frustrating it is for the people of Monaghan that they have to travel to Cavan and Drogheda to be seen and not have such long waiting lists? Why are we being treated by this?

I am utterly convinced of the need to restore services to Monaghan hospital that were stripped away by previous Governments but the Minister can make a change. My appeal to her is straightforward. Will the Minister agree to review the current operational framework of emergency care in Cavan and Monaghan, particularly the need for CT and MRI scanners in Monaghan hospital?

**Deputy Ruairí Ó Murchú:** I do not think anyone has a particular issue with providing corporate governance arrangements and accountability for the HSE. Deputy Cullinane dealt with this from the point of view of the smoke and mirrors we are seeing here. We are not seeing any real change with any of this. It is all well and good to look like the State is getting tough with the HSE about budget failures and overruns, but the necessary reforms need to be ensured.

*3 o'clock*

We are talking about the multi-annual framework. We are dealing with the other inefficiencies within the system.

I do not know how many times we have spoken about everything, including ensuring we have the best of primary care, we have those pieces of community care in place and we have the best fit-for-purpose IT systems. We keep talking about digitalisation. On some level, some of that seems to be wrapped up in regard to the national children's hospital. Too much has been said in regard to that in latter days. We need that delivered but we need to be able to deliver the idea of digitalisation. Many people have spoken to me about that and it is generally a problem they have when dealing with accident and emergency departments. I have spoken to many people recently who have been in Our Lady of Lourdes Hospital, Drogheda, and have been dealing with staff who are doing a huge amount of work and are under severe pressure. It is down to the number of people and the number of cases - sometimes complex cases that should be elsewhere - that there is severe pressure there. They about individual cases where sometimes they are dealing with a system that is not computerised as it should be. That is even in regard to communications between GPs and the hospital and notes taken in the hospital, particularly in the emergency department. That does not make any sense whatsoever in 2025. We all know the dangers that occur when we do not have the best of information provided in the most easily accessible way. That leaves room for things to go absolutely wrong.

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We need to see we are resourcing hospital beds. We need to make sure we have the step-down facilities required. We know the huge issues in regard to care facilities and specialists to look after people so that they can get a package and free up the bed for other people.

Similar to Deputy Mark Ward, we, in Dundalk, would like to see delivery on the primary care centre. It is not just about the primary care centre; it is about those community pieces related to everything from mental health services right through. If I am talking about mental health services, I must mention we are still awaiting delivery on the ten-bed extension to the Drogheda department of psychiatry, DDOP, in Crosslanes. That would only provide Louth-Meath with, I think, 14.1 beds per 100,000, which is way below the State average, and the State average is not particularly good.

I have spoken to the Minister before about the pieces of work that need to be delivered in Louth County Hospital, Dundalk, regarding orthodontics. It is hard not to mention last night's debate on endometriosis. Recently, I and many others went to a meeting organised by Sinn Féin in my constituency and I was absolutely shocked. It was very similar to an awful lot that was said here. I am taken aback by the number of emails and contacts I have had from constituents about their personal plight since that debate. That is an issue we need to see delivery upon.

**Deputy Marie Sherlock:** When I was reading the substance of this Bill today, my overriding sense of it was that the one consistent feature of the health service over the past 20 years is change. Since the Health Act 2004 there has been so much chopping and changing with regard to our health management system. Some of that was out of necessity. There are some very real questions as to the timing of this Bill, particularly given that we are only a few months into the new regional executive officers, REO, structure. The question has to be asked: is this coming at a time to effectively tighten the screw on how resources are going to be managed and overruns dealt with within the HSE? On the face of it, this is a technical Bill, designed to give the Minister greater influence over the HSE delivery plan. That can only be a welcome thing because, to be honest, for far too long successive Ministers have been more commentators on the HSEs performance as opposed to drivers. I believe the Minister very much wants to drive what the HSE is doing.

The niggling question at the back of my mind in regard to the proposals here, in particular section 24, is what happens when something goes wrong? What happens when the CEO must inform the Minister that the HSE will likely exceed its capital or non-capital budget for the year, and then, what corrective measures does it need to take? Financial controls are important, and crucially important in the health sector, but the critical question here is: is the purpose to stay in budget or is it to meet the actual health demand that is out there?

**Deputy Jennifer Carroll MacNeill:** It is both.

**Deputy Marie Sherlock:** The answer may be that it is both. When we look at the individual issues within our health service, there are fundamental questions about the operability of, in particular, section 24 into the future. I am looking in particular at budget 2024 announced in October 2023. With the benefit of hindsight, it was a complete work of fiction. The HSE had to come out and effectively out the Government by saying what the budget was providing for 2024 simply was not enough. We had to have a summer economic statement. We had to have a supplementary budget of €1.5 billion in the middle of 2024 and an additional €1.2 billion this year. The Government obviously messed up its figures and did not adequately or appropriately account for very predictable and ongoing challenges within the health service.

If that was to happen again and the political system was to fail to take responsibility for the level of demand within the health service, on whose shoulders should that responsibility for the underfunding lie? Is it with the Minister for Health? Is it with the Minister for public expenditure? Is it with the CEO and the board of the HSE? Section 24 of the Bill is very much putting it on the HSE. Will cutbacks be the norm over the next number of years in order to try to meet the straitjacket of a health budget set down every October?

The other key question is in regard to the accumulated deficits, particularly within the voluntary hospitals, which is a very real issue. The accumulated deficits across a number of the voluntary hospitals were reported at €340 million. Efforts were made last year to reduce some of those voluntary hospital deficits. We have had media reports that pharmaceutical companies have had to put accounts on hold, in particular with regard to the Mater hospital because bills were not being paid on time. The Mater hospital itself is facing a deficit of almost €25 million. Beaumont Hospital is carrying forward €66 million. The reality is there have been bailouts. There has been some sort of agreement, but the reality is there is fundamental questions about the voluntary hospitals' continuation into the future and how the Department of Health is hoping to remedy that. We can have a conversation another day about whether we should have every hospital in the country run as a HSE-owned hospital or whether we sustain those voluntary hospitals but the reality is the State is severely reliant on those voluntary hospitals and how we keep them in operation. A critical question is whether those corrective measures apply to the voluntary hospitals or not.

The other elephant in the room for me relates to the National Treatment Purchase Fund, NTPF, which is not being addressed here as I understand it. This has been the subject of lots of committee hearings and interactions in the Dáil over recent weeks. However, there is a commitment now to ending insourcing, a very controversial measure to try to reduce waiting lists, albeit it has reduced waiting lists in some hospitals. The other thing is that some people have made a lot of money out of the use of State assets and HSE-directly employed staff. There are very serious questions about who has been making money to reduce those waiting lists. The commitment now is that we will have it ended by next year, but who is going to make good on that money? This is a separate funding pot to the NTPF. Will the hospitals that have been appropriately using the insourcing funding get the additional resources to try to beef up with regard to staffing? To be very frank, the revelations about the period between the end of 2023 and start of 2025 in which sums of between €71 million and €91 million were spent are outrageous, particularly when we understand that a number of serving HSE staff are currently providing those services. Every company is entitled to provide a service, but there are real questions there about the duplication of work and incentives to work. I know the Minister has very eloquently been on the record calling this out and raising concerns, but the critical issue for those hospitals that have been relying on the NTPF money to reduce their waiting lists is what will happen to that funding.

There is a separate question with regard to Naas and Beaumont hospitals in how they have used NTPF funding for what we understand are routine activities. There is a separate question about the oversight of the NTPF and its oversight of its own activity. While a big song and dance was made about how it is overseeing waiting list validation, we hear much less about its oversight of what accountability is expected when it signs the cheque for the individual hospitals. What is it getting in return? There are very clear questions from me and the wider Labour Party with regard to this Bill and how it will deal with this sum of money.

One of my last questions relates to population-based resource allocation. This was the big

idea last year. It is very consistent with Sláintecare, something the Labour Party hugely supports and is not well understood. Obviously, it is in its infancy. We still have to see a lot of the detail as to how population-based resource allocation will ultimately shape the allocation of financing within the health service.

Last year, the Secretary General of the Department of Health stated: “It is [very] clear that it is not sustainable over the long term to continue to increase health expenditure in line with demand each year.” That is a particular perspective. How demand is defined is something in and of itself. However, the reality is that there is a huge amount of unmet demand in certain parts of our health service at the moment. We spoke this morning about dental care, which is on the brink of collapse. Last night, we talked about endometriosis. The Minister has heard me talk lots of times about the lack of supports within GP care and the patchy GP service we have throughout the country. The key question now is how this tightened financial control of the HSE will be consistent with the roll-out of the population-based resource allocation into the future. The ideal is that the money follows the need. If there is going to be a political decision about what that need is as opposed to the actual reflection of the need on the ground, one validated by our clinicians and everybody else on the ground, then there is real potential for a disconnect there. Sláintecare is about ensuring that money follows the need. That is one of my biggest questions that has arisen today.

We have not really had an opportunity to talk about population-based resource allocation, PBRA. Our understanding is that, in terms of the current plans of the Department, nearly half of all HSE expenditure is likely to be excluded from the proposed PBRA mechanism. Those exclusions will cover the primary care reimbursement service, PCRS, for GP and dental care and the fair deal scheme. That is a massive part of our health service and there is a lot of unmet need within it. Will we truly have a proper system of population-based resource allocation in terms of a model of funding if we exclude that whole swathe of the health service? That is a conversation for another day-----

**Deputy Jennifer Carroll MacNeill:** We should have it.

**Deputy Marie Sherlock:** There are key questions about how this very good model is consistent with this very political decision to effectively try to make the HSE deal with any cost overruns itself and take corrective measures and to pass the buck on to the HSE for what may be understandable cost overruns into the future. We need to be extremely careful about section 24 of the Bill in particular.

**Deputy Cormac Devlin:** I welcome the opportunity to speak in support of the Health (Amendment) Bill 2025, which is a timely and necessary step to strengthen governance, transparency and accountability in our health service. This Bill delivers on a core commitment in the programme for Government to embed productivity and ensure full transparency in how health-care services are delivered. It recognises that strong, accountable structures are essential if we are to meet the needs of a growing and ageing population and deliver better health outcomes for our citizens.

This legislation addresses a long-standing gap in the Health Act 2004 by clearly setting out how the CEO of the HSE and the board must engage with the Minister for Health and, in the case of disability services, the Minister for Children, Disability and Equality. It introduces a more structured, accountable framework for how the HSE plans and delivers services, including strategic direction statements that Ministers will issue to guide the HSE’s three-year cor-

porate plans; a new system of performance delivery plans, replacing the old service plans and informed by annual statements of priorities from each Minister; and, most importantly, a new statutory requirement for the CEO to bring forward corrective action proposals where expenditure is expected to exceed allocation. This is about real accountability, not just in how money is spent, but in how performance is measured and managed.

The scale and complexity of our health service has grown rapidly over the past two decades. The HSE now operates with a budget of €26.9 billion, a €1.6 billion increase on last year alone. That includes nearly €300 million in new service developments within mental health, older persons and disability services. With that level of investment comes a responsibility to ensure that we are delivering the best possible return for patients, staff and the public.

We know the challenges. Demand in our hospitals is rising by 5% to 10% annually. The number of people over the age of 75 has increased by 26% since 2019. We are dealing with the long-term costs of high inflation and post-Covid activity spikes.

Despite these pressures, progress has been made. Waiting times are falling, and are now down from 13 months to just longer than seven months for outpatients. Trolley numbers are also down 11% year on year. Free GP care has been extended and hospital charges abolished. This progress is possible because of the record levels of investment. Now, thanks to this Bill, we are building in the governance structures to sustain that progress into the future.

The return to a board-led governance model for the HSE, first legislated for in 2019, was a vital reform. The 2013 directorate structure was rightly found by the Sláintecare report to be unfit for purpose. This Bill builds on that by ensuring that the CEO is directly accountable to the board and that the board, in turn, is accountable to the Minister. It also reflects the significant transformation under way with the establishment of the six new health regions. These regional structures aim to deliver more integrated care closer to home and tailored to local needs, a key ambition of Sláintecare.

The Bill reflects the values of the Government more widely and of Fianna Fáil, namely, responsibility, reform and better outcomes for patients. It ensures that the HSE is not only better funded, but better managed. It also complements the work of the productivity and savings task force, which is delivering efficiencies across the system. Last year alone, and as the Minister alluded to, €251 million in savings were delivered. A further €382 million is targeted this year. These are not abstract numbers; they translate directly into shorter waiting times, more staff and better care.

While this Bill focuses on management and accountability, we also need to see continued capital investment in buildings, infrastructure and equipment. I think of the need for the expansion, of which the Minister will be well aware, of the National Rehabilitation Hospital in our own constituency, an objective to which we are both very committed. Hopefully, we will see the capital funding arise for that in the upcoming budget. St. Michael's Hospital, Loughlinstown hospital and St. Vincent's University Hospital also all have ambitious plans.

Of course, while the big ticket plans grab attention, it is equally important that we support smaller capital projects in communities, for example, delivering on housing and respite facilities for people living with disabilities. I know the Minister will continue that focus in budget 2026.

I commend the Minister on introducing this legislation forward. It will help to ensure that



health spending is tied to clear plans, clear targets and clear accountability. That is what the public expect and that is what the Bill will deliver. I am pleased to support it. Go raibh maith agaibh.

**Deputy Joe Neville:** Sometimes, I come to the House and I am not exactly sure of the relevance of individual Bills or of what negative point the Opposition might make that day. The Opposition could not make a negative point today because this Bill speaks to the core of something we talk about in the country so often. We talk about money being spent, who spent it, why it was spent, who is to blame and where the accountability is. Unfortunately, we sometimes see increases in budgets but we do not necessarily get the returns. On Leaders' Question yesterday, the issue of all the extra money we are spending came up. It is a question of whether we are getting enough back. This Bill allows the Minister to be able to hold people to account, ask questions and do so in a robust and systematic way we may not have been able to do formerly.

Since coming to Leinster House, I have seen different parts. At the public accounts committee, that is what we do quite often - we ask afterwards. We ask questions about how money was it spent. This Bill will allow the Minister to have a key role in that.

I am a TD in north Kildare, which is a rapidly growing location. It is in rapid need of improved community service. This will help with that. It will reinforce the shift towards better-managed community care with clear leadership and planning. Ultimately, that is what we need.

The Bill also clarifies and strengthens the responsibility of the HSE board itself. It makes the board and the CEO legally accountable for good governance. We know that the CEO's intention will always be to do the best while always ensuring there is good governance, but that does not necessarily end up being the case. As an accountant myself, I have seen it over the years as an auditor. There might be financial controls in place but they are not always the best controls. Indeed, the service is not always delivered in the best way possible. However, this Bill gives the Minister for Health a more hands-on approach and a possibility of ensuring those jobs are being done well.

The HSE itself, as we know, and as Deputy Devlin said earlier, has a significantly larger budget. It has a huge budget - the largest health budget we have ever set. Sometimes, the problem is that so many people have a view about this. It has been said over generations, even when the budgets were much smaller, that no matter how much money is put into the health system, we will not fix it. That is an awful way for any country, any set of politicians or the public to view any system. It is awful that our health system, the most important part of our government, should be perceived in that way. Once again, the Bill will help to stop that.

If spending limit thresholds are broken, the CEO must notify the board and the Minister for Health and must propose corrective actions to stay within budget. That has not always been the case historically. Sitting at home listening to the radio over the years before I was involved in politics, there was always the fear that these issues could arise and we would only find out after. With this Bill, there will be a stronger role for the Minister. The Minister will have greater oversight powers to ensure compliance, service plans are delivered and there is financial accountability. If the HSE itself fails to act on overspending or underperformance, the Minister can take directive action. It is important we have that in legislation because that is key. Ultimately, we want our politicians - I include myself in that - to be held accountable. We also want to be in a position to hold others accountable who are acting on behalf of the public and, in many cases, the taxpayers who enable us to run the State as we do.

The annual performance review will require detailed annual reports on how the HSE is meeting service targets and financial responsibilities. As we all know, financial reports are not about a set of numbers. There is also the picture behind that and how it builds towards it. Therefore, it is important that we are clear because that will help to emphasise the transparency and accountability to the Oireachtas and to the public, to whom we are all beholden as Oireachtas Members.

The Bill will support the Sláintecare reform programme, which aims to build a unified and equitable accounting health system. Most of all, though, it will be there to prevent a systematic failure. It is designed to avoid the kind of systematic failures we have seen in past HSE governance issues, namely, with CervicalCheck and budget overruns. This Bill can be part of that improvement, giving us power to ensure we can carry out corrective actions beforehand and hold those people to account. That is something we must support. Hence the reason I want to be standing here, as a Government back bench TD in this case, supporting our Minister as she leads the way in ensuring we have the best health system we can possibly have. Money has been put aside and significant budgets have been put in place, but we need to ensure our system delivers for our people in the way it should and in the way they deserve. I thank the Members for the time today. I think this Bill will pass.

**Deputy Rose Conway-Walsh:** I appreciate that the Bill before us will provide for revisions to corporate governance arrangements within the HSE. I welcome this. If ever an agency needed governance reforms, it was the HSE. There have been too many incidents of governance failures at this agency. I refer to the CervicalCheck scandal, which revealed 162 women were not informed about missed abnormalities in their smear tests; the 2023 nursing home review, which revealed serious governance lapses after a resident was raped by a staff member in the HSE nursing home; and we will all remember the treatment of the whistleblowers who faced suspension and disciplinary action for raising concerns of financial misconduct and care home abuses. However, I have concerns that this Bill will do little to implement meaningful change in respect of its stated aim of exercising the highest standards of prudent and effective financial and budgetary management. If the Government really wanted to enhance budgetary governance, it would introduce the multi-annual funding framework it promised in the programme for Government. Sinn Féin will be tabling amendments on Committee Stage to provide for multi-annual funding and for staffing frameworks, because that is the right thing to do. This is the only way proper planning can take place and efficiencies can be made.

I take this opportunity to ask the Minister for Health to please address persistent staffing issues across the HSE. The Government claims the recruitment embargo in the HSE has been lifted since last July but there have been no positive effects in Mayo. I met representatives of the INMO last week again. In fact, I have very direct experience of being in the emergency department in Mayo University Hospital in the last number of weeks. I commend the staff there for the job they are doing but they are expected to do that job even though there are not enough of them. I know the Minister wants to answer me back and I know she cannot in this situation. She should please let me tell her that there are not enough staff members.

**Deputy Jennifer Carroll MacNeill:** There is a 32% increase in Mayo.

**Deputy Rose Conway-Walsh:** The INMO is telling untruths, then. It is telling untruths, as it says there are not safe staffing levels. You can hold up whatever documents you like, Minister.

**Deputy Jennifer Carroll MacNeill:** There is a 32% increase.

**An Leas-Cheann Comhairle:** Will Members address their remarks through the Chair?

**Deputy Rose Conway-Walsh:** The Minister can hold up whatever document she likes, but I am telling her that there are not enough staff in Mayo University Hospital in the emergency department section to provide safe service there. I am also telling the Minister that it is a deterrent for so many people who want to, and probably need to, go to hospital. They want to do everything to stay out of hospital. Those nurses and other staff members are absolutely run off their feet. They are expected to operate on a corridor with trolleys each side of it, patients in pain moaning, looking for help and trying to get a bed when they cannot get a bed, yet the Minister is telling me the hospital has enough staff. It does not have enough staff. I can tell the Minister that. I am very grateful for the service the staff provide but there is not enough of them there. Whatever the Minister is doing, I ask her to please address that and to look at it. I was not even going to bring this up but the Minister saw the women in the Public Gallery last night for the endometriosis care motion. The Minister pointed out phantom clinics they were to go to in all these places and implied there were so many services about the place that they just were not going to. Why then are those women in such pain? The Minister spoke about them choosing to go to abroad when the services are not here for them. The Minister can shake her head all she wants but she needs to recognise what is happening on the ground. The health of the women who were here last night is deteriorating. The organs in their bodies are being eaten by endometriosis and the Minister is saying there are enough services and support.

**An Leas-Cheann Comhairle:** I ask the Deputy to conclude.

**Deputy Rose Conway-Walsh:** I am sorry but the Minister needs to get with the programme.

**Deputy Pádraig Rice:** I welcome Second Stage of the Health (Amendment) Bill 2025, which regrettably is the first health legislation to be taken on Second Stage since the general election last November. This is one of only two health Bills listed for priority publication yet it was only published last Friday, just shy of the summer recess. Nevertheless, it is worthwhile and modest legislation.

To pick up on some comments by the previous speaker, we hear two different narratives constantly. There is a narrative from the Government that there is plenty of staffing and an increase in staffing. We hear from nurses, doctors and people working in hospitals that they are short-staffed, posts are not filled and there is no maternity leave coverage under the pay and numbers strategy. Some services are particularly short-staffed. There is a juxtaposition which needs to be teased through to see if certain parts are understaffed and resources are stretched. We constantly hear there is enough staff but that is not what is said on the ground.

One of the main purposes of this Bill is to replace the HSE's annual service plan with an annual performance delivery plan. I have no objection to this in principle but I would appreciate if the Minister outlined in more detail how this new performance delivery plan will be different from the service plan. I assume it is more than just semantics. I note the Minister of the day will have a clearer role in shaping and influencing the final performance delivery plan. Under section 17, the Minister for Health, in consultation with the Minister for disability, will prepare an annual statement of health service priorities to guide its development. While welcome, this is a small change. There have been serious issues in recent years with what have been characterised as HSE overspends. I argue that Government underinvestment is the root of this issue.

That is not to excuse the HSE's ballooning spend on outsourcing and agency staff but there must be an acknowledgement that funding has not matched what is required to deliver services and Sláintecare reforms. This has been repeatedly pointed out by the Irish Fiscal Advisory Council.

Health spending has undoubtedly gone up in recent years but there was a lot to catch up on after decades of underinvestment. There have also been population increases and demographic changes, not to mention the money that should be front-loaded into the Sláintecare reforms. At the core of health funding issues appears to be a different view between the Department of Health and the Department of public expenditure. This is despite the fact that the entire Government has a collective responsibility to ensure there is an adequate level of patient care. That is why the greater level of oversight provided for in this Bill, while welcome, will not address the real problem, which is the dysfunctional method of allocating the health budget.

The provisions in the Bill related to corrective actions are a necessary safeguard but we should focus on addressing those problems further upstream. What is more urgently required and should take precedence is the move to multi-annual funding. We raised this during the Estimates process in the health committee. That would provide a more sustainable and coherent model of service planning, especially with respect to staffing and major service developments. Multi-annual funding was first committed to in the 2016 confidence and supply agreement between Fianna Fáil and Fine Gael. Almost a decade later, with the same parties in government, it remains undelivered. A commitment to multi-annual funding appears in the new programme for Government but delivery must be accelerated. Without this important change to the budgetary process, this Bill just tinkers at the edges. The existing annual cycle of service planning is not fit for purpose, especially in the context of implementing Sláintecare reforms. In fairness to the Minister, I have little reason to doubt her commitment to delivering multi-annual funding. My fear is the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation will continue to be a barrier to implementing this crucial reform, which is ironic given that reform is in the title of the Department.

The HSE corporate plan under this Bill would also inform the strategic direction statement. Given that the new HSE corporate plan for 2025 to 2027 was published just last week, I will use this opportunity to discuss some of its contents. While I agree with the sentiments and objectives expressed in the new corporate plan, it is difficult to have faith in them being realised. This is an aspirational three-year plan with aims that are not matched by deadlines or key performance indicators, KPIs. I appreciate it is the job of the service plan to say how, but the corporate plan should at least say when.

Women's health is a priority under the healthy communities section of the corporate plan. My main concern in this regard is there is no commitment to replacing the women's health action plan. The current plan runs out at the end of the year and the corporate plan is for the next three years. Many initiatives in the first two action plans have yet to be delivered, for example, the long-promised mother and baby unit. It was first recommended in the 2017 specialist perinatal mental health service model of care. According to the implementation plan for Sharing the Vision, the new mother and baby unit was to be delivered by quarter 4 of 2024. That unit is nowhere near being established. St. Vincent's, the proposed location, no longer seems able to accommodate the unit or at least not any time soon. Despite being promised in the 2022 and 2023 women's health action plan, this commitment was quietly dropped from the successor plan for 2024 and 2025. These units are commonplace in the UK, France and Australia yet Ireland does not have a single unit. Delivery of this unit must be prioritised. The adverse effects of separating mothers and babies are well documented.

In terms of dental care, the HSE corporate plan also makes a vague commitment to improving access to emergency and routine dental care. When will this happen? Public dental care waiting lists are at breaking point. The medical card scheme is haemorrhaging dentists but one would not think it from reading the corporate plan. Where is the ambition? I cannot understand why we are still waiting on the Department to publish a new dentists Act. The current Act remains largely unchanged since its enactment 40 years ago. It is not fit for purpose. A complete overhaul of the underpinning legislation and the medical card scheme is urgently required. They are relics of the past and must be modernised, not just modified.

I also mention laboratory services, which get a passing reference in the corporate plan. However, there is no mention of the eroded medical scientist workforce, which is jeopardising the ability to deliver safe laboratory services. There is no reference to the botched medical laboratory information system or how the HSE intends to get the project back on track. My understanding is this new IT project was to be delivered to more than 40 public laboratories but to date one has only been rolled out in Beaumont hospital. There are serious questions about the HSE's procurement process for this project and many others, yet procurement is not mentioned once in the corporate plan. This is disappointing considering only last year the Comptroller and Auditor General identified serious levels of non-compliance with procurement rules in the HSE. According to the Comptroller and Auditor General, "The HSE's control systems are failing to highlight the level of non-compliant procurement occurring", yet the corporate plan is silent on this issue. The corporate plan also mentions the long-promised reforms of home care but makes no mention of the statutory right. Is this no longer a priority? It is one of the most important parts of the home care reform programme. The Tánaiste, Deputy Harris, first committed to a statutory right to home care in 2017 during his tenure in the Department of Health. Eight years later, we are still waiting. Not even the regulations needed to underpin the statutory scheme have been legislated for. Never has the case for alternatives to nursing homes been greater. This must be prioritised.

My final point about the corporate plan relates to elective hospitals, one of the most non-committal parts of the whole document. The best the document could do was state, "We will continue the development of the ... elective hospitals in Dublin, Cork and Galway." This document covers a three-year period. The four new elective-only hospitals were to be delivered by 2028. While I accept that target is no longer achievable, one would expect by 2027, the final year of the corporate plan, planning applications would at least be submitted. There is no mention of that, just a vague commitment to continuing development. Overall, the corporate plan is a disappointment. I accept the service plan, soon to be the performance delivery plan, is a more specific document but that does not excuse how flimsy the corporate plan is. I hope this will change in the future but it is regrettable that we must wait another three years to find out.

The Social Democrats will support this limited legislation but I call on the Minister to be more ambitious. Multi-annual funding needs to be delivered as soon as possible. We need the Minister and her colleague, the Minister for public expenditure, Deputy Chambers, to set out a definitive pathway to multi-annual funding and to increases in capital funding. Otherwise, we will keep seeing the same budgetary issues in health year after year.

**Deputy Liam Quaide:** There is a close relationship between this Bill and the HSE's corporate plan. In the HSE's corporate plan for 2025 to 2027, there is a stated commitment to, "Reduce waiting times for primary care therapies by standardising the management of referrals, waiting lists and discharges." There is no mention of a recruitment drive for services that have been hollowed out by years of recruitment restrictions imposed by successive Governments and



senior HSE management, so much so that waiting list figures for them are so stratospheric that they have to be read more than once to be believed.

I raised the crisis in primary care waiting lists for young people with the Minister in the Dáil two weeks ago, with particular reference to psychology services. I highlighted that people are being moved from one waiting list to another with no intervention in sight, and that there has been a stranglehold on recruitment in primary care services for young people resulting from the pay and numbers strategy, the official recruitment embargo before that and years of passive neglect even prior to that.

I referenced from a reply to a parliamentary question a wait time in the Dublin and north east health region involving a child initially referred to disability services nine years ago, who is now facing yet another wait of unknown duration for primary care psychology. I set that out at the time and the Minister's response was to quote figures referring to generalities in primary care staffing in the context of the pay and numbers strategy. These generalities did not in any way relate to the waiting lists I raised. There was no acknowledgment that there was a crisis in primary care services for young people. There was a suggestion made of an alternate reality in which these services were actually better staffed than ever, which is clearly not the case.

This week, at Leaders' Questions, my colleague Deputy Cian O'Callaghan highlighted the scale and depth of the crisis across health regions and across disciplines revealed by further parliamentary questions I submitted in recent weeks. He raised the fact that the longest wait times nationally are up to seven years for physiotherapy in Cork North Lee; up to six years for speech and language therapy in Dublin North-West; up to nine and a half years for occupational therapy in Dublin North; and a staggering 13 and a half years for psychology in Dublin North-West. I have mentioned Dublin and Cork quite a bit but it is a national crisis. We have also had, for instance, a wait of nine and a half years for psychology in Galway. The Taoiseach's response was:

There has been no recruitment embargo. We do need to get a bit real here.

[...]

so do not say we are cutting back or are not allocating. The Deputy cannot say that with credibility.

He said this to Deputy Cian O'Callaghan with clear impatience, bordering on disdain, for the questions being put to him around the need for a comprehensive recruitment drive in primary care services for young people, as if he was dealing with an unserious, politically motivated and entirely unreasonable line of attack. Both of these responses, from the Minister two weeks ago and the Taoiseach yesterday, reflected either complete detachment from the reality of primary care services for young people or a wilful denial of that reality. If I was a clinician working in one of these services in Cork, Dublin or Galway, where recruitment has been so restricted for years, or if I was a parent whose child was on one of those epic waiting lists, I would have been left feeling utterly distraught hearing those responses. You cannot address the crisis if you do not even recognise the reality of its existence.

The Government's only consistent response to questions on the primary care service crisis has been to refer to a need to change disability legislation, strongly hinting at a dilution of the right to an assessment of need. The Minister has made the case that clinicians are overly embroiled in completing assessments of need and not available for interventions as a result. There

is a small grain of truth in that but the Government narrative ignores the broad context and the fact that under-resourcing of services is pushing more and more families into the assessment of need process because that is the only right they have in law. The main reason is that a shorter therapeutic assessment in primary care services - for those children who are eligible for primary care - followed by timely intervention is not remotely available to them. It is a complete fantasy.

I ask the Minister to please engage with the clinicians on the ground and the families affected. She will see what various types of recruitment restrictions, as well as the redirection of large numbers of children from children's disability network teams, CDNTs, without following up with the necessary recruitment, have done to primary care services for young people. This is a disaster with regard to service provision that has been growing in plain sight for years now.

The idea of a single point of access for child services, which is being trialled at present by the HSE, has merit in that it will reduce the practice of children being moved from one waiting list to the next but it will not even paper over the cracks of years of under-resourcing. The reason children are being moved from one waiting list to the next in the first place is that the services are so restricted that they are attempting to manage their waiting lists by becoming rigid in their inclusion criteria. There is no getting away from the need for proper workforce planning and investment in primary care services. We need a clear benchmark for a clinician to population ratio and an urgent, comprehensive recruitment plan to follow that.

A paragraph on trust in the HSE's corporate plan states: "We will be open and transparent in how we provide services. We will show honesty, integrity, consistency and accountability in decisions and actions." I was involved in a campaign to oppose the closure of a residential mental health service in Midleton over a number of years. It was an epic struggle, involving the deployment of several Oireachtas committees, multiple freedom of information requests and a litany of parliamentary questions, to expose the serious infringement this abrupt closure imposed on the rights of the residents and people in east Cork who will require residential support in future. The residents, some of whom did not have family support, received a letter from the HSE in June 2021 telling them that, in the context of refurbishment works at the facility, it had become clear that the building could not be made fit for purpose "to meet the high standards of the Mental Health Commission". The letter went on to say that the building could not be "brought to the standard needed and that you deserve", addressing the residents directly. The letter reassured the shocked residents that the HSE would "work with each resident individually and with their loved ones to make sure you have a new placement that suits your needs."

Little did those residents know at the time, as revealed the following year through an FOI request, that the HSE had been planing to move as many of those residents as possible from their single-room, town-centre, long-term residence where they had built up a wealth of connections in the community over years and in some cases over decades. As many as possible were being moved into long-stay wards in St. Stephen's Hospital, Glanmire, an institutional setting removed from anything resembling community living, surrounded by fields, without even a footpath to the nearest service station, which is 1.7 km away. Added to that, they would have most likely suffered the indignity of sharing dormitories in these long-stay wards and residing in settings that had received some of the worst Mental Health Commission inspection ratings of any mental health service nationally. Meanwhile, Mental Health Commission compliance ratings at the service being closed in Midleton, which is known as the Owenacurra Centre, both at the time of this proposed closure and since, were exceptionally good. The HSE banked on people observing this closure to not even read those Mental Health Commission reports, or not

even read the building reports, which also did not stand up to scrutiny. It relented from its plan to close the service, not as a result of self-reflection or being persuaded by the very obvious arguments around patient rights, human rights and the United Nations Convention on the Rights of Persons with Disabilities, but because management caved in under a sustained barrage of negative publicity.

If we are true to that value of accountability, as set out in the corporate plan, where is the accountability for managers who operate in this way towards people with such a high level of vulnerability? Where is the accountability for the managers in the Emily case, who allegedly obstructed the extension of a safeguarding review into other possible cases of abuse within the same facility? If this was a ground-level clinician who was breaching the HSE's communications policy by criticising the HSE publicly, the sanctions would be swift and decisive.

**Deputy John McGuinness:** I thank the Cathaoirleach Gníomhach for facilitating the time for me to contribute to this Bill. I appreciate his helping me out.

When I look at the Bill and see the different approaches being taken to corporate governance and accountability, I am happy to support it. These types of reforms and changes, and a lot more, are necessary. I will go with the content of the Bill but a lot more needs to be done to make the HSE accountable and transparent and to ensure public trust in the health services is restored. We can only do that by taking action and living by the word of the legislation.

In my world of business, what gets counted gets done. For far too long, we have had a lot going on in the HSE that was neither counted nor being done. Any of the changes that were suggested were suggested off the cuff. Reform was introduced but without drivers of reform - in line with the legislation and the changes that are necessary - to direct and change, there was no change. That is what has happened over the years. Legislation and actions have been taken in good faith but were never implemented in full. One only has to look back over the parliamentary questions asked every day the Dáil sits to see what TDs are asking about. They are asking about medical cards, delays in delivery, appointments not being filled, people on waiting lists waiting far beyond an acceptable time limit, complaints within the health service, the delivery of capital programmes and so on. As long as those questions are being asked, the Minister can be sure that the services, the capital spend and the accountability and transparency that we all talk about are not being delivered in the counties, the regions or nationally. That is an undeniable fact.

People will measure this by the delivery of services. When older people are in hospital beds waiting to be discharged to go home, their families are given a care plan. They are told they will be looked after from Monday to Sunday and these are the hours they can expect. However, as soon as they are in the family home to be looked after they find out that none of this is true. They may get a fraction of the hours they have been promised. That is not acceptable. Even more perverse is the fact that the families, I would say, are conned into believing they will get the services, but they do not. This puts massive pressure on families who want to contribute to the care of their loved ones. They will put in the hours themselves but are restricted in what they can do and need support. These families should be supported. They should be told exactly what they are going to get. I would love to know where the thousands of hours that have been allocated to the services for the care of people at home are all gone. I do not see them being implemented or used in counties Carlow and Kilkenny. I just see a stream of people coming into my office complaining, not that they have not got hours but that they have not got the hours they were promised when they were taking their loved one home. Nor have they received sup-

ports such as hoists and wheelchairs and other provisions that would make life easier for them and their families at home. I ask the Minister to take a serious, deep look at what is happening in regard to the delivery of those services. What is happening to those hours?

The other theme that runs through health services is the ambulance service. You cannot talk about the health service without talking about the ambulance service. I have met some of the ambulance crews and paramedics in the headquarters in Carlow. There is capital investment going on there. Patients, drivers and paramedics tell us stories of turning up to a scene, a house or a random location two or three hours after a call was made. For three hours, whatever happened to cause the ambulance to come has been waiting to be dealt with. A gentleman wrote to me recently to say a man had a heart attack on Patrick Street, Kilkenny. The ambulance was so delayed that people rang the Garda. Hours later, the ambulance came, only to find that gardaí had taken away the heart attack victim. That is not uncommon. In another location in Kilkenny two ambulances turned up. I witnessed it myself. What kind of service is that? What kind of waste is that? Where is the governance and transparency there?

I spoke to a lady yesterday who was on a trolley in St. Luke's hospital in Kilkenny for two days. The past two days were particularly warm, yet she was on a trolley in the corridor with the heating on at full blast. There was no way it could be turned down. Her requests fell on deaf ears. That is a small thing but what does it tell the public about an organisation when it disregards complaints that are made? What householder would not turn down the heat if they were conscious of the cost of heating, let alone the effects of it in a confined space?

In terms of money being spent, SOS Kilkenny is a fine organisation. It celebrates 50 years in existence on Thursday. It was delighted when told it would have an extra €1.6 million in its budget. It has not been paid yet. Where is that money? Why has Teac Tom, which provides services as a matter of urgency to those who are mentally challenged, not got the €50,000 it was promised? It is nickels and dimes in the context of the €26 billion or €27 billion the health services get.

In regard to planning in the health service, why has it not planned for endometriosis and the care of women affected? Why has that not been planned, staged and developed so that we do not have that kind of debate we had last night and instead, the difficulties women face are dealt with? I spoke with a group of women regarding the vaginal mesh issue. They could not get a pathway to care. It is shocking that we allow the citizens of this State to be treated in this way. We should be to the fore in the delivery of services to people who need them, particularly when we are looking at an overall budget of €26.9 billion or whatever it is.

Regarding the infrastructure within the HSE, Castlecomer District Hospital, for example, is a leading light in the delivery of care for those of a particular age who are in most need. It has to fight for the funding. The entire upstairs of that building is empty and could be developed. Fire requirements and so on must be fulfilled but it could be done in this modern age. We are not even taking the best model in the class. We are just ignoring the best model and moving to private sector care of the elderly.

A state-of-the-art hospital is being built at Thomastown. It is a wonderful facility. I would like to see more public facilities and hospitals caring for the elderly. I would feel a little bit more comfortable in that setting than in a private sector setting. The recent exposé on television has frightened the life out of those who are in care and those going into care and the families involved. We have to restore trust and it is only through action, investment and delivery that

we can do so.

In regard to IT investment and an organisation of the size of the HSE asking for money, I go back to my original comment that what gets counted gets done. What has changed in relation to the IT systems? Do they now talk to each other? Is IT taking up every piece of spend in the HSE? Do they know what they are asking for in terms of where that money is going? Should they get it? In other words, is the budget real? Is it based on fact? Should we go back perhaps to zero budgets to make sure that whoever asks for money, whatever hospital or organisation, must provide an appropriate plan that it will be delivered within budget and on time.

The message I want to leave with the Minister is that care of the elderly and the marginalised is paramount in my politics and my response to people.

*4 o'clock*

I want the direction of the HSE to change in order that it will be fully inclusive of all services that are being delivered to the marginalised and elderly.

Complaints relating to hospitals should be answered by the manager of the relevant facility. Too many complaints are being totally ignored. Instead of learning from them, they are covered up.

**Deputy Ann Graves:** I acknowledge the staff in our health services. Every one of them should be proud of the excellent service they provide despite the challenges they face every day in our hospitals, healthcare centres and community programmes. The health service is challenged by growing waiting lists, longer waiting times, an undersupply of key workers and low morale. Almost every part of the health service is attempting to muddle through in the absence of an overarching strategic plan. This Bill is a great opportunity to change all that but it fails to provide for multi-annual frameworks. Sinn Féin would implement multi-annual funding frameworks to provide funding certainty and improve accountability. This would enable more effective public service delivery once the health regions have assessed their population-based care and capacity needs.

One of the most frustrating aspects of the current healthcare system, which I am dealing with at the moment, is the volume of cancelled appointments. A constituent of mine last week spent his sixth week in hospital with major heart problems. He was discharged with the promise of an early emergency appointment for heart surgery. He cancelled his family holidays. So far, his preoperative appointments have been cancelled twice.

We also have so many scandals in the health service, including in respect of endometriosis and the Government's disgraceful amendment to the Sinn Féin motion last night, hip dysplasia surgeries and vaginal mesh implants. Children are waiting for years for assessments. There were also scandals in respect of surgical cancer and nursing homes. Those are just some examples. The list is endless. Those scandals are all happening while we wait for the opening of the €2.24 billion national children's hospital. This is no way to run a healthcare system. It is not good enough.

Sinn Féin has a plan to deliver a truly all-island national health service for Ireland, fitted to the Irish context and learning from the best across Europe. We would introduce a healthcare for all Act to set out a phased expansion of entitlements to commit the State to full public health cover by 2035.



Tackling the causes and consequences of addiction is central to developing a comprehensive healthcare system. Addiction needs to be seen as a public health issue and not a criminal issue. The Citizens' Assembly on Drugs Use supported a comprehensive health-led response to drug use and addiction. This would ensure that the State responds to drug use as a health issue and not a criminal issue. A comprehensive health-led response diverts people towards health services and away from the criminal system. The health-led response would greatly reduce or eliminate the prospect of people being charged and convicted. Funding for local and regional drug and alcohol task forces must return to pre-recession levels to ensure that sustained and appropriate funding increases every year to continue service development.

I welcome the commitment to open a primary healthcare centre in Swords. I have campaigned for it for years so I am delighted it is now going to happen. It is long overdue. It is important that we have a publicly run healthcare centre for Dublin Fingal East, providing a full range of health services to Swords and all of the surrounding communities. I know the staff are currently moving into the premises, which is great news. It is now essential that the Department of Health delivers the project on time. I will be working tirelessly and contacting the Minister regularly to ensure the health centre is fit for purpose, fitted out and open on the target date in 2026.

This Bill is an opportunity to provide a fit-for-purpose health service for all. I hope the Government will use that opportunity to deliver for the people.

**Deputy Brian Stanley:** I welcome the opportunity to speak on this Bill. I will do the easy bit first. I have gone through the Bill and welcome a lot of what is in it. It is welcome that the service plan will be replaced with a performance delivery plan. It is welcome that we will be able to measure things. The Minister for Health is to prepare a strategic direction statement in respect of health service priorities to guide the HSE in preparation of its corporate plan. That is welcome. The Minister for Children, Disability and Equality is to prepare a similar strategic direction plan in respect of community-based disability services. That is laudable. The Minister for Health will also prepare an annual statement of the health services' priorities. That is very important. The Minister for Children, Disability and Equality will undertake a similar task. The performance delivery plan will be due within 28 days of the receipt of the determination of the maximum net non-capital expenditure that can be incurred. That is all good. Importantly, the CEO will be required to inform the board, the Ministers for Health and Children, Disability and Equality if the HSE is likely to exceed the capital and non-capital budget allocation for any particular year. That is all fine.

As I stated previously to the Minister, there is a substantial budget going in and I have no argument with that. Coming from a left republican position, I welcome that. The more we can put in the better. Outcomes are the whole thing.

The following is the hard bit. The most recent health sector employment report was published by the HSE in March. In December 2019, 18,851 staff members were listed in the management and administration category. In March 2024, that number had increased to 25,477, which represented a substantial increase of 35%. When we track it, we can see that the numbers employed in those grades are increasing at a faster rate than the numbers of clinical, care and front-line staff. That is a big issue I have with the HSE. I am not saying that all managers are bad or anything like that. I know managers in the HSE who are doing their best. What I am saying is that it has become very bureaucratic. There are several layers. I understand there has been a big ship to steer. Health systems are complicated and the HSE is a big organisation with

120,000 workers. It can be hard to manage. I understand that. However, we must keep an eye on the services and the budget provided for them.

A situation was highlighted recently in respect of clinical insourcing. On many occasions we have complained about outsourcing, but I am talking about insourcing. It was interesting when that report came out. Surgeons were taking patients who came to them during the week out of the public system and doing private work through a private company they had established so they could do the work at weekends and receive a different price for it. That became a cash cow for those individuals and companies. The bewildering thing about it was that the hospital's own facilities were being used. If it were a private facility, that would be fair enough. If a private hospital wants to operate, let it operate. That is grand. I do not have any particular grá for privatised health services but if a private hospital wants to operate and people want to pay for it privately, it is grand. However, we must disentangle that from the public system, which we were supposed to be doing with Sláintecare. It was clear that what those surgeons were doing was exploiting public facilities and scarce taxpayers' money that needs to be going to front-line services. We must move away from that.

I welcome the fact that the Department and the chief executive of the HSE, Mr. Bernard Gloster, has managed to get weekend work operational in hospitals. They must work seven days a week. There is expensive equipment. We do not have enough equipment and we have a growing population. I get all that. For now, we need people to work at weekends. I welcome the fact it is happening.

I know that the numbers on the public-only contract are increasing. That needs to continue and to accelerate. Again, that is nothing against people who want to work in private healthcare - that is fine and dandy - but we have to disentangle the two systems. This is a clear example of the public system and public facilities being exploited in terms of their use for private profit.

I refer to the lack of transparency in outcomes and delivery. The Minister was a member of the public accounts committee when I was the Chairperson of it and she was fairly good at drilling into things - I will give her that - as regards disabilities and so on. She focused on that a lot, as well as on health services, and she made a good contribution there, as did many of the members, but I remember her focusing in particular on these issues. We need to really give attention to this. The lack of transparency in outcomes and delivery damages the reputation of the healthcare system and can cause long-term financial problems. It restricts the public information. We must have full transparency to see how hospitals and services are performing and to get a better insight into waiting lists. Without that, public trust will be eroded.

I know the Minister was unavoidably absent this morning - the Minister of State, Deputy Butler, was here in her absence - but I hope she gets a chance to read some of what I said, and indeed other contributions that were made because they were made sincerely. I raised the issue of dental care and, in particular, the public dental schemes. There is €230 million going into that per year. It is clear that we are not achieving what we need to achieve in terms of the schemes. It is clear that the dental treatment services scheme, DTSS, for medical card patients is non-existent in many parts of the country, including in County Laois, where no dentist is taking patients under it, except one on the edge of Carlow town. The dental treatment benefit scheme is also very limited. Up to 2009, a range of services were provided under it but now it is just cleaning and examination. I suggested that we should examine a voucher system for that, which is in operation in other countries, to give a better service for workers paying PRSI, USC and PAYE.

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I will say what I said this morning just to bring it home to the Minister. There is a particular problem with children and adults with special needs who need treatment under anaesthetic. There is over a two-year waiting list and there are some awful examples of young people and adults in desperate need of dental care on long waiting lists and going nowhere. I have had family members come to me about this and it is terrible. They cannot be treated. Some of them are suffering with toothache and some are suffering with oral dental health problems. That will all cause further health problems down the line. I ask the Minister to really take that on board because they are a very vulnerable group.

The issue of agency staff is in some ways an old chestnut but it is one we have to deal with. When he took over, Bernard Gloster said he was committed to trying to pare that back, and I know that is easier said than done, but the over-reliance on agency staff is concerning, with €276 million spent in 2024. It is a lot of money spent on services, recruitment agencies, etc. That €276 million was only for 11 months of last year. The HSE's records showed that this finance was spent on services such as administration, management, nursing, medical, dental, and paramedical services and supports, as well as maintenance and technical supports. In the Midland Regional Hospital, in Portlaoise, a relatively small but very busy hospital, almost €20 million was spent in 11 months last year. Some €19.7 million was spent there on agency staff in 11 months of last year. As I understand it, that spend has never been higher.

The Minister will be doing the capital development plan. She will be swotting around the Cabinet table over the next week with this. I know there are hard decisions to be made. The cake has to be divided up. I ask her to do what she can about primary care centres and health centres because we all know that if we catch people, and if we are able to help people in the community and provide services at community level, it keeps them out of expensive hospital care.

In particular, I ask the Minister about the primary care centre for Portlaoise. It is promised and it is agreed that it will happen, and everybody is on board with it. It needs the cash - the capital allocation. Portlaoise town now has a population in the region of 30,000. There is a huge catchment area around it. It is probably the only town of its size in the country that does not have a primary care centre. Some of the smaller health centres - in Mountrath, Borris-in-Ossory, Rathdowney and Graiguecullen - need some upgrading as well, and I ask that they not be forgotten about. They need works as well.

We have had the ambulance services before the Committee on Public Accounts and we have had reports from them. I do not care what the senior staff in the ambulance services say about dynamic deployment. There are ambulances chasing from Portlaoise to Waterford or to Wexford. When they are within a mile or a couple of miles of where the accident or the patient is, they get a call telling them to turn back as another ambulance got there before them. Meanwhile, back in Laois, somebody is after having a heart attack and there is nobody to pick them up.

Whether we like it or not - and I know there are no easy solutions to this and that nothing is perfect - we have to get to a system. The optimum is to keep the ambulances within a 45 km or 50 km area. By all means, ambulances should be able to cross county boundaries. Portlaoise ambulances should be able to go into south Kildare, west Carlow, north Tipperary or east Offaly. Of course, there has to be flexibility there, but we cannot have them chasing literally to Cork, which is happening. That needs to change.

I welcome the start of the midlands hospice. This has been going around since I came here 15 years ago, and I would say before that. I welcome wholeheartedly the fact that that will now be done. It is located in Tullamore and not in Laois, but people will live with that. This is a service in the midlands, a really important end-of-life care facility, and I welcome that.

I started by saying there is a big shift this year as regards the health system. I understand that. Bernard Gloster has done a good job. I know of some changes he has made. He has made some good changes to this. The Minister is taking a very hands-on approach to it. We may differ sometimes on ideology or other things, but what is really important is that we shorten the distance between budget and delivery and that we can see that it is a straight line. We must remove the diversions that allow people to talk around issues, sidestep and get around this. In big organisations, we need to shorten the distance between the money going in and the top of the organisation and the service delivery on the ground. We must remove all places for people to hide and keep this in a straight line. Let us make sure we get value for taxpayers' money and improve public services at the same time.

**Deputy Peter Roche:** I support the Second Reading of the Health (Amendment) Bill 2025. The Bill is timely and necessary and fundamentally about one thing: accountability in how we plan, manage and deliver healthcare in Ireland. The central purpose of the legislation is to ensure the Health Service Executive operates under the highest standards of prudent and effective financial management. It replaces the old service plan model with a more accountable performance delivery plan, strengthening the role of Ministers and the HSE CEO in financial oversight and correction.

Since 2015, health spending has exceeded its initial allocation almost every year. These overruns not only challenge our public finances; they ultimately threaten service delivery. The people of Galway East, like communities across our country, deserve assurances that resources are being used efficiently to deliver timely and effective care. This Bill gives the Minister the capacity to question these finances and work for the communities that need care and intervention. This Bill introduces several key reforms and brings in: strategic direction statements from the Minister will help guide the HSE's corporate plan, ensuring alignment with national priorities; mandates early warning and corrective action mechanisms if the HSE is projected to overspend; and, crucially, places legal obligations on the CEO and board to stay within approved financial parameters.

I welcome the clarity and discipline this Bill imposes. However, will the performance delivery plan give local health services, like Portiuncula Hospital in Galway and community care hubs in east Galway, the flexibility they need? Will funding allocations truly reflect the demographic demands of rural regions like east Galway, which has an ageing population and growing waiting lists for inpatient and outpatient care? Accountability must not become bureaucracy rather it must lead to outcomes.

This Bill rightly brings sharper tools to financial governance but it must be paired with real insight into what drives health spending. We know, for example, that east Galway continues to suffer from GP shortages, delayed disability assessments and pressure on mental health services. Budget discipline must be matched with strategic investment, especially in primary and community care, in line with Sláintecare.

In east Galway, the community is ready to embrace integrated, regionally led care models but we must see more visibility around the HSE's performance locally and not just nationally.

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How will this Bill ensure that people in Ballinasloe and Loughrea can see tangible improvements on foot of national reforms?

I fully support the power of Ministers to direct the HSE when it comes to corrective actions, but we must go further in the context of clarifying accountability between the Department and the HSE. Oversight without consequences is not accountability.

This Bill is a strong step forward. It reflects the findings of the Sláintecare report and builds on the governance improvements of the 2019 Act but we must ensure that it results in better care, not just better paperwork. For Galway East, for our nurses, GPs, and carers, this Bill must ultimately support those on the front line and not just the balance sheet.

In the context of the contributions already made to this debate, it would be remiss of me not to mention the outstanding work our front-line workers do every day and sometimes under severe pressure. No one can predict when there will be an emergency or an outbreak. From experience and from my knowledge of how the HSE, particularly in the context of University Hospital Galway, Merlin Park and other hospitals in Galway, deals with these scenarios, I have to compliment and thank those workers. It is important to say that.

**Deputy Cathal Crowe:** I also wish to speak in support of this Bill. I will take up from where Deputy Roche left off. We all acknowledge the huge efforts of our front-line workers in every part of the country, and the Deputy is right to pay tribute to them. They work damn hard. Conditions for them all are not great. I have been in hospital myself in the past as a patient and visiting people. One would often see nurses having their lunch at the end of a trolley or a counter and running down the corridor to deal with patients. We need to keep an eye on their workplace welfare. They work so hard and go beyond the call of duty every time they report to work.

The Bill is about governance and improving accountability in the HSE. I have a particular bugbear, which I am sure is the same for everyone else here. The Minister for Health is also a constituency TD, as are the Taoiseach and the Tánaiste. Everyone here is accountable to their constituents. This is nothing against the Minister; it just reflects the systematic set-up of Governments over many years. If I ask a parliamentary question of the Minister for Health, it will probably be passed to the HSE. That is fine; I accept that. However, the HSE will not reply in the three or four days within which standard parliamentary questions are answered. If I asked a parliamentary question about a driving test or something that is not massively consequential for someone's well-being, I will get a reply in three or four days. If I ask a parliamentary question about someone's acute healthcare, however, I may not get a reply for three or four months. When parliamentary questions relating to health are diverted to the HSE for reply or when we are told to email *reps@hse.ie*, the same legal framework and lead-in period of four days if it is an oral parliamentary question or three days if it is a written question should apply, where possible. I understand that people may be on holiday, and we do not want to burden healthcare officials with filling out reams of paperwork in order to reply to questions from those within the body politic. I am not suggesting that. On basic matters, however, there needs to be a better turnaround. This is not the Minister's fault, but she might be able to take action to address it.

**Deputy Jennifer Carroll MacNeill:** You are right.

**Deputy Cathal Crowe:** It is not just the Department of Health; it is also the Department of Transport. If we table parliamentary questions to that Department, they are forwarded to the



National Transport Authority or Transport Infrastructure Ireland. A large number of agencies have been set up over many decades. The all-important stuff we try to do as TDs gets siphoned off in different directions, and it can sometimes take months to receive replies. I had a reply to a parliamentary question come back recently in respect of someone who has since passed on. Luckily, I was able to intercept the reply in my office and tell my staff not to send it out. It would have been the grossest insult to the family involved if the reply had gone out.

The Minister is a very good person. She is a good person to be leading the Department. I saw her at the University Hospital Limerick a few months ago. The gloves were off and the sleeves rolled up and she was down those corridors to see how it was functioning for better or for worse. I have every faith in her in the months ahead.

HIQA has reported to the Minister. There is something on her desk we would all love to see. I refer to the HIQA report on the future of healthcare in the mid-west region. It was being withheld until the arrival of the ESRI's report. It is due out in September, I think.

**Deputy Jennifer Carroll MacNeill:** It is not on my desk.

**Deputy Cathal Crowe:** Sorry, it is not on the Minister's desk yet. I apologise. The report to the Minister is imminent and the Cabinet will have to consider it. The report is on emergency healthcare access in the mid-west region. From replies to parliamentary questions that I and others have tabled, I know that initially HIQA was supposed to report to the Minister and then to Cabinet. Now, however, she has rightly asked it to factor in the recent ESRI report into its report. The report from the ESRI suggests that we need 40% more acute beds in this country by 2040. It is right that those two reports should be considered together in order that we might view public healthcare in the overall context.

In 1962, President John F Kennedy spoke at Rice University in Texas. He told those present, some of them guffawed and others laughed, that he would get men on the moon by the end of that decade. That happened in 1969. When he made that speech, he did not really have a full vision of how that was to happen. It was a policy aim, and he told his officials and everyone else to make it happen. Someone in the Department of Health is going to have a moon-landing moment. They will have to have it sooner rather than later because if we keep kicking the can down the road when it comes to public healthcare in the mid-west, what is needed will never happen.

During her time in the Department of Health - and I hope she has a very long and fulfilled political career - will the Minister make a moon-landing decision in September and apply it public healthcare in the mid-west region. When my mother started out nursing in the region in the 1980s there was accident and emergency care in Ennis, Nenagh, St. John's Hospital, Barrington's Hospital and the regional hospital in Limerick. There were five accident and emergency departments for a population of 300,000. There is now one to a population of 500,000. Something has gone fundamentally wrong here. It has happened over many years and it has to be fixed. Regardless of who makes the decision, and I hope it will be the Minister, we should be under no illusions. That hospital will not be built in 12 or 24 months' time. Public infrastructure in this country takes a huge amount of time to build, but it has to start with a political decision. It has to start with someone in a leadership role saying "Enough". The ESRI has reported this, HIQA has reported that and unfortunately many people have lost their lives in hospital too, which is a body of evidence in its own right. That needs to be the guiding principle and the beacon that I hope will lead the Minister to make the decision in the autumn to improve

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access to public healthcare in the region. She has been down to see it. I have every faith she will do the right thing but I ask her to please, take the political decision. She may well be the Taoiseach when the ribbon is cut, because these things do not happen quickly. Regardless of that, however, the political decision to do this now has to happen this autumn. I trust the Minister will make it.

Like others, I pay tribute to the many people who work in our healthcare system. An Garda Síochána recently bemoaned the appearance of billboards outside some Garda stations. It happened at Limerick Garda station on Henry Street about six months ago. Melbourne police department is now recruiting, and it parked up a truck and trailer trying to lure gardaí to the land down under. When the Minister, her colleagues in government, the Ceann Comhairle and others with political leadership roles in this country are overseas, they should spread the message that Ireland is open to recruitment in the health sphere. There are a lot of jobs that we cannot fill with our own graduates.

We need to look at attracting our nurses back home. I mentioned the point in the Chamber some months ago and the INMO did not like it. There has to be some carrot and stick, albeit more carrot than stick. We cannot train up the best and brightest people to become nurses and doctors and accept that they will spend their first six or seven years after qualifying in a sunny part of southern Australia. We have to have them here. Maybe after fulfilling five or six years of public contracts, they can break away and leave the country but they owe it to this country. It is not popular to say it but we will need that to fix our problems.

I thank the Minister and offer her my continued best wishes.

**Deputy Thomas Gould:** There are 121 people in the HR department in the south west. The Minister talks about progressing this Bill, but I believe it is bluff and smoke and mirrors. It is trying to pretend that there will be proper accountability and value for money in the HSE. Even though 121 people are working in the HR department in the south west, €250,000 was paid to private consultants in 2023. Who brought this private form in and why was it brought in? Why is this work not being done by the staff there? They are capable and well able to do their jobs.

This is like so many other issues within the HSE. We cannot get answers or accountability. The HSE refuses to answer straightforward and simple questions. I asked who had made the decision to close SouthDoc in Blackpool in Cork. I received an answer through freedom of information that the head of primary care did not know who had sanctioned it. She did not know who made the decision. I then asked the head of the HSE in the south west but he did not know who had made the decision. I spent two months writing letters trying to find answers and I still cannot get one. The HSE is paying full whack to SouthDoc even though SouthDoc in Blackpool is closed. This is not me saying it. The figures I received from the Department say it. The people of the northside in Cork North-Central cannot get access to an out-of-hours service unless they drive across the city. The Minister is talking about accountability and transparency. These are the facts on the ground.

Turning to primary care centres and value for money, Fine Gael has wanted to privatise everything since coming to power. Over €20 million will be paid over the next 20 years for Ballincollig primary care centre, yet the State will not own it. We still have no primary care centres in Blarney, Mayfield and Glanmire. They have been hit by delay after delay. They have also been privately contracted. From what I can see, no primary care centres will be delivered in Cork unless it is by a private contractor.

I thank all the front-line workers - doctors, nurses, other medical staff, people in the canteen and cleaners - in every section of our hospitals. Fortunately, I survived sepsis and cancer in recent years and, touch wood, I will be able to keep going. The workers have done brilliant work. When someone seriously ill gets into the system, he or she will be taken care of but an uncle of mine died recently who suffered four years of pain. His name was John McCarthy. He is survived by his wife Noreen and his sons John, Mark and Stephen. He suffered in pain for four years. I wrote to the HSE and the Mercy hospital. One month before he died, I got correspondence telling me that John was not a priority and that his case was not severe. Four weeks later, he was dead. There needs to be accountability and transparency for John, his family and all the other people who, unfortunately, are failed by the HSE.

**Deputy Peadar Tóibín:** I welcome the fact that the Minister is looking to tie financial support for the HSE to its performance. It is something that I have made an argument for over the past number of years. I firmly believe that we need to reach a situation where the HSE is paid for the work it does for patients and the benefits it brings to patients. We would probably go further than this and tie funding for the HSE to the number of operations, treatments, consultations and engagements it has with patients. This will ensure that money would get to the front line and that taxpayers' money would not be lost in layers of administration, which happens in the HSE. The Government is fond of recruitment embargoes. A recruitment embargo in the administrative sector of the HSE for two years could be beneficial in reducing the level of administration in the HSE.

If we tied funding to services delivered, it would mean that theatres would not remain closed for months on end in some hospitals, as the hospital would get paid for the theatre being in use and having a throughput of patients. Therefore, it would be illogical to allow those theatres to remain closed.

There is a difficulty in terms of the HSE and funding. Billions of euro are being poured into the HSE but we are not getting the service to which we are entitled. All the talk in this Chamber is about more funding for health services but the Dáil needs to start focusing on how we get better results for the money we are investing in the HSE.

As the Minister will be aware, the IT system in the HSE is not fit for purpose. We see ourselves as a tech island, yet the technology levels in the HSE are not acceptable. Many people still have their documents in physical form and when those documents need to be shared, the physical documents need to be moved about for people. It means that we cannot deliver a proper system. Covid was an example of that because some people received their Covid shots on the basis of the nursing homes they were in while other people received them on the basis of their GPs. Some people were called for two Covid shots while others were not called for Covid shots. We all have bank account numbers at this stage and there are really important details of all our engagements with those banks kept on an IT system, and it works. The fact that we do not have this for the HSE is still a significant problem.

Accountability is very important. The Minister will not agree with me but sometimes the lack of accountability in the HSE comes from the top. I mentioned the issue of Simon Harris not admitting initially to signing the contracts for the national children's hospital. He has rowed back somewhat on that, which I welcome, but I am still not confident about what will happen with the National Maternity Hospital. I was given a bill of quantities that was being used for the National Maternity Hospital. It was given to me by an anonymous individual. I had a look at it and there were lots of gaps in it. There was very little detail in it. It looked like the bill

of quantities that was used for the national children's hospital. It looked like it had the space necessary for a future contractor to wangle a heap more cash out of the State. I ask the Minister to look at that. I raised the matter with the Taoiseach, who did not deny the veracity of the document. He said he had no interest in reading it. He said it was not the Minister's job to look at this and that the finer details were down to staff in the Department, but that is not the case. We need ministerial accountability if we are going to sign off on such documents.

One of the most shocking replies to a parliamentary question I have received from the Department over the past number of years concerns the number of adverse incidents in hospitals. In the five-year period from 2018 up to and including 2022, there were 500,000 adverse incidents in hospitals. Many of these were of low significance and did not have a massive impact on the individuals, but there were 3,142 deaths as a result of adverse incidents. I will give an example of how this arises. I know a woman who lives a five-minute drive from Navan hospital. She worked all her life in Dunnes Stores and retired at the age of 66. A couple of months later, she had a stroke. It took an hour and a half for the ambulance to get to her home. She was finally brought to the hospital. Two weeks later, she was being treated and was brought to the shower by two nurses. The hospital was so busy, one of the nurses was pulled away and the woman fell and hit her head on the floor of the shower unit and sustained a head injury. She was then brought up to Beaumont Hospital. Her name was very similar to somebody else's and she got the wrong blood transfusion as a result. She had significant internal organ failure. This woman worked all her life, did the best she could, paid her taxes and retired, and three separate adverse incidents shortly afterwards have left her debilitated to this day ten years later. That is what is happening and there is no accountability for it. The State paid €2.4 billion in compensation in a ten-year period, so it is not just costing us in lives and ill health, but in billions of euro in taxpayers' money. We need to really inject accountability into the system. I ask that accountability be one of the significant elements funding is determined by in future.

Last year, 115,000 people were so sick that they went to accident and emergency departments but had to turn around and leave without ever being seen by a doctor. That is an incredible statistic that shows the overcrowding that is happening in certain hospitals. The number of people who die before an ambulance reaches their homes is increasing significantly year on year. In 2019, 757 were dead before the ambulance came. That is going to happen and is just a natural part of the system, but this figure had increased to 1,000 people in 2021. This shows that a lot of ambulances are being tied up. We had 11 ambulances outside Drogheda hospital one night because of the overcrowding in the accident and emergency department. They were waiting to see if they could deliver their patients to the hospital. They could not and had to stay there. There was no ambulance available in Monaghan, Cavan, Louth or Meath for the whole night as a result.

I was the first person to raise insourcing in the Dáil. I spoke about how private companies were being created by consultants to funnel patients into the consultants' businesses. A report showed that, in one year, €14 million had been paid out to some of these businesses. I was told by a consultant in the south of the country that there is no incentive to get rid of a waiting list, for the waiting list is the business model of these insourcing businesses. The Minister is going to have to get to grips with this issue. We cannot have that conflict of interest where a consultant operating on a public list is scheduling and creating rotas for people to work on those public lists but does it in a way that means there is a steady stream of business to the private business as well. That has to be challenged. I accept that it is on the Government's agenda.

Another reply to a parliamentary question showed there were 300 private clinics operating

on the grounds of public hospitals. That is quite significant. We have private patients being treated in private clinics operating in public hospitals with the use of public equipment. A different reply to a parliamentary question showed 300,000 public patients had gone through the NTPF since 2017. That is not what the fund was set up for. It was not set up for such a large quantity of patients to be dealt with in that fashion. Those numbers have ballooned in the last few years. If you take the NTPF, the private businesses operating in public hospitals and the insourcing that is happening, there is a significant level of privatisation of the public health system happening right before our eyes weekly and that has to be challenged as well.

Another reply to a parliamentary question we received showed 13,000 nurses had left Ireland in the last five years. That is an incredible figure. In 2022, over half the doctors who graduated left the country. Another reply indicated 51% of all undergraduates in medical schools in this State were from outside the EU. The reason for this is such students pay nearly €200,000 for their degrees over the five- or six-year period. The universities are dependent on those funds because they are short of funds, but the danger is that most of those individuals who are from outside the EU will want to work in their home countries by the time they graduate and will not be available to the GP system in this State. Thus, the Government talks about more spaces in the universities for GPs, but it is not translating necessarily into more GPs going through the university system to work in our health service. That has to change.

There is a major capacity issue with the psychiatric unit in Crosslanes in Drogheda at the moment. I am told people who are suicidal are being told to go home in taxis because there is not enough space to deal with them. I would love if the Minister's Department would pay attention to that because, as she knows, that is a life and death situation affecting many families.

**Deputy Michael Collins:** Today, we are presented with the Health (Amendment) Bill 2025. On the surface, the Bill promises reform, but let us be clear - this is not reform, but bureaucracy dressed up as progress. The Bill does not fix our broken health system. It merely rearranges the furniture in a house that is already on fire. It tinkers with the governance structures while ignoring the real crisis, which is the daily struggle of patients and front-line workers. The people do not need more layers of reporting or internal reviews but functioning hospitals, nurses who are empowered and not overworked, GPs who are supported and not sidelined, and care that is accessible, timely and humane.

This morning, my office got a call from an 89-year-old lady who was caring for her 55-year-old son who had a disability. She is unable to get home help. She had it until a number of weeks ago but the HSE has set up a pod system for home help in the Bandon area. The constituent is outside the pod system and, therefore, has no home help. It has been put out to private providers, but to date that has been unsuccessful. This lady is saving the State a lot of money by caring for her 55-year-old son yet the State is unable to provide her with assistance. She is 89 years of age. There is a severe lack of home helps in west Cork. A new computer system is being set up and the home helps are being expected to go online instead of doing what they are great at, which is looking after the people at home. A lot of them are retiring and walking away from the whole thing because it has got too complicated. It is obvious it is not working on the ground.

We have another family, which has a six-year-old boy who has been diagnosed with undescended testes. He has been on the waiting list to be seen in Cork University Hospital even though he is classed as urgent. He is in a lot of pain, which is causing him to fall quite a lot. He is not able to go out and play with his friends and this is causing him a lot of anxiety. His mother received a letter today asking if she wanted her son to remain on the waiting list.



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We have a constituent who is in his mid-50s and caring for his elderly parents at home. They both have dementia. Recently, his mother was in hospital and, upon discharge, she required a wheelchair and commode at home. Her son made over 40 phone calls to the HSE about getting the equipment he was told would be supplied upon discharge. Eventually, he had to go to the HSE stores department and get the equipment. Communication with the HSE is extremely poor.

Friday saw the publication of the abortion figures for 2024. There were 10,852 abortions in Ireland, which is up 63% on 2019. The promise made during the 2018 referendum that abortion would be safe, legal and rare has well and truly been broken. The figure of 10,852 is the highest number of abortions we have ever seen. In my county of Cork, 957 babies lost their lives by abortion last year. The Government must think seriously about offering women with unplanned pregnancies greater supports and clearly-signposted alternatives to abortion. No woman should ever feel she has no option but to have an abortion.

True reform means more hospital beds. It means better pay and conditions for our health-care staff. It means supporting carers who give so much and receive so little. It means a mental health strategy that does not just exist on paper and reaches into homes, schools and communities. Our vision is clear. It is oversight, transparency and fairness with policies rooted not in spin, but in service to patients, workers and families. Over the last number of weeks, I have raised a lot of serious issues here and I find there is very little progress on them. I am writing to the Department of Health and the Taoiseach and I am raising them with the Taoiseach. One is the situation we have with the nursing home in Bantry. There is an issue between a proposed purchaser, the receiver and HIQA. The bottom line is the people who are suffering most are the ones who are worried their nursing home will be closed down on them. There has been an enforcement order slapped on it by HIQA, giving two weeks, which I think will be up this weekend, for the receiver to appeal. In the meantime, there is an opportunity because the hospital has been brought up to a perfect standard. The staff there are doing their best to bring the hospital up to standard. There is a possibility of 17 more beds for patients and that provision is desperately needed. I know of people in the Bantry catchment area - in Drimoleague and all around that area - who are being sent to nursing homes as far away as Kenmare. That causes awful stress for families. I put a question to the Minister of State, Deputy O'Donnell, recently, on which I am not sure he ever got back to me, to find out exactly what was wrong and asking that he intervene in some way or other to get this across the line. It is down to a paperwork exercise. There is no longer any issue with the nursing home. There is another one in Conna near Fermoy.

I also raised the issue of Perrott House. I hate to use the word "abuse" but abuse can come in different forms. We have seen what goes on in some nursing homes. Families have been told Perrott House has to be done up, and there is no issue with that, but they have never been told where their loved ones will go. Last week, a family member of mine asked me about this. He is delighted I am raising it continuously in the Dáil. Families feel they are not getting adequate support or advice as to what exactly is happening with places like Perrott House. They are finding out information bit by bit and they are worried and looking over their shoulders.

An issue that has been raised by several Deputies is the ambulance service. I have been fighting a long time for a better service. I know of cases where people have waited three, four, five or six hours for an ambulance. That is outrageous and bordering on a disaster situation for many people. I have sometimes advised people that the best thing to do is to take a chance on taking the person by car to get treatment. I spoke a year ago of someone having to wait eight

hours in Bandon. It is not good enough. We need an ambulance service that people feel they can trust. People living in west Cork might have an ambulance coming from another county. How is an ambulance brought from another county into the deep end of west Cork to pick up somebody who is gravely ill?

It would be wrong of me to stand here and fault community hospitals. They are the gold stars of our health service. Anybody with a loved one in a community hospital, or who is familiar with the local community hospital, knows the excellent service these facilities provide. In my area, we have lots of community hospitals, including in Schull, Castletownbere, Dunmanway, Bandon and Kinsale. They are top-class facilities. However, the population is ageing and there is no extra bed in them, nor any extra beds planned over the coming years. How do we plan to tackle the crisis facing us in the next five, ten or 15 years? We have a growing population of elderly people who will need community hospital beds. Hospitals that had 20 or 30 beds in the 1960s and 1970s still have the same number now and the same number planned into the future. The Minister must take note of that. It is not a good situation.

I have spoken to a lot of nursing home operators about how they have to keep their facilities up to standard. The community hospitals at least have the State behind them in ensuring they are up to standard. Nursing homes have no such State backing and those costs must come out of the owners' coffers. In some cases, that may lead to the closure of nursing homes. It is a very serious concern. There must be supports to bridge the gap. The Minister has met Tadhg Daly of Nursing Homes Ireland several times, as have we. He has advised on the direction things need to go. They are not moving quickly enough. I have spoken to nursing home operators who are seriously concerned they will not be able to keep their doors open. In most cases, they are having to pass increased costs on to patients. That is unfair on patients and their loved ones.

We have fantastic medical care centres in a lot of places in the country. My worry is that, while they have 20 or 25 rooms, only three or four of those are in operation. Why is there no dental service back in operation in places like Schull, Skibbereen, Dunmanway and Castletownbere? We have fantastic medical centres in Schull and Castletownbere but no dental service. It was there when I was growing up in the seventies. Surely be to God it should be there in 2025. The dental service in Bantry is in operation only three days a week. Clonakilty has a five-days-a-week service and is now seeing to the whole of west Cork, with which it cannot cope. At one time, first, third and sixth class children were looked after by the service. Now, it is only sixth class pupils who get that service.

There are areas where services need to be improved and I ask the Minister to look at them. In the case of Perrott House and the nursing home in Bantry, people are finding themselves in crisis situations right now. They would appreciate if some help were given by the Minister.

**Deputy Danny Healy-Rae:** I am glad to have an opportunity to speak about this Bill, which deals with very serious matters that affect every community, especially in Kerry. There are many failings and many issues. The Minister has said the HSE's annual service plan is to be replaced with an annual performance delivery plan. An issue I have encountered in this Chamber since I came up here is that, every budget time, we vote for X millions of euro to go to the HSE to provide health services for children, the elderly, people who have had accidents and everybody else who needs medical attention. We know about all of the failings of the system. It seems to me there is no real accountability for all the millions of euro given to the HSE. We, as elected Members, have no recourse to really challenge the executive as to what it is doing or has done with the money.

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We see nurses going at full belt day and night in hospital wards. They are doing their level best but there never seems to be enough of them or other front-line staff. However, any number of millions of euro is provided for administrative staff. The Minister will correct me if I am wrong but it seems to me people are being appointed or reappointed to vacancies on the administrative side but when it comes to people on the working side, such as the nurse or someone else on the floor who needs to be replaced, the HSE are only allowing so many appointments. That is what we have been told is the reason we do not have as many nurses as we should.

There is an issue with Kenmare Community Hospital going back to when it opened in 2012 or 2013. It is located only 7 miles from my door and I am very proud that my father secured the funding for it. He fought hard and stuck it out to the bitter end until he got the funding. Sadly, not all the beds in the hospital are in use. We are told the problem is that the required number of staff cannot be obtained to operate all the beds that are idle upstairs. This community hospital services an area from Poulgorm Bridge, which is situated where one leaves the N22 to head towards Kilgarvan and Kenmare, all the way back to the county bounds in Lauragh and on to somewhere around Caherdaniel. It services all the families in that area in which somebody needs respite, but there is only one respite bed available while other beds lie empty.

We see the same with the community hospitals in Killarney and other places. We are waiting for the new community hospital to open in Killarney and to see to what use the old district hospital can be put. We are looking for a minor injuries unit and a primary care centre. We have been promised different things by the HSE at different times. We need finality on these issues sooner rather than later. Councillor Maura Healy-Rae is constantly raising this issue, as, indeed, are other local authority members from Killarney municipal district.

*5 o'clock*

Things like that are very important. I remember when my father was on the Southern Health Board. The elected members on the Southern Health Board at the time visited hospitals and were involved in the running of the board. That is one of the questions. The Minister said there will be ten new members on the board. Will there be any elected members on the board? It is important there is.

On the old Southern Health Board – and it was the same with the Eastern Health Board and all the different health boards at the time – the elected members went around with the doctors and surgeons, where they interacted and found out what was wanting. They then contacted the Department of Health and worked together to address those issues. We need more of that because although many HSE officials are grand, more of them are not. They are not fulfilling the needs of the people. They are just not doing their job to achieve the outcomes we want for the people who deserve it.

People are living longer and have additional needs. We see all the problems that are coming along with autism and all of that. There seems to be any number of children presenting with autism. I wish we could find out whether anything is causing it. We need to help those people who present with autism. I feel for young parents who want the best for their child and want their child to be the best. It is a real ambition for them to want the best for their child. The time to be assessed is taking too long. We need to speed that up.

We are looking forward to the Minister taking a new look at the whole health system. It is a daunting request. I know that. Many Ministers have been blamed in the past. There are many

intricate and different aspects we need to address.

Another issue we have is a lack of GPs at any time. If it were not for South Doc in the off periods, many people would be left unattended. We just do not have enough GPs. At weekends, accident and emergency departments fill up because there are no doctor services available. People are referred to the accident and emergency department where they have to wait long hours, including elderly people.

On the issue of elderly people, sometimes they have to leave their bed, including old men and women in their 80s, or maybe close to 90, to go to the accident and emergency department in Tralee. They end up sitting in a chair, or maybe on a trolley if they are after coming out of an ambulance, for hours before they are seen. That is not fair on people who have come out of their warm bed only to end up in a chair in the accident and emergency department. I am asking for that to be rectified.

I know the beds are there. It is the staff who are not there. We do not have enough staff. That is a real hurtful thing and I feel for people. I leave my phone on every night. I never turn it off because I often get a call at 12 o'clock or 1 o'clock at night from a family, whose elderly father or mother has been waiting in a chair to be seen from early the day before, telling me they will not have a bed again tonight. While these people are bedridden, as it is called, they get sicker and need attention. Where do they find themselves? They are put in a chair in the accident and emergency department. I am asking that a full stop be put to that.

There is another aspect giving me great concern. Long ago, when people got sick, some could be treated in the district hospital. People cannot get into the district hospital now unless they were in the regional hospital first. I cannot understand that and many others cannot understand it. I am asking the Minister to look at that because, more often than not, these people would be looked after in the district hospital in maybe one or two weeks and then they would be good enough to go home again for another spell. I know you are not going to make a young person out of them, but it would suffice. It would be more useful, make more sense and maybe stop the clogging up of our accident and emergency departments in the regional hospitals.

Many of the Deputies who spoke asked for all their wants to be met and to try to rectify everything. I am asking the Minister to do her best on these issues, especially for the older people who arrive in Tralee hospital after coming out of bed and may have to spend 24 hours in a chair waiting to be put into another bed. That is wrong. I also ask her to look at the issue of people not being able to get into the district hospital without going to the regional hospital first. Does the Minister know what often happens when there is no bed available for them? A taxi brings them home again. That is wrong. We have the beds. It is just a matter of more staff. I thank the Minister very much.

**Minister for Health (Deputy Jennifer Carroll MacNeill):** Deputy Healy-Rae has helpfully set out the difficulty with regard to hospital beds. Let us take Kerry hospital as an example. In the context of staff numbers, in the past five years, Kerry hospital has had an increase in staff of 43%. It has had a budgetary increase of 67% in the past five years also. To provide the breakdown of that staffing increase, Kerry hospital has had a 52% increase in medical staff; a 44% increase in nursing and midwifery staff; a 74% in patient and client care staff, who are the support staff; and a 43% increase in health and social care staff. Those are significant numbers.

Kerry hospital is perplexing me at the moment. In May, it was one of the best performers

in hospital trolley management, which is a big issue in Kerry hospital because it has been historically poor in that regard. In May, there were 13 days on which there were zero patients on trolleys in Kerry hospital. There were three days on which one patient was on a trolley. May was, therefore, a good month. It shows there was bed capacity and management of the hospital in the round. The considerable extra staff meant there was good management of the emergency department. Something happened in June, however, and the figures were the complete opposite. This is the nuance of hospital-by-hospital level experience.

The Deputy set out exactly why this is so important. It is about the dignity and safety of patients who should not be waiting for 24 hours. They should not be waiting for more than six hours. Of those people who present, only 25% of them need to be admitted and managed in other pathways. This is only one particular example that happens to relate to Kerry because Deputy Healy-Rae was the last speaker. I could equally speak about Cork and the figures for that area. Although Deputy Healy-Rae was not in the Chamber when I was pulling the information together, with regard to Wexford, the constituency of the Ceann Comhairle, staffing numbers have increased by 21% over the past five years. There has been a 22% increase in medical staff and a 33% increase in nursing and midwifery staff. Wexford hospital is performing extraordinarily well with a much smaller increase in resources. It has low hospital trolley figures. Its culture is one of whole-of-hospital management. It is doing really well. It certainly needs more investment and support, but it is performing extremely well. I pulled the figures out for Waterford as Deputy Cullinane was present a minute ago. Waterford hospital has an average of zero people on hospital trolleys in 2024 and 2025. It has also had a 44% increase in staff, but with a different outcome compared to Kerry hospital.

If I take St. Vincent's University Hospital, which is the closest model 4 hospital to me, it has had a 35% increase in staff and a 59% increase in budget. Yet, it has an inconsistent performance in its accident and emergency department and its management of delayed transfers of care. All of these particular local nuances matter. The Mater hospital, which I visited last week, has been good enough on its accident and emergency management. It is the rest of the hospital's responsibility to support the accident and emergency department. A couple of weeks ago, however, it was one of the hospitals on a list of hospitals that were in considerable difficulties. It had closed the Smithfield injury unit for the bank holiday weekend, which it has been paid to operate under the service level agreement. These are inconsistencies which are not acceptable and which we cannot stand over but they speak to the level of detail and nuance that is necessary to understand the complexity of health budgeting and how that is being translated to patient care on an individual basis.

While I appreciate this Bill does not transform the world, it does a couple of really important things that we need to happen. That includes in particular the corrective action plans, CAPs, that are necessary. The CEOs are now required to notify me or the Minister for Health of the overspend and to identify the detail of what caused the overspend and how it is proposed to avoid the overspend. The board can then review that, amend or approve proposals, agree on the cause, and agree on the actions that will eliminate or reduce overspend which it believes are practicable. None of that applies at present. There is a different level of detail in managing spend and overspend. It should not be the case that there are threats or assertions that a body cannot pay its pharmaceutical bill or its revenue bill and must close beds because all of those things are completely unacceptable, outrageous responses to a failure to manage a budget. In circumstances where bills for external consultants or legal advices outside of the State structure are still being paid or where, for example, there has not been evidence of non-pay savings over



a three-year period, it is a bit like taking a dead cat and saying “Now, Minister, give me a big pile of money or else.” We have to be serious about hospital management and about money being spent in a consistent and predictable way. We have to do that collectively and identify the instances where that is not happening.

There is unfortunately too much variance between hospitals and in how we think money should be spent. The budget has increased. In 2013, the health budget was €13.5 billion. It is now €25.8 billion. In a ten-year period, we have essentially doubled the health spend. We as a State cannot do that again. There was significant and necessary investment. We historically underinvested in health, particularly on the capital side. I thank every Deputy who has made the case for a large envelope to be given to the Department of Health and the HSE in the review framework, recognising the difficulty of managing that process overall, because of course all hospitals need water and energy security. Those things are also important but there needs to be significant capital investment. I appreciate the recognition of that. We cannot continue to grow the current budget the way it has been growing.

We have invested in people and hospitals. We must get the return for that investment. It is not acceptable for a hospital to make the case for an additional CT machine or any other diagnostic equipment in circumstances where that CT machine is not being used for all of the hours that Deputies and I expect it to be used. It is not acceptable to have CT machines or other diagnostic equipment which is not being used beyond 4.30 p.m., as is the case in some hospitals. I go in and ask what time the CT machine runs until and I am told it is maybe 8 p.m., maybe 5 p.m. or maybe 4.30 p.m. That is not okay and it is not okay for the State to be required, or have pressure placed on it, to put additional CT machines somewhere that one is not being used to the optimum capacity. Those are the savings and productivity necessary to deal with the sort of service we want to deliver to patients.

We have, together, a significant issue to manage, and which Deputies identified, with regard to insourcing. I believe it is not correct or moral for the State to continue a system which it knows is creating a barrier to achieving productivity in the public system. I am completely committed to a public health system funded by the State and delivered for public capacity, and to having that public work done in public hospitals. I recognise that there are historical contracts that enable consultants under certain contracts to do private activity in certain spheres. I recognise that that is so. On the other hand, I also see that 65% of consultants are now on the public-only consultant contract. We want public activity.

It was the correct set of decisions to take every step possible to reduce the waiting lists because that results in people getting pain relief, elective procedures and diagnostic tests that they need. Over the next 12 or 24 months, as we decide to do this, we have a real challenge in making sure that capacity is delivered in the hospital system. I would welcome the support and help of the health committee in particular in analysing the performance of hospitals in this way and making sure that we are winding down a structure we know is legitimate and lawful but is not what we want and not what we believe is the correct thing to do. I do not want to do it in a way that will cause waiting lists to spike, not because Deputies are going to correctly hold me to account for the waiting lists but because I do not want people to be in difficulties.

We will have to find the right way to bring down the activity that we do not believe serves the public interest in the medium to long term, that is, third-party insourcing and so on, and to increase productivity. Both are granular challenges which will be difficult and are complex. I need Deputies’ insight, help and analysis and to use all of the tools of the Oireachtas to help to

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analyse the nuanced performance of hospitals that I have spoken of today. Deputy Conway-Walsh referred to Mayo in particular and I am interested in Mayo because it was one of the first hospitals I visited. It had very poor hospital trolley performance over the bank holiday weekend in early February, but it has been consistently difficult. It had a significant uplift both in resources and staff, but I am concerned about its weekend management. Not to be too unfair to Mayo, but the point is that there are different nuances in every hospital and we need to be honest about this.

This Bill is important because it helps to do one thing, that is, to be focused on corrective action. That is the sort of granular detail that we will need to improve financial performance in the health system.

Question put and agreed to.

### **Health (Amendment) Bill 2025: Referral to Select Committee**

**Minister for Health(Deputy Jennifer Carroll MacNeill):** I move:

That the Bill be referred to the Select Committee on Health pursuant to Standing Orders 103 and 188.

Question put and agreed to.

### **Estimates for Public Services 2025: Messages from Select Committees**

**An Ceann Comhairle:** The Select Committee on Arts, Media, Communications, Culture and Sport has completed its consideration of the following Revised Estimate for Public Services for the service of the year ending on 31 December 2025: Vote 33.

The Select Committee on Fisheries and Marine Affairs has completed its consideration of the following Revised Estimate for Public Services for the service of the year ending on 31 December 2025: Vote 29.

*Cuireadh an Dáil ar fionraí ar 5.18 p.m. agus cuireadh tús leis arís ar 5.22 p.m.*

*Sitting suspended at 5.18 p.m. and resumed at 5.22 p.m.*

### **Pride: Statements**

**An Ceann Comhairle:** I call the Minister for Children, Disability and Equality, Deputy Norma Foley, to make her statement. Under Standing Order 56, she is sharing time with the Minister of State, Deputy Jerry Buttimer, and Deputy Keira Keogh. They have 25 minutes in

total.

**Minister for Children, Disability and Equality (Deputy Norma Foley):** It is my honour to address the House today on Pride. It is a particular honour to be here this year as we mark what is a significant year in terms of LGBTIQ+ equality.

As many in the House will be aware, the Dublin Pride Festival took place on 28 June. The streets of the capital were awash with vibrant colours, enjoyment and, most importantly, pride. As the summer moves on, there will be many more events taking place across the country to mark Pride. It is significant to see the expansion of Pride festivals across Ireland, especially in rural areas. I welcome their continued growth year on year. However, Pride month is more than just a festival or parade; it is a powerful statement about love, acceptance and resilience. This year marks a milestone anniversary for the LGBTIQ+ community and for wider society. It is ten years since the people of Ireland voted in their millions to say “Yes” to equality and to dignity. It was undoubtedly one of the most significant moments in the history of this State. On that historic day ten years ago, Ireland became the first country in the world to legalise same-sex marriage by popular vote. With 62% in favour, the people of Ireland made a clear, proud, and compassionate choice to enshrine in our Constitution the equal right of same-sex couples to marry. It was a moment that changed our laws, but more than that, it changed lives.

The annual marriage statistics from the Central Statistics Office, CSO, show that hundreds of LGBTIQ+ couples are proudly getting married each year, including 688 last year. The success of the marriage equality referendum changed Ireland in so many profound ways. There is so much to celebrate in terms of the path to equality for the LGBTIQ+ community since that remarkable day. However, we must be mindful that equality is not a single destination. It is a continuous journey and one that we must remain committed to with the same spirit that defined that extraordinary day ten years ago. Pride is a moment to look forward, not just back, including: to reflect on the work still to be done; to combat discrimination; and to show the LGBTIQ+ community we stand in solidarity with them. Progress can be achieved when we collaborate and renew our efforts to advance equality for all. As Malala Yousafzai said, “We cannot all succeed when half of us are held back”.

The new national LGBTIQ+ inclusion strategy 2024-2028 is a manifestation of the Government’s commitment to meet the challenges the LGBTIQ+ community continue to face. I am pleased to inform the House that I launched the strategy and its accompanying first two-year action plan last month. It was developed following an extensive consultation with the LGBTIQ+ community. One of the key messages that emerged is that it should be focused on making the biggest impact on the key priority areas that mattered most to the LGBTIQ+ community. That means there is a reduced number of actions compared to the previous strategy, but with the aim of achieving meaningful progress.

There are four pillars on which this strategy is built, including safety, health and well-being, participation and inclusion and equality and non-discrimination. The strategy will aim to promote and respect the right of LGBTIQ+ people to live their lives safely and free of harassment and violence through several prevention and protection measures in these key priority areas. This will include: addressing misinformation relating to LGBTIQ+ people; developing effective approaches within the criminal justice system towards addressing the safety issues experienced by the LGBTIQ+ community; enhancing awareness of the occurrence of domestic, sexual and gender-based violence within the LGBTIQ+ community because there is evidence to suggest that LGBTIQ+ people are afraid of reporting for fear of not being believed; and im-

proving safety for LGBTIQ+ people in public spaces.

There are commitments in this cross-departmental strategy to invest in mental health services to improve access and provide tailored and specific supports for LGBTIQ+ people. This is essential because research has shown LGBTIQ+ people can face significant health issues, including high levels of depression, anxiety and stress. Another important commitment in the strategy is continuing to address and prevent LGBTIQ+ bullying in schools. I know from my time as Minister for Education that providing an inclusive education for our young people through fostering respect and understanding, promoting respect for diversity, reducing bullying and ensuring students feel a sense of belonging is of utmost importance. Our updated curriculum and anti-bullying measures in schools are working to create classrooms where students feel more included, more understood and more valued. The Irish word for kindness is “cineáltas”. The Cineáltas: Action Plan on Bullying in schools is a key tool in tackling behaviour or language that intends to harm a student because of their membership of the LGBTIQ+ community.

Community-led organisations across the country have been supported with crucial funding to promote inclusion, protect rights and improve quality of life and well-being for LGBTIQ+ people. Many of these organisations open their doors and their phone lines to listen, to welcome and to offer support to members of the community. Particularly in more rural areas, these spaces and organisations play such an important and central role. We must continue to nurture and support them. The Department of Children, Disability and Equality has a LGBTI+ community services fund which has provided €5.46 million in funding to 138 projects since 2020. I acknowledge that the former Minister, Deputy Roderic O’Gorman, is in the Chamber. I acknowledge also his work in this regard and, indeed, in terms of the strategy. The fund supports the establishment and enhancement of safe spaces in their many forms across the country. The importance of these safe spaces for LGBTIQ+ people cannot be underestimated in creating connections, solidarity and a sense of belonging.

For example, Youth Work Ireland with the support of the LGBTI+ community fund launched a new online youth cafe in January this year. It is held monthly for young neurodiverse LGBTIQ+ people aged 18 to 24 years old to connect safely with peers and be supported by trained youth workers. I recently launched the funding call for the 2025 version of the community services fund with €1.4 million of funding being made available.

The increased levels of harassment and persecution of LGBTIQ+ people globally make many of our LGBTIQ+ citizens feel unsafe. We cannot stand by and let such sentiments take hold in Ireland. Kindness, understanding, solidarity and hope are the values and beliefs that must remain central to our work as we continue on the journey of equality. As the old Irish saying goes “Ar scáth a chéile a mhaireann na daoine” - “We live in the shadow of one another”.

Ireland has increasingly become seen as an emblem of equality, democracy and inclusion. It is a country with a proud record as a champion of human rights. The European Parliament’s Committee on Civil Liberties, Justice and Home Affairs recent report on the European Commission’s LGBTIQ equality strategy highlighted the current challenges to LGBTIQ+ safety across Europe. In particular, the report noted that the rise of far right political forces has motivated an increase of the harassment and persecution of LGBTIQ+ persons in Europe. Each year, the Rainbow Europe annual review ranks all 49 European countries on the basis of their legal and policy situation regarding LGBTIQ+ rights. In this year’s Rainbow Europe report, Ireland placed 14th out of 49 countries in the general ranking. This represents an improvement from previous years, when Ireland placed 16th.

However, despite all the progress that has been made in making Ireland a more tolerant and welcoming place to live for the LGBTQI+ community, it is troubling to see that homophobic attacks are still taking place. Statistics published by An Garda Síochána show that there were 70 hate crimes and hate-related incidents recorded last year where the motive was hatred of a person's sexual orientation. That is a reduction on the 109 hate crimes and hate-related incidents in 2023 where the motive was hatred of a person's sexual orientation, but one such incident is one incident too many. We need to send a clear message to those who wish to inflict suffering on our LGBTQI+ citizens that this will not be tolerated.

In celebrating Pride, we recognise that equality is measured not only in laws and policies, but in the existence of spaces for joy, expression and inclusion. As Minister for disability, I highlight that July is also Disability Pride Month. I was impressed by the article written by Dr. Margaret Kennedy, a disability activist, in the *Irish Independent* this week. She highlighted the need for disabled people to be accepted by society for who they are. She wrote:

We have a month of Disability Pride, because we who are disabled and you who are not, need one. It is OK to be deaf. It is OK to be in a wheelchair. It is OK to have cerebral palsy, or a speech ... [impediment], or autism. There is nothing bad or wrong about you having these conditions.

What has happened is that the world has still not accepted who we are. That is their loss.

Disabled people have many gifts to bring. Wisdom. Joy. Successes. We are proud of who we are. And [of] all [that] we achieve.

That is a powerful message and one that is well worth amplifying.

Pride is both a celebration and a protest. It is also a promise that Ireland will continue to be a place where equality grows and where no one is left behind. I reiterate that the Government remains committed to working with and for the LGBTQI+ community as we continue on our journey of equality.

**Minister of State at the Department of Rural and Community Development and the Gaeltacht (Deputy Jerry Buttimer):** I begin by thanking the Minister, Deputy Foley, for her leadership and stewardship of the Department. Her last remarks clarify her position in terms of her commitment to equality. I thank her for that. I also pay tribute to the former Minister, Deputy Roderic O'Gorman, who is in the House this afternoon, for his leadership and courage as a Minister, but also for going to Budapest Pride. He sent a clear message on behalf of us all about the need for strong leadership. I thank him for that and déanaim comhghairdeas leis.

This is a very important debate because through celebrating pride, we recognise that we are ten years on from marriage equality at one level and have made significant progress, while recognising that significant challenges remain. As the Minister said, it is not just about laws; it is about our attitudes, our words, our spaces and our commitment as members of civic society.

On behalf of Cork, I wish all Members of the House a happy Cork Pride, which begins next weekend. I thank Deputy Rice, who was a former chief executive of the Cork Gay Project. Cork Pride is different in that it happens at a different time to other parts of the world. It will be held during the August bank holiday weekend. It is an important visible piece on what we do as a city as part of the rainbow city. It would be remiss of me not to pay tribute to the late Siobhán O'Dowd for her Trojan work and leadership as an advocate, activist and human rights



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champion. She was a person who strove to do what the Minister said, to make our world a better place for all of us, whether it was the most vulnerable LGBT people, or the people she met in every part of her daily work.

For many of us who were part of the campaign for marriage equality, it is probably still hard to believe that we voted in a plurality in the way we did. We are also very fortunate that in the Houses of the Oireachtas we have a Members' LGBT caucus and a staff representative association. We fly the rainbow flag and hold a coffee morning, which in themselves are not major things, but they are symbols of the inclusive, diverse Parliament we all represent and that we park our political ideology. I also pay tribute to our great friends, who are no longer Members of the House, former Senators Fintan Warfield and David Norris, who, along with me and Deputy Malcolm Byrne, started the campaign for the Houses to hold those two simple but effective and positive symbols of inclusivity and diversity in our Houses.

We will never forget the scenes in Dublin Castle. Stepping back to where we came from to marriage equality to now, I am conscious of the fact, as David Norris said recently, that there were only six or seven people at the first gay pride parade in Cork, including Kieran Rose and Arthur Leahy. They were champions on an arduous journey to lead to political change. We did it incrementally. Many people disagreed with us and thought we should have gone full throttle, but history will judge and the Irish people were generous. We have made significant progress, while recognising that we have challenges. That is why Pride is still important. That is why it is critical that we do not just celebrate and commemorate the past but that we challenge each other about the future and the world we live in today. It is about defending where we are, but is also about shaping a more inclusive future.

The European Parliament's review and ILGA-Europe's annual review highlight situations where people cannot be free to be who they are and who are not in a position like ours in this Chamber, whose allies and friends support us and raise the issues of anti-hate speech and discrimination and speak about violent attacks on the streets. While more people are free to be out and be open, many people are seeing an increase in violence, harassment and bullying against them. That is why, as the Minister said, we cannot have any tolerance for harassment and violence. I also make the point that we, as parliamentarians, have an obligation and responsibility to challenge those who have a different view to ours and to call them out for what they say in these Chambers, be it in the Dáil or the Seanad.

Today, the Emerald Warriors, a gay rugby team from Ireland, are champions of the Union Cup. The Cork Hellhounds won a competition. Next Saturday, on the eve of the All-Ireland Hurling Final, two gay teams from the North and South of our island will play a match in MTU in Cork. I thank Cork's Na Laochra Aeracha, for its wonderful work under the leadership of Aaron Kelly. I thank Richie Fagan of the Emerald Warriors for what they have done. They have encouraged inclusivity in sport and diversity. Aeracha Uladh coming to Cork shows the power of sport in uniting and raising the rainbow flag.

We have come a long way, but what does it really mean to be free to be who you are and to belong when people around the world are trying to take away the rights we won and campaigned for? These people are in parts of the world where one would imagine they should know better. They are meant to be the champions of democracy. We can never take the progress we have made for granted. That is why Pride, role models and tonight's statements are critical. We need campaigns and visibility. We must also recognise that marriage equality did not put the roof on the house. It was a key moment that we will never forget. I can wear this ring because

of the generosity of the Irish people and I will never forget that. We must do more. That is why it is critical that we listen to and understand each other in this debate. As Charlie Bird said in his book, it was “Some Day in May”.

The progress we have made is one we will continue. That is why I have made the commitment in the Department of rural and community affairs, along with the Minister, Deputy Foley, to always be that champion. We will always be the advocate and work with every Member of this House because there is very little that divides us on the matter of Pride and equality. I look forward to working with all Members to ensure that we continue to allow people to live safely, to be free in their workplace, to be free to be who they are and, more importantly, that we stand up to those who want to row back. We stand with our friends in the trans community, conscious that we have to take a journey there as well and we must do that.

**Deputy Mark Wall:** Hear, hear.

**Deputy Keira Keogh:** Ministers agus a chairde go léir, it is an honour to stand before you today as an ally and a proud supporter of the LGBTQI+ community. Over the month of June, we celebrated Pride around the country and around the world. Pride is a powerful expression of identity, resilience and love. I had the pleasure of walking in the 2025 Dublin Pride Parade alongside the Tánaiste, Deputy Harris, and the Minister of State, Deputy Buttimer, as well as attending the Pride parade in my hometown of Westport. I really can attest to this expression. However, we must remember Pride is not just simply a parade; it is also a protest, a history and a journey. It serves as a reminder of how far we have come but also of the hard truth that progress, particularly continued progress, is never guaranteed. In Ireland, that journey to progress has been both painful and profound.

One of the most poignant stories in the history of LGBTQI+ rights in this country is that of Declan Flynn. Declan was killed in Fairview Park in Dublin in 1982 by a group who were all part of “the team to get rid of queers in Fairview Park”. His death coincided with a series of beatings that were being dished out to gay men in Fairview Park at the time. His killers were not jailed, with the group given suspended sentences for manslaughter. This drew surprise and concern from many people across the country. The response to the verdict was the largest gay rights demonstration that had ever been seen in Ireland. It was a defiant show of strength in the deeply conservative Ireland of the time. That June, the first gay pride march would take place in Dublin. Many regard the sad case of Declan Flynn as the catalyst for the Pride movement in Ireland.

It is in our living memory that simply being gay in this country was a crime. Silence and stigma loomed over Ireland until 1993, when homosexuality was finally decriminalised. This was a change driven by people who fought relentlessly - often against the tide - for equality. From that moment, we saw massive changes. The year 2010 saw the introduction of civil partnerships and 2015 saw the historic moment as Ireland became the first country to legalise same-sex marriage by popular referendum. As we celebrate that decade, I congratulate the almost 80 couples in my home county who got married. We also saw the Gender Recognition Act coming into force in 2015. That legislation allows transgender people to have their gender recognised by the State. While this was a step in the right direction, we must continue to be aware that the journey for true equality for trans people is far from over.

These are just three examples of the progress that has been made in Ireland, but Pride also serves as a reminder of the work we still have to do. We have LGBTQI+ youths who are grow-

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ing up in fear in this country. There are trans people who are waiting years to access healthcare in this country. We know of many attacks on the community in the context of a landscape at the moment that too often provides a platform for hate. Rights for the LGBTQI+ community are under attack, with 676 hate crimes and hate-related incidents reported to An Garda Síochána in 2024. That was an increase on the previous year. Research published by Trinity College Dublin and BelonG To, namely Being LGBTQI+ in Ireland 2024, found that 45% of the community in Ireland feel unsafe holding hands with a same-sex partner in public and that over half of trans and non-binary people feel unsafe expressing their gender identity in public. The research further found that one in four members of Ireland's LGBTQI+ community have been punched, hit or physically attacked just as a result of their identity. A 2024 report, LGBTIQ equality at a crossroads: progress and challenges, by the European Union Agency for Fundamental Rights found that more than one in three faced discrimination in their daily life because of who they are and more than one in two were victims of hate-motivated harassment.

I welcome the commitment in the programme for Government to improve and protect the rights of the community in Ireland. In recognising the threat to the community here compared with other jurisdictions, we must continue to make progress for this community. I support the implementation of the national LGBTQI+ inclusion strategy, which focuses on safety, health and well-being, participation and inclusion, equality and non-discrimination and which also includes those online. I also note the commitment to improving access to health services for LGBTQI+ people. Importantly, I really welcome plans to advance legislation to ban conversion practices and look forward to going through this at the Joint Committee on Children and Equality, which I chair.

Ireland is a country that voted for love. We were the first to legalise it by popular vote. It is a country where community matters. This does not happen by chance; it happens because people speak out and do the hard work necessary to build a more equal society, whether that is in Fairview Park in Dublin or Stonewall in New York where suits of equality were led by the bravest of individuals who refused to be silenced in the face of injustice. That is the legacy that is ours to carry on. Now is not the time to roll back rights for LGBTQI+ people. It is not the time for rights to retreat. We are seeing instances of this rollback in Ireland from people who wish to frame inclusion as a threat and treat difference as a danger. Now is the time that all of us who are allies of the LGBTQI+ community must be loud in our support. Pride remains a political act. It demands bravery, not only from those in the community but also from those of us who are allies.

As I said at the beginning of my address, I had the pleasure of walking in the Dublin Pride Parade in June. My support should not and will not end there, however. It will continue for the other 364 days of the year as a TD, as chair of the children and equality committee, and, more importantly, as an ally of the LGBTQI+ community. I want to make it clear that I will call out and challenge hate wherever it happens, in public or political discourse in media and in our communities. I will continue to push for protections against hate crimes and hate speech. I will continue to push for inclusivity in our schools, healthcare and communities, because every person has the right to live free from fear. While those of us here today in this Chamber may hold different views on various things, it is my hope that we can be united on this, namely that the politics of hate have no place in Dáil Éireann or in our constituencies or communities.

**Deputy Máire Devine:** I grew up in a very republican household. I was taught well by my father the values of service to the community and inclusion. I see parallels with Pride and the LGBT community in our country. Our queer comrades were oppressed by means of unfair

laws, church doctrine and social stigma. The first Pride march in Dublin took place in June 1983 amid a culture of violence perpetrated against vulnerable segments of Irish society and emphasised by the murders of Charles Self, John Roche and Declan Flynn in the few months prior. On 21 January 1982, Charles Self, an openly gay man, was brutally murdered at his home in south Dublin. He was found dead at the foot of the stairs having been stabbed 14 times and strangled. His murderer has never been found. John Roche was also stabbed to death in a frenzied attack Cork city because he was gay. The judge who handed down the sentence in that case said he believed John enticed the killer to take part in homosexual acts and stated, “After engaging in these acts you were likely to feel hostility and revulsion”. The day after Mr. Roche’s killing, Declan Flynn was killed by teenagers in Fairview Park in north Dublin, who specifically targeted him and others because of their sexuality. It was queer-bashing. Declan was not their first victim that summer; not by far. They had beaten as many as 20 men in the previous six weeks, but Declan was their first killing. In their statements presented in court in 1983, they described themselves as vigilantes and indicated that they believed they were serving justice for the good of society. Mr. Flynn’s killers received suspended sentences. The ruling caused public outrage and led to one of the earliest and largest demonstrations in support of gay rights on the streets of Dublin. The Flynn family described the decision as an insult. Declan’s father stated, “They walked out of court free but my son cannot walk out of Glasnevin.”

It would be ten years after these murders before homosexuality in Ireland was decriminalised following Herculean efforts on the part of and led by the then Senator, David Norris, and the former commissioner of the Irish Human Rights and Equality Commission, my friend Kieran Rose. However, the legislation introduced at the time did not expunge convictions. Research by the Irish historian Diarmuid Ferriter shows that hundreds of men were jailed for homosexual offences. The laws to which I referred at the outset were also used to imprison our very own Oscar Wilde.

This was the background to the first Pride march in Dublin in June 1983. Society at that time was largely fearful of people it did not understand and victimised them through the use of dehumanising laws inherited from Britain. Beyond these archaic laws were families, friends, colleagues and employers who may have spewed the hateful rhetoric that terrified people into remaining quiet and closeted or suffering self-loathing at being unable to change who they were. This is precisely why Pride is both a protest and a celebration. It is a protest at the unjustness of centuries of persecution, horrific violence and hatred. It is also a jubilant celebration of how far we have come that our queer community members are free to love and marry who they wish without fear of persecution by means of laws that would render them unequal members of our society and to have the intrinsic right to live authentic lives.

Sinn Féin unequivocally condemns attacks on the LGBTQ community. We wholly reject hateful rhetoric in Ireland and overseas. We are proud to have presented early gender recognition legislation in May 2013 and to have introduced in the Thirty-fourth Dáil a Bill which would exonerate all who were convicted under Ireland’s unjust anti-homosexuality laws. We urge all TDs to support Deputy Ó Snodaigh’s Bill, which is currently on Second Stage. We must fight relentlessly for people’s right to be respected and stand firm to ensure that the damaging discourse which has prevailed and which is rearing its ugly head across the world does not become mainstreamed in our society. We celebrate Ireland’s progress towards a more accepting and compassionate society, but we must redouble our efforts to stamp out homophobia, biphobia and transphobia whenever and wherever they arise. Sinn Féin will continue to stand against those who seek to marginalise, undermine and divide people’s solidarity.



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**Deputy Claire Kerrane:** I am glad to have the opportunity to contribute to these statements on Pride. I am proud to be an ally of the LGBTQI+ community. I am glad that in voting for marriage equality ten years ago, we did not just stop at that point and say “Job done”. It is important that we continue the conversation and face head on the challenges that remain for those in the LGBTQI+ community. The inequalities that community faces endure and the battle to overcome these inequalities continues, so we must also continue to break down those inequalities and ensure that every person who lives on this island, no matter who they are, feels equal and safe in being who they are and never feels like they have to answer for, explain or battle for it.

As my party’s spokesperson on children, I am particularly mindful of young people and the challenges they face as part of the LGBTQI+ community as they grow up. Every child deserves to grow up feeling valued and safe. That is not always the case. Our world can be especially cruel online. I acknowledge BelonG To, particularly its youth groups, and the work it does to raise awareness of the challenges young people face in their communities. Its Block the Bad campaign raised awareness of online bullying and the nasty rhetoric most of us are used to seeing in the online world. I wish to use the following as an example of the part we can all play. Roscommon Community College in my constituency, in partnership with Roscommon County Council, unveiled the first Pride rainbow crossing in Roscommon town in 2022. This was done on foot of a request from the school’s student LGBTQI+ and allies group. They wanted it to be a visible symbol of inclusivity in their town. That goes to show the part young people and people of all ages can play in their communities and in schools in particular, which is important.

**Deputy Shónagh Ní Raghallaigh:** We can measure the success of any society’s progress on welfare, well-being and inclusion by looking at how it treats its most marginalised groups. We are failing our most vulnerable miserably here in Ireland. Last night, we heard no shortage of horror stories about women suffering as a result of poor treatment for endometriosis in this State, with an average wait of nine years for a diagnosis. At the moment, transgender people are waiting ten years for a first appointment with the National Gender Service, the only clinic that serves gender non-conforming people in the entire State. This poses the question as to whose lives we value in this State and whose health matters. There is no doubt gender has a lot to do with the answer. I cannot put into words how much I am upset by how badly we are failing our trans boys and girls and trans men and women. All they want is to be allowed to be themselves and to be recognised and loved for that. As the mother of four kids, I find this heartbreaking. I hope to be the kind of mother who listens without judgment, hugs without hesitation and stands by them without fear. I empathise with and commend all the proud mummies and daddies of trans kids who are fighting so hard for their kids to have decent lives. We would all do well to put ourselves in the shoes of those mummies and daddies. Perhaps then we would have a system that looks a whole lot different than the one we have today.

In 2022, Transgender Europe found that Ireland had the worst transgender healthcare in all of Europe. There is solid evidence showing that reliable and open access to gender-affirming care is essential to improving outcomes for trans people. We are inflicting immeasurable and necessary trauma by denying trans people basic healthcare and security. We are forcing trans people to seek surgeries abroad and self-medicate, thereby putting their lives in danger. We need to take a step back, look at the National Gender Service and ask if it is fit for purpose if many trans people are coming out of there feeling worse off than when they went in. We need to listen to the trans community and have their voices at the centre of these conversations. At the moment, far-right ideology based on misinformation is steering this conversation on a serious



human rights issue. The political establishment is without a peep on this matter. One would wonder why. Shame on all of us. We need to do better.

Tá stair na hÉireann lán le scéalta de ghrúpaí imeallaithe ar cuireadh ina dtost. Ná bíodh an deireadh céanna i ndán do phobal eile. Ireland's history is full of stories of a people silenced. Let us not repeat that history with another community.

**Deputy Sorca Clarke:** Pride is about continuing solidarity with the members of the LGBT community we are lucky enough to call friends, privileged enough to call family and also the wider community. It is also about remembering how far that community has come, how we got here and why we, as a collective, must never take the progress made for granted. The LGBT+ community has in the past been a painful contradiction, with warmth and acceptance from that community and their families but silence and cruelty from the State. The latter meant that it was 1993 before being gay was finally not considered a crime. Even after the law changed, much else remained the same. I refer to the fear, the stigma and the inequality.

I commend my colleague Deputy Ó Snodaigh for introducing the Disregard of Historic Offences for Consensual Sexual Activity Between Men Bill 2025 recently. When Declan Flynn was murdered and his killers walked away with suspended sentences, the message to the LGBTQ+ people was chilling, namely "Your life is not worth the same". That can never be forgotten. Declan's memory inspired a new generation of campaigners who organised protested and refused to be invisible.

Ireland has changed. When the people voted proudly and decisively for marriage equality, that moment told LGBTQ+ people that they are equal and that they belong. The work of equality did not end with the vote; it is what comes in the weeks, months and years since and to come. What has happened in recent years give me some cause for concern. The rise of anti-LGBTQ+ crimes and rhetoric is alarming. The brutal murders in Sligo three years ago are a heartbreaking reminder that violence is not in the distant past. Our LGBTQ+ community, though strong and resilient, needs the remainder of us to be allies not just for one day but every day and in every space. We must not let imported culture wars distract or divide us. Our future path must be based on equality. Pride is not performative, it is powerful. It is built on the memories of those lost and the hope for those today and in the future.

*6 o'clock*

Let us make future generations look back at us and say that, in our time, we had the courage to stand up, the strength to speak out and the unity to move forward to equality together.

**Deputy Conor D. McGuinness:** Pride is about equality, solidarity and community and as an Irish republican, these principles are fundamental to me. I am very proud to stand here as an ally. Pride is also about love, acceptance and the joy of acknowledging and celebrating every person's authentic self.

Tá cearta agus comhionannas ríthábhachtach ach tá sé chomh tábhachtach céanna go dtógaimid pobal inar bhfeictear gach duine, ina gcloistear iad, agus ina bhfuil grá, cineáltas agus meas glactha mar chroílár na beatha. Visibility matters. It matters just as much in rural areas, towns and villages as it does in our cities and the media. Across Waterford, I have seen the power of Pride to build connection and belonging. I was proud to walk this year in Pride of the Déise in Waterford city, and over many years to support local initiatives in Dungarvan and across the county. The message from young people, families and older members of the LG-

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BTQ+ community has always been clear: representation matters, and seeing yourself in your community matters.

Pride cannot just be about waving a flag or adding a splash of colour to a website. Its roots lie in protest and in Stonewall, where people rose up against discrimination and brutality. That radical spirit still matters because we must not only celebrate the gains, but defend them and challenge the inequalities that remain. From youth homelessness to mental health, we know LGBTQ+ people still face systemic discrimination, especially outside urban centres. Rural LGBTQ+ people deserve the same services, safety and visibility as anyone else. That includes safe housing, inclusive healthcare and properly resourced community supports.

Let us not forget how far we have come. It has been nearly a decade since the marriage equality referendum. It has been over 30 years since the State decriminalised homosexuality. These gains were not gifted. They were won by people who refused to accept silence or shame.

Tá cumhacht ar leith ag baint le saol a chaitheamh le bród, le bheith mar chuid de phobal, le glacadh le daoine eile agus a bheith glactha tú féin. Is é sin croílár an Bhróid. We cannot stop at civil rights and equality before the law. We must keep fighting for full lived equality, and for the right to be seen, safe, supported and celebrated. Pride is protest, solidarity and community. No matter where you live, in a rural area, town or city, Pride belongs to us all.

**Deputy Mark Wall:** I start by welcoming two very good friends of mine, Jacinta and Geraldine, who are visiting the House today in the week they celebrate their ninth wedding anniversary. I also welcome friends from our own Labour Party LGBTQI group, who are with us in the Public Gallery this evening as well.

In many regards, Ireland has led the way to social progress for members of the LGBTQI+ community. I am pleased to say that the Labour Party has been behind much of this progress. It was the Labour Party that gave the first ever legal protections to gay and lesbian people by amending the Prohibition of Incitement to Hatred Act. In 1993, we delivered on our promise to abolish the criminal offences relating to homosexual acts. I also want to use this opportunity to commend former Senator David Norris, who was a leading campaigner around the decriminalisation of homosexuality.

In 2018, on the 25th anniversary of that decriminalising of homosexuality, the Labour Party secured an official State apology for gay and bisexual men. We have yet to see any real, meaningful steps by the Government to disregard these convictions, however. All through our history, the Labour Party has been and continues to be a party committed to achieving equality for our LGBT+ comrades. We were the first political party to propose legislation to recognise same-sex couples in the law through the former Deputy Brendan Howlin's Civil Unions Bill. In 2015, we delivered on our promise to hold a referendum on marriage equality, which passed by a landslide. We also introduced the Gender Recognition Act, marking for the first time in Ireland transgender men and women being allowed to self-declare their own gender identity.

It has been said here many times today that Pride is not just a celebration. It is also founded on a base of activism and protest. We can never forget that. We can never forget the pivotal points in history that bring communities together to fight for equal rights, like the death of Declan Flynn in 1982, a 31-year-old gay man who was brutally attacked in Fairview Park in Dublin and later died from his injuries; John Roche and Charles Self, who were killed that same year; or the recent murders of Aidan Moffitt and Michael Snee, who were killed just because

they were gay. We must continue to put these deaths to the forefront of our minds when we speak about Pride.

These changes do not just happen. They are a result of years of hard work and campaigning. They are about being bold, brave and proud. However, we have seen in recent years that far right governments across the world are trying to row back on any rights for the LGBTQ+ community. We saw this recently in Hungary. I want to stand with the Minister of State, who acknowledged Deputy O’Gorman’s presence there, and also members of our own Labour Party who made a trip to Hungary in the last number of weeks as well.

There continue to be attacks by far right groups on LGBTQ+ people, and I am particularly concerned about the impact this is having on young people. According to BeLonG To, there has been a significant decline in the health and well-being of LGBTQ+ people in Ireland since 2016, with even more significant challenges for younger age groups. We need to continue to fight hate in all its forms and ensure we can be a more equal Ireland so that young people know that things can and will get better.

While Ireland has had strong rights in place for many LGB people, the same cannot be said for our trans community. It is now a decade since the passage of the Gender Recognition Act. Despite this, transgender health in Ireland is consistently ranked as the worst in Europe. My Labour Party colleagues and I have met a number of trans rights groups regarding issues impacting them, access to basic health, issues with the National Gender Service and the major challenges highlighted. I know my colleagues will talk more on this in the coming minutes.

I will hand over to the rest of my colleagues, if that is okay with the Cathaoirleach Gníomhach.

**Deputy Duncan Smith:** Speaking to members of the community who were around in the first Pride and subsequent Prides, the movement was rooted in protest, demonstration and anger. We are here tonight in that spirit with regard to transgender healthcare.

I want to read two things. My colleague, Deputy Wall, referred to how we were bottom of the list in Europe with regard to transgender healthcare. In the 2020 programme for Government, the Government’s commitment was to:

Create and implement a general health policy for Trans people, based on a best-practice model for care, in line with the World Professional Association of Transgender Healthcare (WPATH) and deliver a framework for the development of National Gender Clinics and Multidisciplinary Teams for children and adults.

That was good and was going in the right direction. The current Government, in its programme for Government, has a commitment to ensure “a transgender healthcare service that is based on clinical evidence, respect, inclusiveness and compassion.” This commitment is almost meaningless compared to the commitment in 2020. We are not making progress in this area for the trans community. The trans and intersex Pride march in Dublin and Cork at the weekend demonstrated that. We are actually going backwards. This Government’s own messaging is going backwards. That is why we in the Labour Party are today tabling a trans healthcare motion on the Order Paper, which my colleague will talk about in more detail, to bring the Government back to where it should be going.

**Deputy Conor Sheehan:** Pride is political and Pride is protest. It is a reminder of how

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far we have come but how far we have yet to go. This year marks the tenth anniversary of the marriage equality referendum but also the passage of the Gender Recognition Act. In that time, we have seen a deliberate and provocative attempt to marginalise, undermine and dehumanise trans people. As has been said by my colleagues, we have the worst system of trans healthcare in Europe. People have come to me and told me that the wait time is 13 years at the moment, and there are 2,000 people waiting for care.

The fact of the matter is the Government is not following the World Health Organization's guidelines regarding trans healthcare. We need to move to a model of informed consent. That is the way we deal with other gender-related healthcare such as HRT. The fact is that, in this country, we force trans people to go through a dehumanising and humiliating process.

I want to speak about the need for much stronger hate speech law. We need the Government to clarify its position because there is a gulf between, say, the lack of legislative action and the stated commitments in both the national LGBTQI+ strategy and the programme for Government. We need to see a full assessment of the legal gaps and the Government's response to the concerns raised by the European Commission and a legislative roadmap thereafter.

In the time remaining to me, I will speak to an issue that is close to my own area of Limerick. Limerick Pride, QuareClare and The Outing have been shortlisted to host the 2028 EuroPride. This is a pan-European event hosted by a different European city every year. If this was to come to Limerick and the mid-west, what a testament it would be to the progress made in the fight for LGBTQ+ rights. Imagine, the year after the Ryder Cup, if we hosted another landmark event that could bring 100,000 people to Limerick and Clare. It would be transformative for the mid-west culturally and economically. I am looking for the Government and the Minister of State to place their support for this bid on the record of the House.

**Deputy Marie Sherlock:** There is much to be proud of and celebrate in the ten years since the passing of the marriage equality referendum and the Gender Recognition Act 2015, but it is incumbent on us to call out and name the lived reality of so many of our friends in the LGBTQ+ community. It is terrifying to see the very real mental health crisis happening at the moment. My colleagues and others referred to the research by Belong To and Trinity College Dublin, which refers to figures as high as 75% of 19-to-25-year-olds reporting suicidal thoughts. That is terrifying. The figures are even higher for those in the trans community. That is why the Labour Party felt so strongly today about tabling a motion on the Order Paper to call for a number of specific and clear actions: to replace the National Gender Service; and to establish a national clinical programme for trans healthcare in Ireland, ensuring a key role for GPs and a major recruitment of the specialists required for gender-affirming care. There are hundreds of people throughout this country being failed day in, day out because of the lack of GPs who want to recognise, work and support young people who are trans and want that gender-affirming healthcare. We also need a clear and unequivocal ban on conversion therapies. We need to ensure there is clear guidance for transgender healthcare for under-18s. We need to implement the recommendations of the 2018 Government review of the Gender Recognition Act.

There are critical needs but two key actions can be taken now by the Minister of State in particular. First, there is one part-time counsellor in the whole country for the LGBTQ+ community. That number needs to be increased. Second, an organisation, Outhouse LGBTQ+ Centre, in my own constituency provides services to between 4,000 and 5,000 every year. Its funding will be in danger at the end of this year. We need to make sure it is supported to continue its excellent work for people in Dublin and across the State.

**Minister of State at the Department of Health (Deputy Mary Butler):** As we recognise Pride week here in Dáil Éireann, I am deeply honoured to stand before Members, not just as Minister of State for mental health and the Government Chief Whip, but as a proud mother, ally and advocate for the full inclusion of LGBTQ+ people in Irish life. I am especially proud of who I am and who my family is. My son is a transgender young man, and seeing him grow into his own identity reminds me daily of the urgent need for compassion, dignity and fairness in public policy. His story is part of a broader narrative that we must honour by continuing to build a State that cherishes all of our children equally, that truly supports all its people without exception.

Sometimes the debate in relation to trans issues rages on social media without facts or understanding. It can be very hurtful. We should all reject those nasty opinions from people who do not understand the hurt and pain for young trans people who have to navigate a difficult enough pathway in their lives.

Pride is more than a celebration. It is a declaration of our shared values: equality, respect and community. Over the past decade, we have transformed Ireland, becoming the first country to recognise same-sex marriage through popular vote in 2015 and enacting the Gender Recognition Act that same year, which allowed legal gender change through self-determination. Clearly, our work is not done. In just the past few months, we have strengthened hate crime legislation. Since December 2024, Ireland has what is widely recognised as some of the toughest and most comprehensive protections in Europe, explicitly including gender identity.

Our Department of Children, Disability and Equality has launched an updated national LGBTI inclusion strategy. Together with *Belong To*, we are introducing inclusive youth supports, including the “Rainbow Award” programme in schools and youth services.

On mental health specifically, we have made historic advancements. Just last month, a new guidance and training resource supporting LGBTQI+ inclusion in mental health services was launched. This comprehensive guidance and training resource was developed with the Mental Health Commission. On 9 July, I had the privilege of progressing the Mental Health Bill 2024 through all Stages in this House, a landmark overhaul that embeds rights-based, person-centred care into our mental health legislation. In recent months, we also saw the launch of our 2025-27 implementation plan for *Sharing the Vision*, which includes a record €1.5 billion annual budget and the largest ever capital allocation of €31 million for mental health infrastructure in 2025.

However, I stand here today to acknowledge the need to do more in one area where action is lagging, namely, gender-affirming healthcare. Our programme for Government six months ago set out the commitment to develop a transgender healthcare service that was based on clinical evidence, respect, inclusiveness and compassion. I was proud to write that into the programme for Government. Those words did not come easily. Those words came from involvement with several trans organisations and working with the HSE. This is what we felt was the best way forward.

A recent EU report revealed that, for many, first appointment wait lists in Ireland are way too long, leaving trans people stranded without access to vital care. We have seen reports that confirm our trans health services are the least resourced in Europe. This is simply unacceptable. That is why our programme for Government commits not simply to promises, but to practical, evidence-based plans.



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Budget 2025 invested €770,000 specifically to develop a robust, clinically grounded trans-gender healthcare model. We have appointed a clinical lead, established a multidisciplinary advisory group and begun a community-based pilot to better understand and serve trans young people. We are committed to a service that is rooted in clinical evidence, respect, inclusiveness and compassion, moving away from overly rigid models and towards a resilient, patient-centred standard of care.

I have met many young trans people in the last five years. They are looking for respect, compassion, appropriate counselling and supports such as endocrinology, psychology, social workers and, if appropriate because not everybody will need it, psychology. That is the multidisciplinary team that the Minister for Health, Jennifer Carroll MacNeill, and I want to develop. We are working behind the scenes to develop it.

Every single time I list a meeting in relation to trans healthcare in my diary, freedom of information requests come in on it. Every single time I speak openly about trans, I am trolled on social media. It is extremely difficult. We talk about a recruitment process. We cannot get people to work in trans healthcare in Ireland. I had a meeting yesterday. People simply do not want to work there because of the abuse, the vileness and venom to which they are subjected. We will try really hard to deliver a service. I look forward to visiting the service in Drogheda, for example, that supports many hundreds of children and young people aged under 18 years. I agree with the Deputy in relation to the service in Loughlinstown. I am not convinced. There is a long waiting list there but I am certainly not convinced in relation to its model of care.

In the time ahead, I will continue to work with the Minister, Deputy Carroll MacNeill, and colleagues across the Government and the HSE to ensure that we put this model in place and it is supported by adequate funding. Supporting our trans citizens is not optional. It is and must be a measure of our shared humanity. It is also a work in progress. The funding commitments, clinical frameworks and improved access are only as strong as the promptness of their execution. I am proud to say, as the mother of a trans man living in Ireland, it is one of the safest countries in the world to be a trans young person. There are countries you could simply not go to and we must recognise that.

I also recognise the work of the Department of Social Protection on gender recognition when people turn 18. It gives support and help to young people, including helping to access a birth certificate and passport. You have to go through the system to understand it. The Department is exceptional, with a turnaround time of ten days.

As a Government, we must monitor and reduce the wait times systematically, as we must across all health services. We must publish a full model of care as soon as possible. We must expand capacity in gender services, including examining the development of new regional hubs that have worked in other areas. We must stop exporting trans healthcare as if it is someone else's problem. We must ensure continuity of care for those referred from other jurisdictions.

I feel this responsibility personally. I have seen the distress that prolonged uncertainty brings and the courage it takes for young people and families to demand better. We must continue to meet that challenge head-on with empathy, respect, dignity, resources and urgency.

I also acknowledge the work of advocacy organisations, including BelonG To, TEN-I, ChillOUT in Waterford and others, which have driven progress, raised awareness and held us to account. There is no replacing lived and living experience in the crafting of good policy, and I

thank them for their partnership.

The Pride celebrations for this year may have drawn to a close but I say to all members of the community that I stand with them, I hear them and I remain committed to action over my words today. Pride is more than visibility. It is the continuous demand for real change, and Ireland has made that demand manifest. From the ballot box to this House and the health services that serve our communities, we will not rest until equality is lived out in every interaction. As a Minister of State, mother and proud ally, I pledge that the lives of LGBTQ+ people, and especially trans children and adults, must guide the steps we take this year and beyond.

**Deputy Mark Wall:** Hear, hear.

**An Cathaoirleach Gníomhach Deputy Pádraig O’Sullivan:** Well done to the Minister of State, Deputy Butler. Thank you.

**Deputy Thomas Gould:** As the Minister of State knows, Pride is a protest. In recent years, we have seen companies and large multinationals join Pride. In many ways, that has been welcome and positive for those who work in those companies. It sends out a positive message that they are accepted and recognised as a part of these companies, and that their workplaces are safe. That is a good thing for those people. However, in all the positivity, we cannot lose sight of the fact that Pride is a protest.

There are Irishmen walking the streets today who were previously convicted of being gay. We must protest that, and change it. When our trans brothers and sisters are attacked in the British courts and the American Parliament, we must protest. When young gay men and women are attacked on our streets, we must protest.

In recent years, I have spoken to members of the LGBTQI community in Cork. They have told me they feel less safe on the streets now, which is a shocking thing to hear. We need to tackle that.

In 2006 in Derry, there was an upsurge in homophobic attacks. The following year, the then junior minister, Ian Paisley Junior MLA, gave an interview to *Hot Press* in which he said he was repulsed by homosexuality. Can you imagine a junior minister saying that? In response, Deputy First Minister, Martin McGuinness MLA, launched Gay Pride in Derry. In the first year, homophobic attacks reduced by 80%. That is what political leadership can do. That is what Pride can do when people stand together. I am proud to be a part of a party for which Martin McGuinness led the way. Eighteen years ago, he stood up for his community because he believed it to be under attack. He did not do so because it would win votes. He did so because he had a vision of this island that was inclusive, welcoming and equal to all.

Republican LGBTQI activist Seán Garland from Belfast said: “You cannot just stand for a certain section of liberty. You must defend the liberation of the whole nation.” Ní neart go cur le chéile. There is no strength without unity.

**Deputy Pádraig Rice:** I commend the Minister of State, Deputy Butler, on her speech, for her allyship and for speaking out. I know it is not easy. She has our full support. We hope to work together to progress trans healthcare and the Minister of State has the support of many of us across the House. I look forward to working with her to progress that. I thank her for her allyship and her words. They matter to many people.

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I am delighted to be contributing to statements on Pride. I am proud to be a member of the LGBT community. Being a part of the community has been one of the most positive aspects of my life. The LGBT community is like a second chosen family for many of us. It is a tribe like no other. I am also proud to have spent many years working as an LGBT advocate with Cork Gay Project and LGBT Ireland, and as a volunteer. I am now proud to be an openly gay Member of Parliament. I am just one of many from the different parties in the Houses.

However, it was not always like this. It was often a lonely path for many. One person in particular who walked that lonely journey was former Senator David Norris. He was the only out LGBT Member of the Houses for 24 years. I thank and commend him. His was a powerful voice. He did Trojan work for a very long time. I often think of his words on the day of the marriage equality referendum. He said, “The message from this small independent republic to the entire world is one of dignity, freedom and tolerance. *Liberté, fraternité, égalité.*” I often think of those words when I come to this House.

Ten years on from the marriage equality moment, we must look back and think about what has changed and improved, and ask what we have done in the decade since. We have not done enough and have not made enough of that moment and the huge swell of support that was there. While we have won the right to walk down the aisle, many of us still look over our shoulder as we walk down the street and I do not think it is good enough. We are ranked 14th in Europe for LGBT human rights and policy protections. We have been stuck at 14th for many years and are not making the progress we need to make.

I welcome the national LGBT strategy. In a previous role with LGBT Ireland, I did a painstaking analysis of the previous Government strategy. We went through every single action and graded it. The Government got a C-plus for that strategy. The senior Minister used to be a schoolteacher. If she were giving a C-plus to a student, she would tell him or her to do better. The Government got an F grade in respect of trans rights and intersex rights. There is work to be done.

Many people in the House have talked about the progress that has been made. It is always worth acknowledging that it is rarely the politicians who make progress. It was the activists. People took cases. People, including David Norris, Katherine Zappone and Ann Louise Gilligan, sued the State. Lydia Foy sued in respect of gender recognition. These are the people who forced the State, kicking and screaming, to make progress on rights. Other activists, such as Arthur Leahy and Siobhán O’Dowd, who was mentioned earlier, pushed and pushed. That is why we have seen progress on these issues.

There is a lot of work to do. Some of it has been mentioned. We have talked about trans healthcare, which is lifesaving. We need to improve the Gender Recognition Act. We need gender recognition for non-binary people. We need to ban conversion practices. We need to update the incitement to hatred Act. We need to commence the assisted reproduction Act. We need to commence, in particular, the Parts relating to the Children and Family Relationships Act, which are ready to go. I do not understand why they have not been commenced. We need to pass the disregard legislation. We have not even started to talk about intersex rights, which need to be radically advanced. We also need to improve sexual health services across the country. I could go on. There is a lot of work to do and we need to work together, across these Houses, to advance rights. Collectively, we should set the goal of becoming the best country in Europe to be LGBT. It is a target that we can reach if we work together to do some of the things on the checklist.

I say to queer people across the country, particularly those who are still struggling with their sexuality or gender identity, that it does get better. Coming out is transformative. It has a positive impact on your life. As the Minister of State said, this is a good place to be LGBT. I commend the Minister of State again. I welcome these statements.

**Deputy Aidan Farrelly:** I thank the Minister and the Ministers of State for the opportunity to speak on this issue this evening. In doing so, as a very proud dad and youth worker, I want to maintain my focus this evening on the young people of Ireland. Professional youth workers in Ireland are doing a phenomenal job in working with young LGBTQI+ people to ensure they have a safe space to learn, share experiences, have fun and develop a critical social analysis. Speaking after this year's Dublin Pride, the CEO of BeLonG To, an organisation doing some of the most important work with young people, educators and policymakers, Moninne Griffith, said:

This year marks 10 years since the marriage equality referendum. At that time, Ireland told LGBTQI+ young people it was safe to come out and to be who they are. Today, with a small but loud minority trying to roll back on LGBTQI+ rights and inclusion, we're still fighting to make this a reality. Young people and the ... community cannot achieve this on our own.

Ms Griffith continued:

For the majority in Ireland today, we know that the values of compassion, openness and inclusivity are core. That is who we are as a nation.

That is why BeLonG To marched under both the progress Pride flag and our Tricolour, because Ireland remains a loving, caring place and that flag belongs to all of us.

However, the current situation for young people is very difficult in Ireland. The Being LGBTQI+ in Ireland study in 2024 found that young people in this community experience twice the level of suicide ideation, five times the level of suicide attempts and three times the level of severe symptoms of depression, anxiety and stress of the general population. These levels have increased since the last time this research was done in 2016. We know that online the hate that is fuelling this discrimination continues to grow among that small minority. That is why I use my 30 seconds to say it as many times as I can: youth workers in this country are doing a phenomenal, untold good for our society, for the young people who cannot find that space, whether they are in BeLonG To, Youth Work Ireland, Foróige or any of those small independent organisations. They are a haven. I implore this Government and all of us here to do what we can to make sure every community has a youth work service.

**Deputy Sinéad Gibney:** I wish a happy Pride to everybody who is lesbian, gay, bisexual, transgender, queer, questioning or intersex and anybody who has diverse ranges of sexual identity, gender expression, gender identity and sex characteristics. I would like to focus my comments on one particular community within that, and that is the trans community. I missed the Minister of State's speech but I will look back at it. I want to focus my comments on that community for two reasons. First, it is an area I know about. I was lucky enough to do some work with Transgender Equality Network Ireland in helping it develop its strategic plan a number of years ago. Second, this is one community who need more than any other our allyship as a population and our leadership as politicians. The reality is that for trans people in Ireland, although we have progressive gender recognition legislation, the outcomes for people in the transgender

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community are far more challenging than for those of us in the cis community. Employment is harder to access; education is harder to access; and healthcare, of course, is critical and, unfortunately, very difficult for people in the trans community to access.

The reality is that trans people face discrimination daily. My trans friends tell me about trying to enter restaurants and other public spaces where they are routinely refused entry, shamed and stigmatised in different ways. That is simply not good enough. More than that, there is a hugely problematic toxicity around the discussion of trans rights now. People are politicising certain areas like access to public bathrooms, trans athletes and trans participation in sports, and the safety of trans women and the dangers they face. Unfortunately, what we lose in that is people's ability to simply show that leadership and allyship. People are too scared. I say to all politicians: if you do not understand trans rights, learn; if you do not know enough about this, find out, look for that information and seek the support groups and the representative groups, who will tell you. Unfortunately, within all this, when it becomes so toxic to simply discuss trans rights and their realisation, we lose the celebration of the trans community. We fail to see the joy and happiness that is experienced by a trans person who is able to be their full selves in this world and participate fully in society. As long as we lose that, we are failing that community as political leaders and as a population of allies. That is something I intend and commit to do throughout my term as a politician. At every juncture possible, including on the committee on culture, communications and sport, where I will seek to talk about trans participation in sport, I want to promote the rights of trans people and I want to remove this toxicity and stop the weaponisation and the politicisation of trans rights as a recruitment ground for far-right ideologies and get us back to a point where we treasure, cherish and nurture one of the most marginalised communities in Irish society.

**Deputy Barry Ward:** I am very proud of what we have done as a country. That is not politics; that is people. When we look back ten years to what was done in this jurisdiction as regards the referendum on marriage equality, we have a basis on which to be proud for the fact that we recognised at that time that love is love and that equality of access to marriage was hugely important for everyone. I was part, as many people in these Houses were, of the campaign at that time, very much a civil society campaign as opposed to a political one. The friends I made during that campaign I still am friendly with and still work with. They are proud of what we did then; I am proud of what we did then. I am proud of the fact that we are for the most part progressive as regards Pride.

However, we have a long way to go, and Ireland still has major problems as to how it views the LGBTQ+ community, how it deals with them, how it treats them and how they are seen by the law. I heard the speech the Minister of State, Deputy Butler, gave. It was incredibly moving and heartfelt. I congratulate her on it. The staff in my office upstairs were watching as well. We were all moved by it. It is important, however, to look at this through the lens of people who are not treated equally by the law. Despite the will being expressed by the people ten years ago, we had this rearguard action to row back on some things. That is notwithstanding the fact that love is love and that we made this acknowledgment in 2015. Some people decided after the fact that, actually, we have gone too far and should start to undo things, or we have gone far enough and should not do any more. Both views are wrong, from my perspective.

I think, for example, of the hate speech legislation that we tried to introduce in the last session. It was shot down by people who opposed it for entirely spurious reasons, in my view. In fact, in this Chamber, I think last week, I had a disagreement with a Member about an aspect of that and the misrepresentation of the notion that within hate speech we are saying that every-



body deserves certainly the right to free speech but also to express the responsibility that comes with free speech, that you do not use it to put upon other people or to do down other people or incite hatred against them.

When I talk about Pride, I also congratulate those people in Ireland who have consistently worked in this area. I have worked with many of them, but the reality is that there has been a chilling effect for those people involved in Pride. It has not necessarily come from within this country, but look at what happened in Hungary, within the European Union, and the decisions made by Victor Orbán's Government to suppress people involved in the Pride movement. I am delighted to see that people proceeded with that Pride march and that it was the best attended and the most supported one ever in Hungary, as I understand it. The power of people that comes behind that is hugely important because that is what this is all about. It is about people. It is about recognising that people are people and should have equal opportunity to enjoy their lives as they see fit.

Even in this country, however, we know that Pride was affected by decisions made in Washington DC of all places. There was a chilling effect at a corporate level for sponsorship of Pride parades. Dungarvan Pride, as the Minister of State will know, was cancelled as a result of that kind of thing. We know that many people pulled out of it because companies were afraid there would be repercussions from the Administration in Washington. How shameful is that, both for people who were afraid of doing something that is positive in every respect and for the Government in the United States that seems to have forced them to do it?

Again, however, let us not clap ourselves on the back too much because in this jurisdiction there is still not equality, particularly for families that fall outside the norm, as it is seen by the law here. The majority of children within families from the LGBTQ+ community, that part of our society, are prevented from having a legal relationship with one parent. I have raised this issue in the Chamber before. We made progress in May 2020 when the Children and Family Relationships Act was brought into law. It is a step in the right direction, but only a small number of children benefited from that. There are still many families that exist outside the parameters of that legislation, and only one parent is deemed to be the birth or biological parent. That creates all kinds of problems for the children in relation to the other parent in terms of inheritance. Beyond that, for things like sending notes into school, approving medical appointments or vaccines and all the normal things that parents do with their children, many parents in the LGBTQ+ families in our society, who are the same as the rest of us and have the same love for their children and express the same responsibility, are prohibited, through a lack of action in this Chamber and by the Government, from being fully participative parents because we have not moved in the way we should have moved. We have not moved with the times. As good as we are here and inasmuch as we have made progress, there is so much more to do to recognise the equality of those families and to ensure they can enjoy life just as much as those families who are "normal", as the law says.

**Deputy Malcolm Byrne:** Like others, I thank the Ministers of State for being here for this very important debate and discussion. The Minister of State, Deputy Naughton, will forgive me if I single out the Minister of State, Deputy Butler, who has been a champion of the LGBT community, particularly now on trans healthcare. I am very proud to count her as a friend. On this issue in particular, she has spoken out and taken on some of the voices in these Houses who preach prejudice, and about whom colleagues have spoken. It is very important that her voice continues to be heard.

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I also want to pay tribute to the Minister of State, Deputy Buttimer, who spoke earlier of his instrumental role in establishing the equality caucus here in Leinster House and about working with the staff equality team. We are very fortunate that within politics now, in all parties and none, there are many role models and within political parties there are LGBT groups and supportive mechanisms in place to encourage people of all backgrounds to become involved. Having those role models is critically important. That is also important in many other aspects of society too. As we move towards the all-Ireland finals, I commend Mark Shields, an all-Ireland winner for Armagh, on coming out recently. Mr. Shields spoke very bravely about some of his personal challenges. In sport, it is often a lot harder to come out. In camogie and ladies Gaelic football there are many role models but there are not too many yet in the GAA. For individuals to come out and be those role models is particularly important.

I want to raise an issue in my constituency concerning the town of Arklow. Arklow was extraordinarily progressive in painting the first rainbow crossing anywhere in this country, yet Wicklow County Council has made the decision to allow the rainbow crossing to fade. It says the Department of Transport does not provide or allow for rainbow crossings. I have asked a parliamentary question specifically on this. The Department of Transport has said it is a matter for each local authority. I ask that the Department of Transport be more proactive than saying this is a matter for each local authority. It would be an awful pity if the crossing in Arklow, the first town in the country that had a rainbow crossing in place, were allowed to fade. I know from many in the area that it is a matter of serious concern.

I am also very proud of the role Ireland is playing at a global level in promoting LGBTQI+ rights. While not everything is perfect in this country, we have come a long way. We have further to go. Unfortunately, our gay brothers and sisters in many other parts of the world do not enjoy the same freedoms and rights we enjoy here. I am very proud that during World Pride the Irish Embassy in Washington DC hosted a reception and made very clear that Ireland's support for issues around LGBTQI+ rights were to the fore. We must do so at every international forum and that includes the European Union where we must continue to call out Viktor Orbán's disgraceful behaviour towards minorities generally but in particular, as Deputy Ward said, towards the LGBT+ community. Many Irish politicians, including Deputy O'Gorman, travelled to Budapest Pride this year. Cynthia Ní Mhurchú MEP was also there. Being able to show that solidarity is critical and the fact that Ireland continues to raise this issue at European Union level, UN level and in some of our overseas development work makes me really proud.

We need to remember that when the decriminalisation of homosexuality was brought forward 30 years ago, which is a relatively short time, by the then justice Minister, Máire Geoghegan-Quinn, some of the language used in this House during those debates was pretty horrific. However, we can look at what is still happening around the world. In over 60 countries, homosexuality is still a criminal offence and in a number of countries people can face the death penalty for being gay or even suspected of being gay. These include Saudi Arabia, Iran, Yemen, Brunei, Nigeria and Mauritania. The death penalty is a horrific concept in any event but it is appalling that someone might face the death penalty simply because there is a perception that that person is gay.

I commend the Ministers of State on their work in this area and urge them to continue at a global level to preach the good news.

**Deputy Ann Graves:** Pride, as we know, has grown from being a small gathering in Dublin to a nationwide celebration of inclusion. It is a time when cities and towns across the island of

Ireland take out the rainbow flag and welcome the progress made by the LGBTQI+ community in recent years. It is important that we recognise and celebrate the progress made but still we have more to do and we have to be vigilant. There are those who would roll back the progress and drag us back to a darker and more dangerous time.

Sinn Féin condemns the increase in attacks on LGBT+ people. We reject transphobia and homophobia in Ireland and overseas. We only have to look at Hungary to see where these reactionary forces want to take us. I commend those who, despite the bully-boy homophobic government, went ahead and organised the Pride parade in Budapest where there was a massive turnout despite the police banning it. People attended it not only to support LGBT rights but also for the country's democratic future. It sent out an absolutely powerful message.

Closer to home, I congratulate our own Fingal Pride, which is part of the Dublin Pride group. It was launched in 2021. Its mission is to support LGBTQI+ people and their friends and families in Fingal. We organise regular events and activities throughout the county by increasing visibility and integration. This year's Pride was held in the beautiful Swords Castle, with music, DJs and family fun. It was a real family day out. The main Dublin Pride parade was a huge success, with 12,500 on the parade and a further 100,000 gathering to support, watch and participate along the route.

It is ten years since the passing of the marriage equality referendum and the Gender Recognition Act. I ask that the Government mark this appropriately in a dignified and inclusive manner.

The decriminalisation of homosexuality in 1993 was a major step forward into a brighter and better future but challenges still remain. The 1993 legislation did not expunge prior convictions under the previous draconian law. An Teachta Ó Snodaigh recently introduced legislation to do so. I urge the Government to facilitate the passing of this Bill into law as soon as possible.

Other issues affecting the LGBTQI+ community that must be addressed are youth homelessness, mental health, violence and online harassment. Sinn Féin fights for an inclusive nation based for equal rights for all.

**Deputy Roderic O’Gorman:** I am grateful to be able to wake up every morning beside the man I love, a man I am able to call my husband because of a decision of the Irish people, and we are able to enjoy wide-ranging protections across a whole raft of law and policy in our own country. I am grateful but I do not take it for granted because even though we have seen protections extended, gays and lesbians around the world have seen the erosion of their rights too. We have seen progress reversed. That reversal of progress has happened in countries not too distant from Ireland. When I visited Poland as equality Minister I met some of the local LGBTI+ groups who told me how the human rights institution of that state, something like the Ombudsman for Children, had been weaponised by the far-right government at the time as a tool to attack LGBTI+ youth groups which were working with young people under the age of 18. In Hungary, we saw how the government attempted to suppress the very expression of the LGBTI+ community through trying to ban the Pride parade but we also saw the response 200,000 Hungarians gave to their government on the streets of Budapest.

I do not take progress for granted in Ireland either. We have seen significant increases in homophobic abuse and attacks on our streets. This is backed up by Garda statistics on hate crime. This situation is getting worse. We see increasingly a toxic atmosphere for gay and les-

bian citizens online. The Minister of State, Deputy Butler, spoke eloquently about the impact of that. We know it is getting worse.

We must also recognise the failure to meet the diverse healthcare needs of our trans and intersex community in the health services. We must recognise how even the discussion of the provision of that healthcare gets polluted by ideological attacks, rather than focusing on the healthcare needs of a very small and vulnerable part of our community.

As we undertake statements on Pride today, I hope we can avoid any sense of complacency in this Chamber and any sense of back-slapping but instead focus on the unfinished work: the threats to freedom of expression; the absence of the right to marry; the ever-present threat of death that millions of gay, lesbian and trans people face all over the world every single day; and in Ireland, the unfinished provision of health supports for trans and intersex people that this Government must act on in its term of office.

**Deputy Ruth Coppinger:** These statements are very welcome. I thank the Deputy who raised this from the floor because there had been no statements until this. The reason it is important is that it is very clear that despite the massive rights and wonderful gains that were won for LGBT+ people ten years ago and women in terms of repeal, we are in a different era now. We are in a different space. It was very noticeable on Pride that fair-weather friend corporations had shrunk to a minuscule delegation following on from what has happened in the US where the tech “broligarchy” is embedded with Trump. The era of rainbow capitalism is gone and we are now seeing attacks on LGBT rights.

I will focus on trans rights because we are all agreed that trans, non-binary and intersex people are feeling the brunt of a massive and horrific onslaught. We have the demonisation of trans people. We need a secular sex education programme in our schools to challenge these ideas that are being unleashed on the Internet. BeLonGTo was mentioned. When I went back to teaching, I helped to organise a stand up week. This is done voluntarily by teachers in their own time. It is not a standing part of school. It must be made part of all schools to affirm the rights of all young people we teach and to challenge and educate people. I was at the launch of a trans pamphlet and we discussed this. There is an awful lot of ignorance out there and a lot of it is not the fault of people themselves. It has to be challenged.

I heard the Minister of State’s speech, which was very genuine. There is no question about that so I am asking her to use her power to help trans young people in particular. Often when we are personally affected by something, we appreciate it even more. I also have a trans family member. She was denied a blood test by her GP. That is where we are now. How is it allowed in our health system that a human being goes to the GP and the GP will not do a blood test because she is using hormones? Part of the reason is the National Gender Service, which is not fit for purpose, as I think the Minister of State recognises. Its members are posing as specialists. As far as I know, they are endocrinologists who specialise in obesity - not in trans healthcare - but they are giving GPs the impression that one must be an expert and should not dare assist any young person who is using healthcare that has not been through their GP. We need to move to a GP-led service just like we did with abortion and every other aspect of healthcare. We do not need a big specialist monolith which people cannot access and must wait ten years. We need this to be done by every GP. It is not rocket science, to use that cliché. Hormones are provided by GPs all the time to young girls with precocious puberty and women in menopause so they are becoming far more familiar with it. It was very moving but I am asking the Minister of State to follow this up because young people have a right to healthcare and it is shameful that politi-

cal parties are leaning into the far right talking points, including those in Great Britain where transphobia is the order of the day. There is no danger in young people accessing healthcare but there is a danger to their mental health if they do not access it.

It is almost as if the Cass report recommended a ban. It did not recommend a ban. People need to educate themselves and read up on this. There is no health benefit to what happened in Northern Ireland. It had no health justification; it was a political decision, and people need to change that decision to affirm the rights of young people.

I also want to mention recognition of non-binary and intersex people. When I worked in a hospital decades ago, we were coding diagnoses and I saw the diagnosis “ambiguous genitalia”. I asked the nurse what happens there and she told me that surgery was done and the parents had to pick male or female. The only surgery being done on young people is that. It is being done in our hospitals because parents are forced to choose a binary. They are not allowed to have their baby - and 1.7% are born intersex - have any recognition. That has to change. I have seen it affect people’s lives so much. I have been contacted by so many parents. Only this week, parents could not get their child into the school they wanted to go to because of their non-binary status. We have to recognise that. Trans healthcare is the priority.

I ask the Minister of State to back up the very emotional speech she made. I believe she is very genuine about it but please back it up by transferring the healthcare of trans young people to GPs. Take it out of the hands of consultants, challenge these wrong notions and educate people about them.

**Deputy Cathal Crowe:** I welcome the opportunity to speak in this debate. Fianna Fáil is very supportive of the LGBTQ+ community. Back in 1993, it was then Minister for Justice, Máire Geoghegan-Quinn, who led the decriminalisation of homosexuality. It is hard to believe that at that time, it was still illegal. I was someone born in 1982 and throughout my secondary school years, the standard insult in primary and secondary schoolyard was to call someone gay or insult people about their sexuality. It was not until years later, in 2015, when I was out campaigning with others to have the marriage equality referendum passed that I encountered someone I had been in school with. For most people, those insults were brushed and you would tell them to go take a hike in stronger language but for some people, those words hurt hugely and well into adulthood. It was good that as a nation with those tough schoolyards in the 1980s and 1990s, we grew up a bit in 2015 and passed that all-important referendum.

I agree wholly with the point made by Deputy O’Gorman that we cannot rest on our laurels. A few years ago, we saw our Olympic hero Jack Woolley badly beaten up in a homophobic attack in the heart of Dublin city. It is the most disgusting thing to hate someone for who they are. When those attacks happen, and we have had other high-profile attacks over the years, it is very important, when the moment is right, that they come out afterwards and we call it for what it is. Sometimes these attacks are just called assaults on the street but a homophobic attack is very specific. It is an act of hatred towards someone for who they are.

*7 o’clock*

I do not know who first came up with the term “Pride”, but it is very appropriate because people should be proud of who they are, including their sexual orientation, their religion, their skin colour or whatever. We can be very proud of our country becoming more inclusive over the past ten to 15 years.



Other speakers referred to Hungary. I had occasion to visit Hungary last year and found it to be a very open and liberal country, yet that does not reflect the government that was voted in. Shame on Viktor Orbán and his government for how they have tried to curtail the rights and freedoms of their LGBTQ+ community in Hungary. I was only there for a matter of days, but it was a point of discussion. I do not think that is how the general population there feel.

In this day and age, there has been a great deal of enlightenment. If anyone still carries homophobic thoughts, it says a lot about who they are as a person and their character flaws that they have to project their hatred onto someone who has nothing to do with them. “Live and let live” was an old adage when we were growing up, and there is a lot to be said for that. Many people have come out in recent years, but it is really refreshing when you hear people who never had to come out because they grew up in a family home or circle of friends who embraced this from the get-go. It was not a thing. They could just date who they wanted and marry who they wanted. That is ideally where we want things to be at, but there are still people who have to come out. Counselling supports are very important because with the young people I have met in Clare Youth Service and other youth groups in the constituency, there is mental anguish for people at times and anxiety. Sometimes the eventual coming out is not as big a deal as they thought it was going to be, but they need a lot of support during that time.

More needs to be done to protect and support our sportspeople. Sport is wonderful. As a nation, we love our sports but too often there is slagging and jeering from the sidelines about all sorts of issues and personal issues on the pitch. Homophobic chants can be part of that, so, as a Government and as a society, we could do more to support gay people who are involved in sport at a very high level.

**Deputy Grace Boland:** I am here in solidarity and in celebration, but also in concern. Pride is not just a parade, a flag or a month on the calendar. It is the living legacy of generations who fought for dignity, freedom and equality. The rights they fought for were so hard won, but as we have seen across Europe and beyond, those rights are frighteningly easy to lose. This year marks ten years since Ireland made history by voting yes to marriage equality on 22 May 2015 and becoming the first country in the world to legalise same-sex marriage by popular vote. It was a moment of profound national pride, a triumph of compassion, courage and collective conviction. I remember that day vividly. I was proud to be Irish and proud that over 62% of us stood up to say love is love and that equality belongs to everyone. It was a declaration of allyship, fairness and hope. It has allowed me to attend the weddings of some of my closest friends to celebrate their love where they could stand in front of their friends and family and, legally and in love, commit to each other. I very much hope to attend many more.

Progress is not permanent, however. Rhetoric that I once believed had been relegated to the fringes is now re-emerging loudly and dangerously in mainstream discourse, both online and in person. What was once whispered is now shouted and what was once dismissed is now defended as reasonable concern. Homophobic and transphobic attacks are rising, not just in number but also in brutality and co-ordination. Such attacks are often carried out with impunity. These attacks represent real people - friends, neighbours and colleagues - targeted for who they are and who they love. The impact of these attacks is not only physical; it is also deeply psychological. Fear, burnout, anxiety and isolation are becoming daily reality for far too many in the LGBTQ+ community. Research from the RESIST project shows that online abuse is now a precursor to real-world aggression, with LGBTQ+ individuals and organisations facing sustained harassment, threats to employment and even attacks on their homes. These trends are not abstract but personal. They sow fear where there should be joy and fracture communities where

there should be unity. They remind us that progress is not a guarantee but a responsibility.

Ten short years ago, I could not have foreseen that Pride festivals would be banned in EU member states such as Hungary, where new laws criminalise public LGBTQ+ expression. The Budapest Pride march was outlawed under the guise of child protection, with police authorised to identify and fine attendees. Despite this, on 28 June, well over 100,000 people marched defiantly, joined by 71 MEPs, including our own Maria Walsh, and Deputy O’Gorman. They stood proudly in protest. When Pride is threatened it is a bellwether for authoritarianism. When LGBTQ+ visibility is erased any voice can be next. Our Pride is a protective shield for all in our society and it must be protected.

As a Member of this House and a proud ally I believe it is more important now than ever to be vocal, visible and unambiguous in our support for people to live and love as they choose. The rainbow may be colourful but our stance must be clear, loud and proud. We must never become complacent. Pride is a protest as much as it is a celebration. It is a reminder of where we have been, the progress we have made and a call to vigilance in the context of what lies ahead. It is true that Ireland has made immense strides, but this progress cannot be taken for granted. Rights must be protected, policy strengthened and representation expanded. I want every young person struggling with their identity or facing hostility to know they are seen, they are valued and they belong. The Ireland we are building is one where no-one should have to hide or apologise for who they are. Let this Pride not only honour the trailblazers of the past but also challenge us to legislate, to educate and to advocate and to be loud and proud 365 days of the year.

**Deputy Joanna Byrne:** We welcome the progress secured by the LGBTQI+ community in recent years. The rights obtained were hard fought for over many decades by activists who refused to be deterred in their fight to be recognised as equal before the law. Despite the clear progress we have seen, in many areas the struggle for full LGBTQI+ equality is far from over. Many areas of inequality remain and more work is required in order to ensure that true equality is achieved. It is as important we have statements like this in 2025 as it has ever been. It is only fitting we have allocated time in the schedule to allow us to stand up and say what Pride is and what it means to us.

Pride is a movement close to my heart. In my first year as a county councillor in Louth in 2016, I cut the ribbon to officially start the first ever Drogheda Pride celebration and did so each year afterwards until this year. I have marched in Drogheda Pride’s parades, attended its events I was and am keen to show our LGBTQI+ family, friends and neighbours modern Ireland is friendly, welcoming and accepting. I campaigned for the “Yes” vote that the people enthusiastically gave in the marriage equality referendum in 2015. Friendships and connections were made with social justice campaigners at that time and these carried into the referendum to repeal the eighth, which resulted in another enthusiastic “Yes” from the people.

Some people may think the battles are all won and there is no need for Pride any more, but, unfortunately, that could not be further from the truth. In 2022, I put forward a motion to Louth County Council asking for a rainbow Pride pedestrian crossing in my hometown of Drogheda. We have seen them all over Ireland and throughout Europe, and other Deputies referred to those in their areas. I had the support of all other councillors from all parties and none and council officials informed me they were supportive of the rainbow Pride crossing. Councillors from Ardee and Dundalk asked for the same rainbow Pride crossings in their municipal districts too. We were waiting to hear from the then chief executive of Louth County Council about how and

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when we would proceed when they stopped answering our calls and emails. There was a stone wall of silence. The then chief executive said there was no agreement on providing the rainbow Pride crossings, which minutes of meetings proved false, and at a full county council meeting, she refused point-blank to allow any further discussion on the matter. This led the majority of Louth county councillors of all parties and none to walk out in protest. That was only a few years ago. It showed all those who followed that Pride is still needed.

There are many challenges facing the LGBTQI+ community, such as those relating to youth homelessness, mental health and violence. These are things we all need to redouble our efforts to address.

Pride seeks to address those issues as an unbelievably happy and positive social justice movement that is quite unique. Everyone who supports Pride should be proud of it. I know I am. I am proud of the strides made by Drogheda Pride and Outcomers in offering awareness, integration and advocacy for LGBTQI+ communities throughout the wee county of Louth.

**Deputy Paul Nicholas Gogarty:** Two years ago, Ireland celebrated the 30th anniversary of the decriminalisation of homosexuality. We saw further incremental progress after that through the civil partnership process, which was a stepping stone to full marriage equality following the passing of the thirty-fourth amendment to the Constitution of Ireland. This year, we celebrate the tenth anniversary of the legislation implementing that amendment. What was once defined by others in society as shameful has become a growing and vibrant source of pride for members of the LGBTQI+ community.

As others have said, however, we cannot afford to rest on our laurels. In Ireland, as in other parts of Europe, basic freedoms are under threat and hatred is on the rise. The evidence of that is sometimes recorded in the official statistics, sometimes hidden within other Garda statistics and, many times, unfortunately, it is not reported at all.

The European Union Agency for Fundamental Rights has done three surveys, conducted every five years, on the LGBT community in the EU. The findings make for interesting reading. The latest information, from last year, shows that while discrimination against what the agency describes as LGBTIQ people remains high, it is gradually declining in most European countries. Schools are dealing with LGBTIQ issues more positively and proactively and, in general, young people feel more supported by their teachers and peers. There is progress in most, but not all, countries. At the same time, bullying, harassment and violence have reached high levels, even in countries that like to pat themselves on the back for how progressive they apparently have been.

In this context, there are several key findings in the survey worth noting. The first relates to openness. One in two LGBTQI+ people within the European Union are now open about their sexual orientation, gender identity and expression, and sex characteristics. Unfortunately, however, most would still avoid holding hands with a same-sex partner in public for fear of being attacked. That is a sad indictment of how things are, including here in Ireland where many people feel similarly.

One in three people still face discrimination in their daily life because of who they are, which is a slight decrease from 2019. Such discrimination is not often reported in Ireland and, in Europe as a whole, only one in ten people report instances of it. One in ten survey respondents said they experienced violence in the five previous years. This is up on the 2019 figure

and seems to show there is some sort of societal acceptance of this type of violence. More than one in three intersex people were attacked, which is shocking. One in two respondents reported being a victim at some stage of hate-motivated harassment, up from one in three in 2019. Two in three intersex and trans people were harassed.

More than two in three people, across all generations and in all EU countries, said they were bullied in school. This is a steep increase on the one in two figure in 2019. Schools are now more progressive and are addressing LGBT issues more often than previously. More than one in five LGBTIQ pupils, to again use the survey term, now say their school positively addresses issues raised.

As other speakers noted, mental health continues to be a major issue, with more than one three European respondents having contemplated suicide. More than half of trans, non-binary and gender diverse people say they have suicidal thoughts. One in four said they were forced to go through some form of conversion therapy practice to change their sexual orientation or gender identity and expression. That might be much higher in certain countries. Only one in four of those surveyed considered that their government was combating prejudice and intolerance against LGBTIQ people, compared with one in three in 2019.

The survey reflects various experiences across Europe. Countries such as Hungary must be called out, as colleagues have done, for the Orbán Administration's political attempts to reverse fundamental human rights and freedom of expression for nothing more than populist political gain. Rights are also under threat in other countries. There is slight positive progress in countries such as Poland, where officials recently abolished what was described as the country's last remaining LGBT ideology-free zone. However, the freedoms restored following the most recent Polish election could equally be diminished in due course.

In that context, it was great to see tens of thousands of people defy Hungary's ban and take part in a Pride march in protest against Orbán and his collective. I congratulate the Irish elected representatives who were there on the day showing solidarity. The crackdown on Pride is part of an effort to curb democratic freedoms ahead of what will be one of the tighter elections in Hungary's recent history. The people, supported by Budapest's mayor, came in dignified unity as he urged them "calmly and boldly to stand together for freedom, dignity and equal rights". There was a record attendance for any such march, with four or five times the expected 40,000 attendees. Deputy O'Gorman mentioned a figure of 200,000, which I do not query. Of course, the protest segued into a mass demonstration against the Government but it showed the LGBTIQ+ community in Hungary has many allies, as, indeed, does the community in Ireland. However, everyone will need to be vigilant in the face of a more blatant and fearless attempt to denigrate and dehumanise the community.

I wholeheartedly support the Government's LGBTIQ+ inclusion strategy, which, as the Minister stated, covers the four pillars of safety, health and well-being, participation and inclusion and equality and non-discrimination. As the Minister of State, Deputy Butler poignantly added, there is also the pillar of compassion and dignity. I support inclusion and diversity. I support an Ireland where everyone is safe to be who they want to be, as long as they do not hurt anyone else in the process.

I also support freedom of speech and expression, even if I disagree with what someone else is saying. As a democrat, I believe it is possible for various policy issues to be debated without actively or otherwise encouraging hatred towards people because of their race, colour, national-

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ity, religion, ethnic origin, descent, disability, gender, sex characteristics or sexual orientation. It is not a either-or situation, but with freedom comes responsibility.

The Criminal Justice (Hate Offences) Act 2024 was one step in protecting our citizens dealing with crimes motivated by hatred. We now need a clear definition of what constitutes hate speech. We must ensure marginalised groups are not targeted in word or deed just for being themselves and that hateful misinformation and disinformation are not allowed to be spread without consequences.

As others have stated, Pride is not just a celebration of identity; it is an ongoing and relentless protest for equality and acceptance. We must learn from the past, celebrate what has been achieved and never go back to where we were before, either here in Ireland, in Europe or especially in those many parts of the world where basic human rights are still denied to so many members of the LGBTQI+ community.

**Deputy Naoise Ó Cearúil:** As we celebrate Pride Month and the ten-year anniversary of the marriage equality referendum, it is important to call out the bravery and activism of the LGBTQI+ community, their families, allies and campaigners. We can all recall the referendum ten years ago and the sense of sheer joy and jubilation when the result came through. The memory of seeing how much it meant to friends of mine will never leave me. I am sure the memories will never leave anybody who was part of that campaign.

There has been significant progress in this area, from the decriminalisation of homosexuality under Máire Geoghegan-Quinn as Minister for Justice to the civil partnership Act and, finally, the marriage equality referendum. I have probably used the word “finally” wrongly because that achievement should not be the final step. There must be a continuation of equality for all people in society, including LGBTQI+ people.

The referendum was not just about the referendum. It was about respect, dignity and love. It was about being seen as equal to one’s neighbours, friends and family. It is critical now more than ever to stand in solidarity with the LGBTQI+ community and all of those who are being vilified in society, particularly with the rise of hatred and the targeting of the LGBTQI+ community we are seeing online, including Members of this House who are members of that community.

As other Deputies have said this evening, what has been happening in Hungary is plain and simply wrong. It goes against the basic human rights and dignity of people in their own country. Rightfully, the Hungarian people took a stand against their Government.

The amount of hate speech we are seeing online and in public discourse needs to be called out, not only in this House and the Seanad, but in private conversations. When people make jokes or are a little bit more serious about it, it needs to be called out. We should not be afraid to do so.

It is important to go back and think about all of those people who are not here anymore but who fought to bring Ireland to the stage where we saw marriage equality. When I was in university in Maynooth, I joined the LGBT society as a straight man in order to be an ally to my friends. I think of Dean McCarron, a good friend of mine from Monaghan who is no longer with us. He campaigned vigorously during the marriage equality referendum and was present at the celebrations at Dublin Castle. I think of a particular photograph of him in which he is extremely happy. He is in my thoughts this evening as I speak in the Chamber.



Equality does not stop with the law. Rather, it lives in policy, community and respect. It is incumbent on all of us to ensure that equality stretches out, not just within this House and in drafting legislation, but outside of it in any sector or society we may touch and the conversations we have. While we celebrate Pride month and the achievements of the LGBTQI+ community, we must not forget that equality does not have a finish line. Equality is a moving and tangible obstacle that we must strive towards in our daily lives. It is incumbent on all of us to continue to strive to ensure that what we do delivers equality for the LGBTQI+ community and all marginalised sectors of society.

**Deputy James Geoghegan:** Both of the previous speakers mentioned allies. That is how I come to this debate also. One of the big decisions I made when I was elected as a city councillor in 2019 was that, where possible, I would attend, at the very least, Dublin Pride every single year. To my eternal shame, I never attended Pride before I became a councillor. As a public representative, I felt it important to continue to show allyship. That is why I am here today contributing to this debate. When I was Lord Mayor of Dublin, I had the enormous privilege of marching at the front of the Dublin Pride parade.

One of the amazing things about Pride for those who have not participated – and I encourage anyone to do so in their towns and villages, if they are not based in Dublin – is all of the empathy and kindness there on the day. It is a very human day in a way that is kind of hard to characterise or emulate. It is obviously a day of protest, as our former party leader, Leo Varadkar, used to always remind us. When you actually participate in it, however, you are surrounded by love, fun and a level of positivity that I am not sure is emulated in any other event that takes place across the country.

What struck me in particular on every occasion I have marched in Pride is the young people and their faces. When I think of the kind of Ireland we all live in, a lot of the young people who were at the Pride events I participated in, particularly when I was Lord Mayor, were maybe turning 17 or 18. Therefore, at least for their whole adult life, all they will know is a country that changed its Constitution for the better in the marriage equality referendum.

They are now faced with a new vista, however. There has been a lot of discussion in this Chamber about Hungary and other jurisdictions, but there is no denying that what is taking place across the world is having an impact in Ireland, too. We can be proud of the fact that when surveys are carried out, Ireland is often up there as one of the safest countries in the world for LGBTQ+ people. Equally, however, we know from studies that BeLonG To and Trinity College have done that nearly half of LGBTQ+ people feel unsafe holding hands in public, one in four have been physically attacked and 72% have faced verbal abuse. We know that social media has played a role in this toxicity.

I am often one of these people who is a strong advocate for free speech and will always defend people's right to speak. We know, however, that the so-called free speech advocates often couch their language in free speech when in fact what they want to do is create a safe space for prejudice to thrive and for it to be okay to have the prejudiced discussions that might have been commonplace decades ago in our country but became quite socially unacceptable in the years after the marriage equality referendum. In some ways, those discussions are returning in an ugly way. More often than not, it is trans people who are particularly targeted. Discussions about trans people are traduced and reduced to triviality when often it is those very same people in their interactions in their daily lives who face way more prejudices and burdens than I as a straight person face or that most of the population faces.

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It is just more important now than ever in this country, leaving aside what is taking place outside of this country, for all of us to remember the allyship that existed during the marriage equality referendum and the kinds of conversation that were taking place cross-generationally. Let us not forget those conversations in an era where it has become fashionable to talk about anti-woke. It has become fashionable to, in some ways, move away from a lot of the ideals that led us to the progressive country we now have. You are almost fearful of using the word “progressive”.

We, as Irish people, in our Irish nation and culture, need to promote what is Irish in my view, that is, community. At the bedrock of what was achieved in the marriage equality referendum was that sense of Irish community. We were the first country in the world to have a public vote that delivered marriage equality. That is because we are neighbourly and we talk and deliberate with one another, particularly in the context of referendum campaigns. At its heart, there is a compassion in Ireland that is unique. Let us not forget that as toxicity reigns across social media and with what is taking place in the world. Those of us who can be allies should stand up and be allies.

**Deputy Donna McGettigan:** As a mother of a trans son, I wish to say loud and clear that my heart bursts with pride, not only because he is my son but because in the face of social stigma, misinformation, fear for his safety and a world that often misunderstands or fears difference, he has remained true to himself. He is the bravest person I know and, like many in this country, he does not even realise it. He does not even realise how courageous he is because in Ireland today, being true to yourself takes courage. It should not have to, though. The hard truth is that in this State, being brave is not enough because the State is failing trans people. The HSE currently runs just one gender identity clinic in Dublin. As a result, more than 1,500 people are now waiting just to be seen. We are talking about some three to four years for a first appointment. Even the HSE has said that these delays are unacceptably long and have caused significant distress. Words are not enough. What our people need is action. Let us call it what it is, namely, a disgrace.

Some of our young people are being forced to DIY their own healthcare without medical support. That is not choice; that is desperation. This country and Government have turned their backs on them. That is not care, equality or a republic that cherishes all of its children equally. We need an Ireland of equals, one where our public services are shaped by compassion rather than crisis, where no person has to risk their life to get the care they deserve. We need real investment, a fully funded, accessible and compassionate healthcare system which actually serves the people, not leaves them behind. We need fact-based, honest conversations in our media, schools and around the kitchen table, because that is how we make real change. There is still too much fear, silence and shame being pushed on the LGBTQI+ community. Too many of our children are made to feel that something is wrong with them, when there is not.

As one parent, Karen, so powerfully asked, when our kids leave the house, will they be attacked, and when they stay at home, are they becoming too isolated? These are real fears for real families in 2025, but we are not powerless. Since the 1970s, when the first LGBT+ group was formed in Trinity, to the decriminalisation of homosexuality in the 1990s, to marriage equality, we have made progress, but let us be clear that we still have a long way to go. Ní neart go cur le chéile. We are stronger together and we must go further. We will not stop until we build an Ireland where LGBTQI+ people feel not just safe and not just tolerated, but respected, not just included, but truly loved and valued for who they are. That is the kind of place that I want for my son and for everyone else so that they feel that they belong. For the moment, Pride

is their safe place.

**Deputy Barry Heneghan:** Gabhaim buíochas leis an Leas-Cheann Comhairle. Ar dtús, is mian liom míle buíochas a rá leis an Aire Stáit, an Teachta Butler, for the passionate way in which she spoke. It has been a good debate about the pride that our Government shows. Pride is not just a celebration. It is a call to action. As we mark it here, we must be clear that there is no room for complacency in Ireland. I am really proud to be in the Dáil, listening from my office and since I have been in the Chamber, to how everyone has spoken about their personal experience and lives, and how we need to stand up to those who are trying to discriminate and push the people in our society down.

Around the world, we see co-ordinated attacks. Multiple Members here spoke about Hungary and what just happened to the LGBTQI+ organisation there. Often, it is part of a broader assault on democracy, equality and dignity. Ireland must not only resist those forces but we must lead by example. I mentioned here three months ago that key stakeholders are struggling to engage with the Department of Health. I ask the Minister of State to ask for an update on the Taoiseach meeting the key stakeholders regarding the Health (Assisted Human Reproduction) Act 2024, as it disproportionately impacts LGBTQI+ families. We cannot allow legislation to become a barrier to recognition.

I speak to the Minister of State from a personal background. My sister and her wife are expecting their first child. They are lucky to have conceived that child in Ireland, but if that child had been conceived outside Ireland, my sister's wife would not be recognised as a parent. I raised this months ago but the LGBT+ parents' alliance has still not had the opportunity to meet the Taoiseach. I appeal to the Minister of State to ask the Taoiseach to try to get that meeting over the line. It is not good enough and I ask that it be done. Today, I am asking the Government in the spirit of Bród and Pride that we commit to a published, independent equality audit of the assisted human reproduction legislation and engage directly with the parenting alliance. It has emailed the Department, and it is very important.

On another issue, the Department of Health needs to publish clear timelines for both amending the legislation and the commencement of the Act. I am delighted to support a programme for Government that mentions so much for this community but we need a whole-of-Government approach. The national LGBTQI+ inclusion strategy outlines a path forward. Let us follow it. We all know and I have heard across the Chamber today, which I am delighted about, that we need a comprehensive, trans-inclusive ban on conversion therapy with no loopholes. We need the immediate enactment of the disregard scheme to finally remove the historic criminal convictions imposed on them since 1993.

The new trans healthcare model which multiple Deputies have raised today, based on informed consent, will be transformative for the community. This is about dignity, rights and basic decency. We have come so far as a country, but we are not done. In the spirit of the month of Pride, we need to do the best we can. We need to bring in legislation that creates real, meaningful and lasting change. I look forward to meeting my new niece.

**Minister of State at the Department of Children, Disability and Equality (Deputy Hildegarde Naughton):** I thank everyone who contributed to this important discussion. It seems astonishing that it was not until 1993 and the passing of the Criminal Law (Sexual Offences) Act 1993 that homosexuality was decriminalised in Ireland. Prior to that, people across the country risked prison for simply being themselves. Attitudes towards individuals and couples

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who did not fit conventional stereotypes were hostile and indeed the first Pride parade only took place in 1983. It was not the affirming and positive event that we know it is today. That parade saw some 400 people march from Liberty Hall to Fairview Park in Dublin to highlight violence against members of their community, including 31-year-old Declan Flynn, who died following a homophobic attack in Fairview Park the previous September.

Thankfully, Irish society has moved on, but things are not yet where they should be. Just last weekend, thousands attended the annual trans and intersex Pride march through Dublin city centre to highlight concerns affecting their community. As noted in *The Irish Times*, an Indian member of Queer Asian Pride Ireland who addressed the crowd but did not wish to be identified, said:

every single day for trans people it's so, so difficult to live our daily lives whether in university, at workplaces, in hospital, wherever it is.

We have been spat at, yelled at. I have been egged. I have been mocked so many times, just walking on the street. I am visibly queer and visibly trans and you see the colour of my skin and I can't tell you where the hate is coming from whether it is transphobia, homophobia or whether it is racism.

We note that progress has been made but we cannot pretend that everything is as it should be. As mentioned in the opening remarks of the Minister, Deputy Norma Foley, this year marks a hugely important milestone for both the LGBTQI+ community and Irish history, which is the tenth anniversary of the marriage equality referendum. The referendum was not only a critical step along the way to achieving equality for our LGBTQI+ citizens but one which embodied the type of country so many of us wanted to be part of: a kind, understanding and progressive country which values all of its citizens equally.

Dublin Pride is now one of the biggest annual events in the country. It has become a vital part of our social landscape and is a measure of how far Ireland has come in progressing LGBTQI+ visibility. This year, more than 12,000 participants marched in the parade from across more than 280 different organisations. Pride events take place across the country and play a vital role in providing LGBTQI+ people in Ireland with a platform to be visible. It fosters a sense of community and belonging, particularly for those in rural areas or conservative communities. Pride events are important because they celebrate and reflect on the progress made. They support those who are still struggling and they push for LGBTQI+ equality and inclusion in all facets of our society.

We should remember that the referendum came at the end of a long and difficult journey. For decades, LGBTQI+ people in Ireland were unseen, marginalised and criminalised. For far too long, the State failed to protect its LGBTQI+ citizens. I am particularly conscious as I stand in this Chamber of the work of those Oireachtas Members who did so much to pave the way for equality for LGBTQI+ people in our country. As previously mentioned, homosexuality was decriminalised here in 1993 following a long and difficult legal battle led by Senator David Norris and others. In 2006, the High Court case of Katherine Zappone and the late Ann Louise Gilligan, who sought to have their Canadian marriage recognised in Ireland, was one of the first major events in the debate on the recognition of same-sex marriage in Ireland. In 2010, the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 marked a further step forward, but it fell short of full equality, and crucially, it did not provide provisions for children of same-sex couples. Couples in committed relationships were still denied the recog-

nition and rights that others took for granted, and so the call for marriage equality grew louder, led by brave campaigners, community organisations, families and individuals who shared their stories and truths.

The referendum campaign was unlike any we had seen before. It was deeply personal, deeply emotional, and grounded in hope. We all remember the faces, the voices, and the energy of that campaign, the posters in windows, the queues at airports as people flew home to vote, and the conversations on doorsteps and around kitchen tables. It was a national movement built on empathy and driven by a belief in fairness. So, on that day in May, ten years ago, Ireland responded with extraordinary unity. Ireland showed the world what can be done when a nation comes together and shows compassion and understanding for our fellow citizens.

It was not only a legal victory, but also a cultural one. It told the world who we are and what we stand for. That, in this small island, one shaped by silence and shame, there was now space for inclusion, love, and pride. That moment ten years ago sparked momentous social transformation in our country. Ireland is increasingly seen as an emblem of equality, democracy, and inclusion; a country with a proud record as a champion of human rights and we must not lose sight of this vision.

We see attempts globally to roll back on hard-won progress, endangering the rights and the lives of LGBTQI+ people. We must act collectively to protect and promote LGBTQI+ people's equality and rights, in the knowledge and understanding that all human rights should be upheld together. The lessons of the marriage equality campaign should reignite our commitment to work together collaboratively, in solidarity, to counter these pushbacks.

The passage of the marriage equality referendum a decade ago demonstrated that societal change can occur without societal upheaval. In fact, in the days and years since the referendum, I believe Ireland has become a more accepting and welcoming place than before. We must ensure this vision endures and that Ireland continues to be seen as a symbol of equality, democracy, and inclusion. Our commitment to equality must remain steadfast.

We in government acknowledge the challenges the LGBTQI+ community continues to face and we remain deeply committed to the promotion and the protection of LGBTQI+ equality. We will stand firm in the face of rising hate and must ensure that our message of solidarity is loud and clear.

As mentioned earlier, the new national LGBTQI+ inclusion strategy is the tool by which this Government has agreed to tackle these issues. It will provide a roadmap towards equality for LGBTQI+ people in Ireland over the coming years and reflect the determination of Government Departments and State agencies to work together to better the lives of LGBTQI+ people. This whole-of-government strategy seeks to build on the successes and the achievements of the inaugural strategies and deliver on the key actions to address the continuing challenges LGBTQI+ people face. The strategy has been shaped by reflections and learnings from the implementation of both the LGBTI+ and national youth strategy and the national LGBTI+ inclusion strategy. It is underpinned by human rights principles and is guided by Ireland's international human rights commitments. It is grounded in the voices and the experiences of the LGBTQI+ community.

Listening to intersectional voices in particular has supported the strategy in its approach of addressing the specific needs of the most marginalised people in Ireland. Implementation of the



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strategy is a programme for Government commitment, a transparent implementation structure, and the publication of annual reports will allow for greater accountability for the delivery of change.

While it is important to celebrate Pride and acknowledge the achievements made, we cannot be complacent. We are not at the end of our journey to equality. LGBTQI+ people still face discrimination, mental health challenges, and threats, especially trans people, young people, and those in marginalised communities. We must continue to defend the rights that have been won and to advance those still denied. We in government must ensure our schools are safe for every child. We must ensure our healthcare system meets the needs of every person. We must stand up against hate wherever it festers, whether online, on our streets, or in our politics and we must be vigilant because progress is not inevitable.

In many parts of the world, LGBTQI+ rights are being rolled back. Rights we might have thought secure are now under attack. We must not let that happen here. The Government is committed to building an Ireland where everyone is safe, seen, and supported. The rainbow flag still flies, not just as a symbol of pride, but as a call to action. Let us answer that call with the same hope, the same decency, and solidarity that carried us to that historic day ten years ago.

**An Leas-Cheann Comhairle:** I listened carefully to all those statements. They were delivered with passion and commitment. They were very constructive and interesting, with an eye on the future and not on the past.

### **Transfer of Passenger Name Record Data: Motions**

**An Leas-Cheann Comhairle:** I remind Members that there are four separate motions being debated in this slot, namely, the motion regarding the conclusion of the agreement between the European Union and the Kingdom of Norway on the transfer of passenger name record, PNR, data; the motion regarding the signing of the agreement between the EU and the Kingdom of Norway on the transfer of passenger name record, PNR, data; the motion regarding conclusion of the agreement between the European Union and Iceland on the transfer of passenger name record, PNR, data; and the motion regarding the signing of the agreement between the European Union and Iceland on the transfer of passenger name record, PNR, data. The motions will be moved separately, but will be debated together and decided by separate questions.

I call on the Minister for Justice, Home Affairs and Migration, Deputy Jim O'Callaghan, to move the first motion and open the debate.

**Minister for Justice, Home Affairs and Migration (Deputy Jim O'Callaghan):** I move:

That Dáil Éireann approves the exercise by the State of the option or discretion under Protocol No. 21 on the position of the United Kingdom and Ireland in respect of the area of freedom, security and justice annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, to take part in the adoption and application of the following proposed measure:

Proposal for a Council Decision on the conclusion, on behalf of the European Union, of the Agreement between the European Union and the Kingdom of Norway on the

transfer of Passenger Name Record (PNR) data to prevent, detect, investigate, and prosecute terrorist offences and serious crime, a copy of which was laid before Dáil Éireann on 30th June, 2025.

Like the Leas-Cheann Comhairle, I had the opportunity to listen to the very interesting and passionate debate on Pride that took place over the past number of hours. Regrettably, the topic we are now proceeding to is neither interesting nor passionate. It is a fairly mundane series of motions that are seeking and Article 3 opt-in under Protocol 21, which deals with justice and home affairs matters, in order to enable Ireland to become part of the signing and conclusion of agreements between the European Union and Norway, and the European Union and Iceland on the transfer of passenger name record, better known as the acronym, PNR. It relates to information that is provided when individuals arrive in ports, so an identity can be kept on whom those persons are.

Ireland opted into the negotiation of these agreements in February 2024. The agreements have two main aims and components, one relating to the necessity of ensuring public security by means of exchanging PNR data with Norway and with Iceland, and the other relating to the protection of privacy and other fundamental rights and freedoms of individuals.

The proposed Council decisions have a Title V legal basis in the area of police co-operation. Their publication by the Commission on 12 June 2025 started a three-month window for Ireland to exercise an opt-in under Article 3 of Protocol 21, which is annexed to the Lisbon treaty. However, this window has effectively been shortened by the timing of the proposals' publication and the imminent summer recess of the Houses. The collection and analysis of PNR data is a widely used law enforcement tool in the EU and in other countries for the prevention, detection, investigation and prosecution of terrorist offences and serious crime. PNR data is the booking information provided by passengers and collected by air carriers for their own commercial purposes, such as names, dates of travel or travel itineraries. The collection and analysis of PNR data can provide the authorities with important elements allowing them to detect suspicious travel patterns and identify associates of criminals and terrorists, particularly those previously unknown to law enforcement authorities.

The use of PNR data is governed by the PNR directive, which was transposed into national law via the European Union (Passenger Name Record) Regulations 2018. The Irish passenger information unit within my Department is the body responsible for processing PNR data in Ireland. It is not foreseen that additional cost implications will arise from Ireland's participation in these agreements, save from the potential addition of new flight routes or air carriers. The Irish passenger information unit is funded through the Vote of the Department of Justice, Home Affairs and Migration. No legal or practical impediment has been identified precluding Ireland from opting into these proposals. No legal or practical impediment has been identified precluding Ireland from opting in to these proposals. We have already opted in to similar EU PNR agreements with Canada, Australia, the United States and the United Kingdom.

When we opted in last year to the negotiation of the agreements before us today, we also opted in to negotiate a PNR agreement with Switzerland. I am advised that proposals on the signing and conclusion of this agreement with Switzerland are expected to be published by the European Commission in the coming weeks. Therefore, I would expect to be back before the Houses after the summer recess with similar motions on exercising an Article 3 opt-in in respect of the European Commission agreement with Switzerland.

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In operational and policy terms, it is considered desirable that Ireland exercises an Article 3 opt-in to these proposals so that Ireland can participate in the agreed exchange of PNR data with Iceland and Norway when the agreements have been concluded. I commend these proposals to the House to consider the exercise of Ireland's right to opt in under Article 3 of Protocol 21 and seek the approval of the House for the motions for both the signing and conclusion of the agreements concerned.

**Deputy Matt Carthy:** The sharing of passenger name record data is important for the prevention, detection, investigation and prosecution of serious crimes, such as drug-related offences and human trafficking, as the Minister has outlined. This information forms part of the broader management of our borders. International co-operation in the fight against crime is crucial. The sharing of this information is a key aspect of that. These motions relate to agreements between the EU and the Schengen-associated countries of Iceland and Norway on the transfer of passenger name record data for law enforcement purposes. Sinn Féin will not be opposing these motions.

I note, however, that while it may be appropriate in this case to opt in under Article 3, it is crucial that the Protocol 21 annexe to the Lisbon treaty is not abandoned or watered down by always opting in under Article 3, as it appears the Minister has got into the habit of doing, when the option of Article 4 is available to Ireland. Indeed, the option of not opting in is there too and may sometimes be in our best interest. While this particular proposal may be clear and straightforward, we have seen the Government push through many Article 3 opt-ins where it is not clear that the final proposal will actually be in our best interests. I will make no apologies for saying that Ireland's national interests must always take precedence over whatever the wider EU interest may be. In the areas of freedom, security and justice, Protocol 21 allows us to opt in or out based on our national interests. It is crucial that we do so.

When passenger name record information is shared, it is also crucial that there is the right balance between the protection of privacy and other fundamental rights and freedoms of individuals alongside the important rationale for these data-sharing agreements in the first place. The holding of any such data must be necessary, proportionate and subject to limitations. It is also important to note - and I will ask the Minister some questions that he may answer in his closing remarks - that Ireland is an island nation. We know that there is considerable travel in and out of the Irish State by ferry as well as by air. Given that the sharing of passenger name record data is designed to prevent, detect, investigate and prosecute serious crimes, it appears to be an anomaly that this does not apply in the same manner to ferry passengers. It could be argued that this may in fact encourage those seeking to evade PNR to take the ferry. Does the Minister have any detail on whether this anomaly is having an impact on what PNR is designed to address, namely, as part of efforts to disrupt and catch those involved in criminality? Does he have any concerns that those involved in these activities are actually more likely to enter or exit the State by ferry in order to avoid monitoring through the collection of this data? Are there any plans at a national level for the collection of passenger name record data of those travelling in and out of the country by ferry?

The discussion on passenger name record data is a good opportunity to address the ongoing systemic failure of our migration system when it comes to dealing with those who do not have an entitlement to remain in the State, our ability to ensure that they leave and, just as important, to know that they have left. Passenger recognition data is used at present as part of the process to verify whether a person who is not entitled to remain in the State as a result of a negative decision in the international protection system or upon the expiration of visitor permission has left

the jurisdiction. They are important questions because we have a significant problem whereby authorities do not know how many of those who are not entitled to remain in the State have left and how many are still here. This is a significant problem. While the situation is undoubtedly complicated by the common travel area, it is an issue that still needs to be addressed. We have had a lot of discussions with the Minister. He has spoken about the number of measures that he has taken, but the truth is that the system remains chaotic and crisis-ridden.

This week, we saw shocking revelations about the connections between criminality and some of those profiteering from the provision of IPAS accommodation. While 2,403 deportation orders were issued in 2024, just 162 deportations proceeded. This year, 2,330 deportation orders have been issued, while just 202 deportations have occurred. We are told that a total of 1,045 people departed from the State under various mechanisms such as enforced deportation or voluntary returns so far this year, but this is less than half of the number of deportation orders that have actually been issued to date.

Last week, I received a reply from the Minister to a parliamentary question stating, “it is not possible to accurately provide the number of people who are currently in Ireland subject to deportation orders.” That is a problem. While there are no routine exit checks at Irish borders, PNR data should be available to give authorities in this State a clearer idea of who has left the State and the island of Ireland. It is my understanding that PNR data is used by Irish and British authorities when co-operating to maintain the security of the common travel area and to track cross-border criminality. Is PNR data being used and shared to help get a clearer position of who of those subject to deportation orders have actually left the island of Ireland, particularly given the statement from the Minister in reply to my question that it is “not possible” to know the number of people who have left subject to deportation orders?

Sinn Féin will not be opposing these motions, but I would like to see the Minister address the other related issues that I have raised.

**Deputy Paul Nicholas Gogarty:** I thank the Minister for his contribution. In some ways, this is necessary legislation. In other ways, it is a bit like watching paint dry, especially when talking about going through the motions. I am not sure whether I will be here when we get around to the motions on Switzerland in a while.

I wanted to discuss the wider issues of all this booking information that is provided by passengers and collected and held in reservation systems. We know the content of the PNR data varies depending on the information given during the booking and check-in process, but it would include passenger names at all stages. Whether or not the travel itinerary of the passenger is included in the PNR data is another story. It makes sense in terms of trying to figure out where suspected criminals and terrorists are coming and going, if they are going to drug havens, etc. That is all well and good, and I could see why would opt in to have that.

I will start at the end first and support what Deputy Carthy said regarding people with deportation orders. Presumably, the standard PNR data should be able to be used because it talks about certain types of circumstances and certain situations where privacy is being protected. In a situation where someone has been told they have to vacate the country and do not have leave to remain in Ireland, surely it is in our national interest to find out whether the people are still in the State or whether they have tried to leave the country or travelled onwards through other countries to the final destination.

*8 o'clock*

However, I want to go back to the starting point. As we know, someone can arrive in Ireland without a passport under United Nations rules, claim they are fleeing persecution and it can take a long time to go through the asylum process. I commended the Minister before on his statement to the effect that we can try to get through the whole process much quicker than previously. If the Minister is able to comment on this, I ask him to please do so. My understanding is that Ireland is not always happy with some of our EU partners in terms of the information they pass on when people travel through European Union member states and then arrive here with no passport and claim asylum. I would like to know whether we have the right, or the means in legislation to get the right, to ask companies like Ryanair to take routine scans of passports as people are going through and retain that information for up to 60 minutes after a plane lands. I know the Minister mentioned that there are sometimes checks at the point of disembarking but some people come without a passport, claim asylum and say they are from a particular state or are fleeing persecution in a particular country. There is no way of verifying that and the process drags on with appeals, etc. Surely, if it is possible to get this information, either through PNR data or by means of a mechanism requiring the likes of Ryanair and Aer Lingus to provide a simple scan of a passport, we could then say to such persons that they may have arrived without a passport but we have a picture that looks a lot like them and a document that says they are coming from a certain jurisdiction or country. That would help in identifying the individual. While the person could say the passport is forged and they got it from X, Y or Z, at the same time it provides more pertinent information than we had previously. In the context of the opportunity provided by this PNR debate, is there any way PNR data can be used when people arrive without a passport to get information that might have been provided to the carriers or is there a separate mechanism whereby the carriers can be requested to provide it? Given the large numbers who have come here claiming asylum, some of whom are genuine, while others are not, is there a way of getting that information so that we can process claims faster?

**Deputy Barry Ward:** I have been following this proposal from the European Commission since June. Honestly, when I first read of it I was surprised it was not in place already. Iceland and Norway are two functional members of the wider European community that are associated with Schengen. We deal with them regularly and we can have great faith in their systems, rule of law, respect for rules around data protection and those kinds of things. We are dealing with two countries and the notion that there are passenger flights or other transport from Ireland to Iceland or Norway and that we are prohibiting those jurisdictions from collecting passenger data seemed to be very strange. We all know how much information we share with air carriers. They are obliged to collect that information because of other instruments that have been put in place. It is not just names and dates of birth. It is also passport numbers, nationality and other information that airlines have about people. While the airlines are bound by the general data protection regulation and other instruments, the notion that they would not share that information and those data with other allied countries is, to my mind, nonsense.

I absolutely welcome this proposal. It makes perfect sense. Again, these are two countries with which we co-operate on lots of different levels and I welcome the fact that we will now be sharing this information with them or, rather, we will be allowing the air carriers to share that information with them. We know in real terms that this will help prevent and detect crime and help the agencies that deal with human trafficking, drug trafficking and all the other crimes we know take place across transport networks. It will help to detect these crimes and solve them when the time comes to bring about prosecutions in respect of them. It is a perfectly sensible



measure that I welcome. As I say, I am almost a small bit surprised it has not happened already. Most importantly, however, these countries are allies of ours with which we deal all the time and it is right and proper that we should have enough trust in them to share this information. There is almost no instance I can think of when Ireland, as a member of the European Union, has not benefited from data-sharing arrangements with other countries in the European Union. As a small country in Europe, we benefit enormously from the data and the co-operation that are shared between us and other member states, often countries that have much bigger apparatuses and much greater access to resources. When, as a small country, we form part of those networks, we always benefit. Therefore, I have no real concerns about this proposal. It makes perfect sense and I am very happy to welcome it.

**Deputy Cormac Devlin:** I, too, welcome the opportunity to speak in support of these two important motions, which authorise Ireland to opt in to two EU agreements with Iceland and Norway on the transfer of passenger name record data. These agreements are more than just legal instruments. They are vital tools in our shared European effort to prevent terrorism and combat serious transnational crime. In a world where organised crime networks and terrorist threats are increasingly international in nature, the ability to share key data across borders is essential. Passenger name record data includes basic booking information collected by airlines, namely, travel dates, itineraries, contact details and payment methods. On its own, it might not seem significant but when analysed systematically and lawfully, it can help identify suspicious travel patterns, uncover sleeper cells and support real-time investigation.

Ireland is already bound by the EU's PNR directive and operates a dedicated passenger information unit within the Department of Justice. However, our current arrangements with Iceland and Norway rely on an *ad hoc*, case-by-case data-sharing system. This is cumbersome and reactive. By opting in to these agreements, we enable more efficient, secure and rights-compliant data exchange, benefiting not only our own national security but also that of our European partners.

These agreements are built on a strong legal foundation. They uphold the Charter of Fundamental Rights of the European Union and incorporate stringent safeguards around data use, retention and privacy. Personal data must be depersonalised after six months and deleted within five years. Sensitive information is strictly excluded. Importantly, no automated decision-making can occur without human oversight. Ireland has already opted in to similar PNR agreements with Australia, the United States, the United Kingdom and, most recently, Canada. I have spoken on these before in the House. These agreements have proven their value and it is both consistent and prudent that we extend the same co-operation to two close EEA neighbours, Iceland and Norway. I acknowledge the proactive stance taken by the Minister in bringing these motions forward. I commend him on the concrete steps he has already taken to secure and strengthen our borders and rebuild public confidence in that system.

There are no legal or operational barriers to Ireland's participation and it is right that we approve this opt-in ahead of the summer recess, within, as the Minister has stated, the Article 3 deadline under Protocol 21. In conclusion, this is about protecting lives, defending democracy and upholding our obligations under European law in a proportionate and transparent way. I support these motions and I urge the House to do the same.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Anois, ar deireadh thiar, an tAire.

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**Minister for Justice, Home Affairs and Migration(Deputy Jim O’Callaghan):** I thank Members for their contributions. I will reply to some of the important issues that have been raised by colleagues in the debate.

First, I welcome that Deputy Carthy indicated that Sinn Féin will not be opposing these motions. I ask him to give consideration to supporting them. I do not see any reason they would not be supported. They are there for the purpose of trying to assist the State in combating people who are keen to commit serious criminal offences and terrorist offences and I ask that he give his consideration to recommending that they be supported.

Deputy Carthy also said that when it comes to opt-ins under Protocol 21, the decisions that need to be made must obviously be made in Ireland’s best interest. That is the sole basis upon which I ever make a decision to opt in or not opt in to a provision that comes under Protocol 21. I am not doing it for the sake of the EU. I am doing it because I believe it is in the best interests of Ireland. As Deputy Carthy indicated, there are three options available to me and the Government, and, indeed, the Houses of the Oireachtas, when it comes to determining whether or not to consider if we should become part of a Protocol 21 proposal. We can opt in under Article 3, we can opt in under Article 4 or, as Deputy Carthy says, we can decide not to opt in. All those options are available to us and the decision to go for one of those three options is based on what is in the best interests of Ireland. Deputy Carthy and I have had debates before about the differences between Article 3 and Article 4. There are advantages and disadvantages to both. There is no basis for saying Article 4 is always the preferable way to go in. The benefit of Article 3 is if you go in under Article 3, you can then try to mould and influence the discussion and outcome. There is a disadvantage to it in that you are stuck with it and with the qualified majority voting outcome. Article 4, however, has its advantages. You can just make your decision to opt in but the disadvantage with Article 4 is that you do not have an opportunity to mould the proposal. You are asked if you want to opt in to a proposal that has been agreed and designed by other member states. You have not had a role in participating in the moulding of it so you are limited in that respect. Of course, there is also the option of deciding not to opt in at all. I will always recommend to the Government and advocate to this House the proposal that is in the best interests of Ireland.

Deputy Carthy also talked about how privacy rights must be respected and recognised. Of course that is the case but sometimes the collective rights of the community and the public have to be given precedence over individuals’ privacy rights. When it comes to fighting crime, we have to ensure, notwithstanding the fact that it may have an impact on privacy, that we have sufficient information available to vindicate and protect the rights of individuals not to be attacked and for them to be able to live peaceful lives without being subjected to serious criminal activity.

Deputy Carthy also raised the point about whether these agreements will apply to ferries. He is correct in stating they do not; they only relate to air travel information. The European Commission has published feasibility studies that examine the possible use of advanced passenger information from land and maritime travel operators. Ireland does not have the applicable long-distance rail or road routes but will continue to monitor developments on maritime travel arising from these studies. It is an issue we will have to look at because if it is the case there is an easier route in with less surveillance by way of ferry, that is something one would have thought has an influence on persons seeking to come here.

Deputy Carthy also asked whether we can rely upon the PNR data for the purpose of getting

information on whether deportation orders have been enforced. We cannot because the PNR directive from 2016 sets down the rules on the use of PNR data for the prevention, detection, investigation and prosecution of terrorist offences and serious crimes. We cannot extend it to deportation orders and keeping an overview of whether people who have been part of the international protection system have left the country. That is a point that was also raised by Deputy Gogarty. That Deputy raised the issue as to whether that can be done; it cannot. He also asked if air travel providers could have an obligation on them to provide further information. That could happen but there are many doorstops at the airport where individuals are required to produce documentation. If they do not, they are not allowed into the country. If they claim international protection, they are entitled to have that considered. I also commend and thank Deputies Barry Ward and Cormac Devlin on their contributions. Clearly, this is a proposal that should be supported by the House.

Question put and agreed to.

**Minister for Justice, Home Affairs and Migration (Deputy Jim O'Callaghan):** I move:

That Dáil Éireann approves the exercise by the State of the option or discretion under Protocol No. 21 on the position of the United Kingdom and Ireland in respect of the area of freedom, security and justice annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, to take part in the adoption and application of the following proposed measure:

Proposal for a Council Decision on the signing, on behalf of the European Union, of the Agreement between the European Union and the Kingdom of Norway on the transfer of Passenger Name Record (PNR) data for the prevention, detection, investigation, and prosecution of terrorist offences and serious crime,

a copy of which was laid before Dáil Éireann on 30th June, 2025.

Question put and agreed to.

**Minister for Justice, Home Affairs and Migration (Deputy Jim O'Callaghan):** I move:

That Dáil Éireann approves the exercise by the State of the option or discretion under Protocol No. 21 on the position of the United Kingdom and Ireland in respect of the area of freedom, security and justice annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, to take part in the adoption and application of the following proposed measure:

Proposal for a Council Decision on the conclusion, on behalf of the European Union, of the Agreement between the European Union and Iceland on the transfer of Passenger Name Record (PNR) data to prevent, detect, investigate, and prosecute terrorist offences and serious crime,

a copy of which was laid before Dáil Éireann on 30th June, 2025.

Question put and agreed to.

**Minister for Justice, Home Affairs and Migration (Deputy Jim O'Callaghan):** I move:

That Dáil Éireann approves the exercise by the State of the option or discretion under

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Protocol No. 21 on the position of the United Kingdom and Ireland in respect of the area of freedom, security and justice annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, to take part in the adoption and application of the following proposed measure:

Proposal for a Council Decision on the signing, on behalf of the European Union, of the Agreement between the European Union and Iceland on the transfer of Passenger Name Record (PNR) data for the prevention, detection, investigation, and prosecution of terrorist offences and serious crime,

a copy of which was laid before Dáil Éireann on 30th June, 2025.

Question put and agreed to.

### **Planning and Development (Amendment) Bill 2025: From the Seanad**

The Dáil went into Committee to consider amendments from the Seanad.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 1 and 27 to 29, inclusive, are related and may be taken together.

Seanad amendment No. 1:

Title: In page 3, to delete lines 5 and 6 and substitute the following:

“An Act to amend the Planning and Development Act 2024, the Planning and Development Act 2000 and certain other enactments; and to provide for matters connected therewith.”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 2 and 3 are related and may be taken together.

Seanad amendment No. 2:

Section 1: In page 3, line 16, to delete “Act” and substitute “Act (other than *Part 2*)”.

Seanad amendment agreed to.

Seanad amendment No. 3:

In page 3, between lines 19 and 20, to insert the following:

“(5) *Part 2* shall come into operation on the day immediately following the date of the passing of this Act.”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 4, 6 to 9, inclusive, and 14 are related and may be taken together.

Seanad amendment No. 4:

Section 3: In page 4, between lines 2 and 3, to insert the following:

**“Amendment of section 2 of Principal Act**

**3.** Section 2 of the Principal Act is amended by the substitution of the following definition for the definition of “architectural conservation area”:

“ ‘architectural conservation area’ means—

(a) a place, area, group of structures or townscape to which an objective referred to in section 331 applies, or

(b) an architectural conservation area (within the meaning of the Act of 2000) to which an objective in a development plan under the Act of 2000—

(i) that continues in force by virtue of section 68, or

(ii) prepared, or varied, in accordance with section 69,  
applies;”.”.

Seanad amendment agreed to.

Seanad amendment No. 5:

Section 4: In page 4, between lines 11 and 12, to insert the following:

**“Amendment of section 30 of Principal Act**

**4.** Section 30 of the Principal Act is amended by the substitution of the following subsections for subsections (1) and (2):

“(1) (a) A regional assembly shall, not later than 6 months after the date of the coming into operation of subsection (6) of section 21, commence a review of any regional spatial and economic strategy for its region for the time being in force.

(b) A regional assembly shall, not later than 6 months after the publication of a revised or new National Planning Framework by the Government under Chapter 2, commence a review of any regional spatial and economic strategy for its region for the time being in force.

(2) (a) A regional assembly shall, upon completion of a review of a regional spatial and economic strategy in accordance with paragraph (a) of subsection (1), make a new regional spatial and economic strategy in accordance with section 32.

(b) A regional assembly shall, upon completion of a review of a regional spatial and economic strategy in accordance with paragraph (b) of subsection (1)—

(i) make a new regional spatial and economic strategy in ac-



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cordance with section 32,

(ii) revise the existing regional spatial and economic strategy in accordance with section 32, or

(iii) make a determination that no new regional spatial and economic strategy or revision is required and publish a statement explaining the reasons for that determination.”.”.

Seanad amendment agreed to.

Seanad amendment No. 6:

Section 7: In page 5, between lines 26 and 27, to insert the following:

**“Amendment of section 60 of Principal Act**

7. Section 60 of the Principal Act is amended by the substitution of the following subsection for subsection (10):

“(10) Any provision relating to the preservation of a public right of way contained in a development plan—

(a) continued in force under section 68, or

(b) prepared, or varied, in accordance with section 69,

may be included in a subsequent development plan made under this Act without the necessity to comply with this section.”.”.

Seanad amendment agreed to.

Seanad amendment No. 7:

Section 11: In page 8, line 11, to delete “varied.”.” and substitute “varied.”

Seanad amendment agreed to.

Seanad amendment No. 8:

Section 11: In page 8, between lines 11 and 12, to insert the following:

“(3) Subsections (3), (4) and (5) of section 68 shall apply to a development plan prepared or varied in accordance with this section as they apply to a development plan continued in force by virtue of that section, as if—

(a) in subsection (3), ‘a development plan prepared, or varied, in accordance with section 69’ were substituted for ‘a development plan continued in force under subsection (1)’, and

(b) in subsection (5), ‘a development plan prepared, or varied, in accordance with section 69’ were substituted for ‘a development plan continued in force under subsection (1)’.”.”.

Seanad amendment agreed to.

Seanad amendment No. 9:

Section 12: In page 8, to delete lines 32 and 33 and substitute the following:

“(e) in subsection (7), by—

(i) the substitution of “to which subsection (1) or (1A) applies” for “continued in force under subsection (1)” where it first occurs, and

(ii) the substitution of the following paragraph for paragraph (c):

“(c) a provision of a development plan—

(i) continued in force under subsection (1) of section 68, or

(ii) prepared, or varied, in accordance with section 69, that provision of that development plan shall take precedence.”,

and”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 10, 12, 13, 22, 23, 30 and 31 are related and may be taken together.

Seanad amendment No. 10:

Section 13: In page 9, line 36, to delete “commencement” and substitute “date of the coming into operation”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 11 and 18 to 20, inclusive, are related and will be discussed together.

Seanad amendment No. 11:

Section 14: In page 11, between lines 19 and 20, to insert the following:

**“Amendment of section 242 of Principal Act**

**14. Section 242 of the Principal Act is amended by the substitution of the following subsection for subsection (12):**

“(12) A housing strategy within the meaning of Part V of the Act of 2000 included in a development plan under Part II of that Act that—

(a) continues in force by virtue of section 68, or

(b) was prepared, or varied, in accordance with section 69,

shall, until the replacement of that development plan in accordance with Part 3, constitute the housing strategy of the planning authority in respect of whose functional area the development plan applies and, accordingly, references in this Act to a housing strategy shall be construed as including references to a housing

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strategy to which this subsection applies.”.”.

Seanad amendment agreed to.

Seanad amendment No. 12:

Section 14: In page 11, line 28, to delete “commencement” and substitute “coming into operation”.

Seanad amendment agreed to.

Seanad amendment No. 13:

Section 14: In page 11, line 33, to delete “commencement” and substitute “coming into operation”.

Seanad amendment agreed to.

Seanad amendment No. 14:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 306 of Principal Act**

**15. Section 306 of the Principal Act is amended by the substitution of the following subsection for subsection (5):**

“(5) Sections 54 and 55 of the Act of 2000 shall, on and after the repeal of those sections by section 6, continue to apply and have effect in relation to a record of protected structures included in—

(a) a development plan continued in force by virtue of section 68,  
and

(b) a development plan prepared, or varied, in accordance with  
section 69.”.”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 15 to 17, inclusive, are related and may be taken together.

**Minister for Housing, Local Government and Heritage (Deputy James Browne):** I move-----

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** The Minister does not have to move anything. I will move today.

**Deputy James Browne:** That is more efficient.

Seanad amendment No. 15:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 355 of Principal Act**

**16.** Section 355 of the Principal Act is amended, in subsection (2), by the substitution of “section 177” for “subsection 177”.”.

Seanad amendment agreed to.

Seanad amendment No. 16:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 410 of Principal Act**

**17.** Section 410 of the Principal Act is amended, in subparagraph (ii) of paragraph (c) of subsection (1), by the substitution of “Commission for Regulation of Utilities” for “Commission for Energy Regulation”.”.

Seanad amendment agreed to.

Seanad amendment No. 17:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 423 of Principal Act**

**18.** Section 423 of the Principal Act is amended, in subparagraph (ii) of paragraph (c) of subsection (1), by the substitution of “Commission for Regulation of Utilities” for “Commission for Energy Regulation”.”.

Seanad amendment agreed to.

Seanad amendment No. 18:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 603 of Principal Act**

**19.** Section 603 of the Principal Act is amended, in subsection (5), by the deletion of “prepared in accordance with Part 7”.”.

Seanad amendment agreed to.

Seanad amendment No. 19:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 608 of Principal Act**

**20.** Section 608 of the Principal Act is amended by the deletion of “prepared in accordance with Part 7”.”.

Seanad amendment agreed to.

Seanad amendment No. 20:

Section 15: In page 11, between lines 33 and 34, to insert the following:

**“Amendment of section 614 of Principal Act**

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**21.** Section 614 of the Principal Act is amended, in subsection (2), by the deletion of “prepared in accordance with Part 7”.”.

Seanad amendment agreed to.

**An Cathaoirleach Gníomhach (Deputy Aengus Ó Snodaigh):** Seanad amendments Nos. 21 and 24, amendment No. 1 to Seanad amendment No. 24, and Seanad amendments Nos. 25 and 26 are related and will be discussed together.

Seanad amendment No. 21:

Section 16: In page 12, between lines 4 and 5, to insert the following:

**“Amendment of section 7 of Act of 2000**

**16.** Section 7 of the Act of 2000 is amended, in subsection (2), by the insertion of the following paragraph:

“(ja) particulars of any permission standing modified in accordance with section 44B,”.”.

**Deputy Eoin Ó Broin:** I thank the Cathaoirleach Gníomhach and the Minister. The Minister has now been in office for over six months and in my opinion, he has made some spectacularly bad policy decisions. The first, of course, was slashing funding for vital homeless prevention schemes like the tenant in situ scheme, Housing First and CAS acquisitions. The second was emasculating a very good suggestion from the Housing Commission to set up a housing activation delivery office with emergency powers legislation. The third was the Minister’s gutting of the rent pressure zones legislation. I know the Minister takes the opinions of Threshold very seriously; he raised this with me when we debated this previously. In front of the Oireachtas committee, Threshold gave its view that if the Minister proceeds with the proposals around rent pressure zones from the autumn and into March of next year, within four to five years the vast majority of renters will be paying full market rent and it will undermine the positive security of tenure elements the Minister has set out.

Threshold also mentioned the apartment standards published last week, to which this amendment relates, as a particularly bad decision. It spoke of the impact of smaller, darker, less well-served and less well-planned apartments. In fact, Mr. John-Mark McCafferty from Threshold talked about his own experience as a renter in poorly designed public housing with inadequate light and space, and the fact that, in addition to all the negative impacts on tenants, those blocks ultimately have to be demolished and rebuilt.

Not only is the Minister introducing a set of highly questionable design standards for apartments but in Seanad amendment No. 24 before us today, he is seeking permission to introduce legislation to allow developers with grants of permission, or who get a grant of permission at any stage over the next two years, to retrospectively apply to a local authority for what are called permitted alterations. The guidelines, as the Minister knows, were done using the section 28 mandatory ministerial guideline procedure. While there is no legislative requirement for the Minister to consult public and private sector developers, professional bodies or the Oireachtas, the common practice has been to do this. In fact when the Minister’s predecessor, Eoghan Murphy, last tried to introduce very similar guidelines, he undertook a significant public consultation.



In the absence of that consultation, the Minister has not had the benefit of the expertise of those who design homes, those who apply for permission to build homes, those who build such homes and, ultimately, those who reside in them. Thankfully, some of those organisations the Minister refuses to consult have spoken publicly over the weekend. What they have had to say is not only very significant but materially relevant to Seanad amendment No. 24 and my amendment No. 1 to that amendment. I want to read some of their comments into the record.

The Irish Planning Institute represents public and private sector planners and semi-State planners. It is a broad church. It said it is not convinced that the announced changes in the Minister's guidelines will achieve what is intended - increased supply and reduced viability changes. "In particular," it said:

... the erosion of unit mix requirements represents a market-led approach to housing that is fundamentally at odds with the significant work undertaken by the Department of Housing to date to create a plan-led system with high quality, long term sustainable outcomes flowing from transparently and democratically adopted local development plans.

It went on:

This, and allowing changes to already permitted developments, also risks introducing more legal unpredictability.

For an organisation that is very loath to criticise the Government, it concluded:

Simply presenting these revised guidelines and the legislation as a *fait d'accompli* is regrettable, and it has caused significant disquiet among members of the Irish Planning Institute.

Yesterday, the Royal Institute of Architects of Ireland - again, a very significant body representing a broad church - released a statement on the same issue. The headline of the statement on its website read: "High-quality design is essential to viable, sustainable housing and must not be sacrificed for short-term cost savings." It said in its professional opinion that there is "a shift in direction to lower-quality solutions driven by short term expediency, rather than long term vision and sustainable solutions that deliver real value for money". It said that this risks "undermining the creation of sustainable, high-quality living environments and will create future long-term challenges for apartment owners and tenants", which are the kinds of things that Mr. John-Mark McCafferty from Threshold spoke about in the committee yesterday. It also said there is "evidence that, over time, the cumulative effects of poorly sized and designed homes can contribute to social inequality and reduce overall productivity". Both organisations, of course, are questioning the argument that this will reduce the cost per apartment and increase viability.

We have also heard from individuals, architects and developers in the private sector. In *The Irish Times*, reporter Niamh Towey quoted a leading architect, Mr. Gerry Cahill, who is working in social and affordable housing for over 40 years, who said: "This is a dumbing-down of standards that should be about making homes, not units. I fear what kind of world we're making." Specifically on the viability issue, we have heard from Mr. Paul Mitchell, who the Minister knows is a very renowned quantity surveyor for Mitchell McDermott. He is somebody who often comments on matters of planning, viability and development, and is certainly not a cheerleader for those of us in the Opposition. He said that he does not believe the figures the Minister quoted for a reduction in average unit costs are anywhere close, and that the real

savings, according to *The Irish Times*, would be closer to €28,000 to €39,000 per unit - a very significant commentary. Dr. Orla Hegarty, who is an assistant professor of architecture at UCD, has done very significant research on the impact of poor-quality design during Covid on public health. She has made the point that the Minister's proposals will increase land values, could result in developers revaluing those lands and will delay much-needed developments.

We have also heard from the builders who are actually going to build these homes. Over the weekend, Killian Woods in the *Business Post* again made very clear from a variety of private sector sources that having read the Minister's proposals, they do not accept or believe the kinds of savings he is suggesting are available. In fact, in quite a concerning article, after the Minister's failure to share the Land Development Agency's analysis with the Oireachtas housing committee, something the Minister last week gave a commitment to do, we understand from the *Business Post* that the analysis provided to the Minister by the LDA before he announced the apartment standard cautioned him that the new measures only result in marginal cost savings for most apartments. I wonder if that is the real reason that information has not been shared with the committee or those of us trying to make sense of this legislation today.

The problem here, and the reason I have tabled an amendment to the Minister's Seanad amendment No. 24, is because this proposition is not only bad for renters, and will not only result in people paying the highest possible rents for the lowest design standard apartments and developments, but it also will not work. There will be modest viability gains for some at the start, but the problem here is that there will be increasing land values and overall development costs in the medium term, along with rising development costs and loss of viability. We know all of this because it has been tried before and it has failed. The Minister keeps telling us in the committee that he wants to be radical. Repeating something that was proposed and tried only a number of years ago and failed is not radical; it is just downright foolish, if not reckless in the extreme.

One of the very worrying things - the Minister confirmed this to us in committee yesterday - is despite the fact that special planning policy requirement No. 1 in the Minister's guidelines explicitly excludes social and affordable housing developments by local authorities and Part 5 units from these inferior design and apartment scheme standards, turnkey developments will not be excluded. Turnkey is the mechanism through which the overwhelming majority of social and affordable homes are currently delivered. We are now going to have a two-tier sector in public housing with some people living in better quality, better designed, healthier and happier environments and apartments and others consigned to smaller, darker and less well-served apartments. That makes no sense. The Minister shakes his head. He really needs to listen to the architects, quantity surveyors and planners because that is their view. They have set it out. Again, I make the point that that may be why the Minister did not bother to consult them. Why he did not have the courtesy to ask professionals who have the job of implementing these flawed proposals what they actually think? He can dismiss us all he wants but he cannot dismiss the people who have commented and said what he is doing is wrong.

I understand the intention of Seanad amendment No. 24 is to avoid delay so that where a developer has a planning permission based on the existing city development plan rules, for example in Dublin, and wants to avail of these inferior design standards, in my opinion and the opinion of the IPI and the Royal Institute of Architects, instead of forcing that developer to go back to the start and put in a new planning application, the Minister is giving them a fast-track retrospective application. There are a couple of really significant problems with that. I will outline those in justification of my amendment. We are not talking about minor changes to a

development. Let us talk about a real development because when we think of a real development it makes sense. Four years ago, Hines put in a planning application for a very high-density development on Clonliffe Road. It comprised 70% one-bedroom and studio apartments. It had no cultural amenity space. It had a limited amount of dual aspect. It was all to be built to rent. It was approved by the planning board. Judicial reviews followed and it was found to be in breach of the city development plan and was struck down. The irony of course is had Hines stuck to the original city development plan, it would have had the permission and would be on-site building good quality apartments today.

I was on site recently, at my request, to view Hines's new planning application. The developer made the point that they are sticking rigidly to the development plan with 50% one-bedroom and studio apartments, 56% dual aspect, 5% cultural and a few other changes to keep them in line with the development plan and the view of the judges. The big pitch was they want to get planning and get building. That is an eminently sensible thing. The problem is the Seanad amendment allows developers such as Hines, if granted permission through the council and through the board - and they have to get those too - to go back and without any public participation or any consultation with the elected members of Dublin City Council and revert to 60%, 70%, 80%, 90% or even possibly 100% one-bedroom and studio apartments. They could more than halve the volume of dual aspect, and could significantly undermine the quality of development.

The Minister, thankfully, clarified for us yesterday they would not be able retrospectively to remove the communal space. That is not allowed for in the retrospective application as per this amendment. However, they are dramatic changes. If the public is not given an opportunity to engage in that and if third parties are not given an opportunity to raise concerns, here is what will happen. Just as we warned Eoghan Murphy and Simon Coveney with strategic housing development, SHD, and the 2018 specific planning policy requirements, SPPRs, and design standards for apartments' building heights, it will lead to a dramatic increase in judicial reviews of residential developments, which is the very last thing any of us want.

The volume of JRs of residential developments ballooned after Eoghan Murphy introduced similar proposals. Thankfully, when Deputy Darragh O'Brien, under pressure, abandoned that approach and reintroduced two-stage large scale residential development, something for which many of us have argued for a long time, the number of JRs fell dramatically. The Minister's officials have confirmed that to us, as have developers. Yet, as rightly pointed out by the Irish Planning Institute, by not only introducing the guidelines but the retrospective application through the certification process, the Minister risks undoing several years of improvements in our planning system, and for what? For a claim, unverified and challenged by private sector developers, that he is going to challenge viability. Here is the issue. The cost of the apartment is not going to reduce. He said it himself. He is allowing a larger number of smaller apartments with fewer windows, less storage and less community amenity space in the same volume. That is not tackling viability. It is just producing more smaller, darker apartments that will sell and rent for less. That is reckless in the extreme.

I appeal to the Minister once again to listen to the experts, something his predecessor, Deputy Darragh O'Brien, refused to do with the 2024 Act, Eoghan Murphy refused to do with his SPPRs in 2018 and Simon Coveney refused to do with SHD. The criticisms from this side of the House in each of those instances, informed by professionals, public and private sector developers, architects, surveyors and planners, were proven correct and the law had to be changed after significant damage and delay.

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My amendment to the amendment is simple. It sets out an ability for the Minister to introduce regulations to provide for some form of public participation at a very minimum that would make us compliant with the Aarhus Convention. This is absolutely not compliant and could become a significant problem for the Minister in terms of the Aarhus Convention compliance committee. It would do the right thing by way of proper principles of planning and development and it would shield against a rise in judicial reviews.

I appeal to the Minister not to proceed with what he has here. He is going to regret it. We are then going to say, “We told you so”. Who will be the losers? The small number of renters who end up in high-cost, low-quality apartments and everybody else who is left behind because this did not tackle the viability challenge. This legislation, tax breaks and eviscerating rent pressure zones are not going to fix the supply problem. If I thought they could, I would support them, but they will not. On that basis I will press amendment No. 1 to Seanad amendment No. 24.

**Deputy Conor Sheehan:** I support the amendment tabled by my colleague Deputy Ó Broin. When I read what the IPI said, I thought it was very stark. In its usual mild-mannered way the IPI set out clearly why as professional planners they believe these changes will not work. We will end up with monolithic blocks like we had in the past and that we said we would not build anymore. These are lower quality solutions. They are driven by this need for short-term expediency. It does not follow the work the Department has been doing for the past couple of years on trying to build sustainable, long-term communities and long-term apartment living. These apartments are not going to be long-term homes for people. It will make apartment living much more transient. It will push people further out of our urban core.

The unintended consequences of these amendments are concerning. With the proposed planning law changes whereby there will be a fast-track process, adding these new guidelines to already-approved units could end up in court. These amendments to allow developers who have already secured permission to build more and smaller apartments in the same space without submitting a fresh planning application means there will be more delays because developers will have to resubmit planning applications. There is also a challenge that this could all get challenged in the High Court. It could lead to JRs. I am also concerned that parts of this could be unconstitutional due to a lack of public consultation on what could be a significant change to a developer’s building plan. Any permitted modification decision could then be challenged in the High Court by way of judicial review. The gains, if they could be described as that, are also modest at best. They do nothing to deal with the core issue, which is the cost of land and land speculation. There might be some changes in headline viability but they will be undermined by an increased number of judicial reviews and will also be undermined by the fact that we are going to have more delays.

I am also concerned about the provision of community or cultural space, particularly in respect of the 5% provision that was brought in as part of Dublin City Council’s 2022 to 2028 development plan. This was a hard-won provision to deliver more space for artists and community groups. It was also intended to help to build sustainable communities. I find it ironic that just as the local democracy task force is getting under way this week, the Minister is running roughshod over local authorities here. Disrespect was shown to Dublin City Council, as a local authority, in this regard. It had no warning of these new guidelines. It was not consulted and had no opportunity to give any input. I do not think that is acceptable.

It is clear from talking to colleagues on Dublin City Council that they feel the biggest objec-

tor to this community provision has all along been the Land Development Agency, LDA. It has had some success with to the community provision. Some developers have got on with it. They have factored community and cultural spaces into their developments. They have partnered with local arts organisations and community groups to make this work. It says a lot about the LDA, its role and the policy direction given to it if it is the main voice looking to remove this provision for community space. The LDA lobbied hard for these apartment design changes because allowing it to cram further small units into the existing building that will be built will enable it, at least on paper, to improve its performance.

The loss of size and mix is going to lead to mono-tenure towns and cities. We are going to have tiny apartments and people paying extremely high rents. It will not be sustainable or long term.

Going back to what I said at the beginning, the report presented to us at the briefing the other day was a summary of the LDA's research. We need to see the LDA's research because we need to be clear as to exactly what the cost savings are. I do not think the cost savings will be what were presented in the media and the press release from the Minister's Department last week. The savings will be nowhere near those figures. They will probably be one fifth of the headline figure that was quoted.

That these revised guidelines are being presented as a *fait accompli* is incredibly regrettable. My colleague Deputy Ó Broin spoke about the Aarhus Convention and our need to comply with our obligations under it. In the way the Minister is doing this, we are going to run into trouble on those grounds.

**Deputy Rory Hearne:** I have been deeply shocked by these regulations and these new standards the Minister is introducing. As an academic, I did research for years. One of the starting points of research, of course, is gathering evidence. Policy is supposed to be evidence-based. The evidence that has been presented to justify these decisions does not stack up. The Government has claimed it will lead to savings of €50,000 to €100,000 per unit. We have not seen what the LDA has set out but in the estimates set out by the Department of housing, those claims that €100,000 will be saved do not stack up. We have heard clearly from other experts in the private sector who say that those savings will not be made.

One piece is completely missing. Where is the evidence that these regulations will lead to savings for those who are going to rent the homes or, although it is highly unlikely, buy such an apartment? No mechanism is set out by which this decision, which will allow developers or investor funds to add more units to a development, will present any reduction in rents or house prices, which is what we are trying to do.

I will set out in detail what has been presented by those experts - not by me but by others who work directly in the field. Something that disappoints me deeply about these regulations is that there was no consultation with key stakeholders. Perhaps the Minister could correct the record if that is not the case. Those stakeholders include, in particular, architects and planners. I am deeply frustrated and annoyed by these regulations. They are a capitulation to the developer and investor lobby. I do not know whether the Minister believes in them, but they are shocking. It feels as if the young people who will have to live in these homes are not being considered or thought of. It is, in my estimation, purely about two things. Those are increasing the profitability for investors and developers and pushing up the Government's figures for the housing statistics. That is deeply cynical and disappointing. I contend that the Minister is play-



ing politics with the homes that people will have to live in. I do not say that lightly. Ramming through this legislation will mean that generations of Irish people will be paying high rents to live in dark shoeboxes. It is a failure of vision and ambition when we see what is happening here. Every act of this Government so far has, it states, been intended to try to increase supply. Where is the supply of affordable housing?

Let us look at what is actually being proposed here. The size of units is being reduced. Windows, balconies and community facilities are being removed. I want to read into the record the assessment of the changes by the Royal Institute of Architects of Ireland. That organisation, as I am sure the Minister is aware, is the body that registers architects and represents their views. As the organisation describes, it works across the full breadth of construction, playing a vital role in the public and private sectors. It is at the forefront of designing and delivering the homes, schools, workplaces and civic spaces that shape our communities and projects that prioritise sustainability, safety and quality of life. These architects, it could be argued, might benefit from the redesign of these guidelines because it will mean more work for them. Yet the institute came out with a damning statement, which I will read into the record. It stated: “The recent statements [in regard to the apartment guidelines] appear to suggest a shift in direction to lower-quality solutions driven by short term expediency [and what it means there is political expediency] rather than long term vision and sustainable solutions that [create and] deliver real value for money.”

It went on to state:

It is critical that we get this right. We are deeply concerned that moves to relax key design safeguards risk undermining the creation of sustainable, high-quality living environments and will create future long-term challenges for apartment owners and tenants.

I will come back to this in the context of the Department’s policy and guidelines on creating sustainable communities. The institute goes on to state:

The new guidance will allow for development of apartment blocks with single typologies which is completely at odds with the previous work of the Department of Housing to strengthen the sustainable communities approach to delivering homes.

On that, I quote the Government’s own policy, Housing for All, which I looked up earlier today. Section 5.2 relates to the aim to support sustainable communities. What does this mean? The policy sets it out as:

The creation of sustainable communities has been an enduring goal of housing policy in recent decades. Sustainable communities are places where people want to live and work.

The second sentence bears repeating. These will not be places where people will want to live and work. The Government’s policy further states: “They meet the diverse needs of existing and future residents, are sensitive to their environment and contribute to high quality of life.” Architects and planners all make it very clear that these new guidelines will be detrimental to the quality of life provided in these new apartment blocks.

The Government’s own Sustainable Residential Development and Compact Settlements: Guidelines for Planning Authorities has among its key indicators quality design and placemaking. The document sets out “indicators of quality urban design and placemaking, which should inform the development strategy for settlements, neighbourhoods or an individual site”. Within

that, it points to what should be done in planning and design:

The creation of sustainable communities ... requires a diverse mix of housing and variety in residential densities across settlements. This will require a focus on the delivery of innovative housing types that can facilitate compact growth and provide greater housing choice that responds to the needs of single people, families, older people and people with disabilities ...

These groups will not be catered for in these mono-tenure micro-units that nobody will be able to afford.

I will go back to the Royal Institute of Architects. I am reading this in detail into the record because it was utterly mistaken not to meet the institute's representatives - again, the Minister can correct me if he did meet them - to discuss these guidelines and take its points of view on board. I am also quoting it for the benefit of him and his advisers because I imagine they actually have not read this. Maybe they have, but they certainly did not consider what is in here, so we will continue. The RIAI states: "There is evidence that, over time, the cumulative effects of poorly sized and designed homes can contribute to social inequality and reduce overall productivity." The Department's new guidelines, "may also diminish Ireland's international competitiveness, particularly in retaining talent who value quality of life". This idea that the Government will build apartments that are micro-units and that are really expensive and that the international mobile professionals will just pay the rents is actually wrong. Everyone values and needs a quality of life. The RIAI also states: "The new proposals ... risk causing further delays to delivery of new housing projects as options are reassessed and new designs commissioned, which will take time to work through."

Other Deputies on this side made that point as well. Again, we ask: where was the analysis done to actually assess what delays will result as these changes are made and the modifications are required? Architects will have two years to work up new designs that might have been started. I was talking to an architect yesterday who said, in terms of social housing and private housing, they expect to go back to the drawing board. Literally, the architects expect to go back to the drawing board to redesign the units. That will all take time, and it means that developments that were due to start will not now start. The Minister does not mind, however, because he has set out that the Department will not reach its targets this year and will not reach them next year and he knows that these units will come onstream probably in three to four years, just in time for the election, when he will be able to say, "Look, we have increased the units." Again, he is playing politics with people's homes.

In a very significant paragraph the RIAI further stated:

The RIAI agrees that action is urgently needed to accelerate housing delivery; however, there are other ways of addressing this. In Dublin, land prices are one of the single biggest contributors to the high cost of building homes, partly driven by speculation on land assets as a commodity. While not the only factor, they significantly affect affordability, feasibility, and development timelines. The RIAI believes a better, and more sustainable approach, is for the government to seek greater control of land values in the first instance.

We see no emergency measures on land values. Where are they? Intervention on providing affordable land would reduce the cost and then, if affordable housing were to be built on it, could deliver genuinely affordable homes.

The RIAI also states:

Making better use of existing infrastructure that already benefits from essential services ... presents a real opportunity to speed up supply. In this regard, we need to continue incentivising the adaptation and reuse of existing vacant and derelict buildings ..., including vacant office spaces. (\*The vacancy rate for Dublin office spaces is now at 17.5% .... The RIAI is advocating for increased resources to be deployed within our local ... authorities to kick start immediate progress in this ... area.

The RIAI has more but I will not take up the Minister's time on it.

I will go on to the Irish Planning Institute, the representatives of which I do not believe the Minister met or consulted either as regards these guidelines, but he can correct the record if that is not the case. I would be very interested to hear the institute's feedback on this. As regards the guidelines, Gavin Lawlor, president of the institute, said: "Professional planners not only recognise the gravity of the housing crisis - we are actively working to be part of the solution."

The Minister can smirk and smile. I am not sure-----

**Deputy James Browne:** I am not smirking or smiling.

**Deputy Rory Hearne:** Grand. That is all right.

**Deputy James Browne:** The Deputy has enough to say without making stuff up.

**Deputy Rory Hearne:** Mr. Lawlor continued: "We welcome meaningful, evidence-based reforms that support the accelerated, coordinated, and sustainable delivery of apartments and homes in communities across the country."

The institute goes on to say:

In particular, the erosion of unit mix requirements represents a market-led approach to housing that is fundamentally at odds with the significant work undertaken by the Department of Housing to date to create a plan-led system with high quality, long term sustainable outcomes flowing from transparently and democratically adopted local development plans.

This, and allowing changes to already permitted developments, also risks introducing more legal unpredictability.

This point is also made by Niamh Towey in her excellent article in *The Irish Times*, which quotes lawyers and legal experts. One states: "the legislation is flawed and potentially unconstitutional due to the lack of public consultation on what could be a significant change to a developer's ... plan". The source further states: "any 'permitted modification' decision could be challenged in the High Court by way of judicial review". Again, we asked at the briefing for any analysis of risk assessment that the Minister undertook regarding potential legal challenges and none has been provided. I can only assume that he did no assessment in that regard, but it is a very real possibility that there will be delays as a result of legal challenges because of, again, his disconnect from people, to think that the Department can ram through a development that might have had 100 homes and will now have 400 homes, with no public consultation whatsoever. It beggars belief. My mind boggles at this because these developments will be flooded with judicial reviews and challenges.

I was contacted by another architect about the impact of these changes. They said: “The priority should be delivering a variety of housing types that satisfy different family structures, life stages and adaptability for accessibility, ageing and special needs.” It is a real issue that this housing does not provide that.

*9 o'clock*

The architect continued:

Long delays in changing existing approvals to a high percentage of smaller studios and one beds might provide higher numbers in the short term but the long-term issues will emerge from a limited scope of housing stock that does not satisfy a broad scope of needs. Housing must accommodate families, couples, older people and people with disabilities and these new standards will not assist with that.

That is truly damning because a question I have asked repeatedly is, in Dublin particularly, where are couples and families who want to have children going to be able to live and have children if all we have are micro-units – one beds and studios – where people cannot raise kids? “Would you live in these?” is the big question.

What is the reality of living in these units? We asked for time to debate this issue in the Dáil this week. We were not given it. It is disgraceful and anti-democratic that the Government is ramming through this legislation without consultation with key stakeholders, public consultation or proper time in the Dáil. It is very regrettable that the Minister has gone about it this way.

Another good article in *The Irish Times* spoke to couples who are living in small apartments. I will again read some of their quotes because this is the reality of what people will live in because of the Minister’s decision. A Galway couple said their hopes for having children are “indefinitely on pause until we move to a space larger” as new guidelines for smaller apartments are introduced. Mr. Ó Murchú and his fiancée, Laura, live in a mobile home in Galway that measures just under 37 sq. m, which is bigger than the Minister’s new studios. Mr. Ó Murchú says he cannot imagine making this space any smaller as it would be “mentally taxing”. He said, “We want to start our family, and have children. However, that is indefinitely on pause until we move to a space larger than here.” Where are the spaces where families, couples and people who want to have children be will be able to do so, particularly in Dublin?

The article also looked at the views of people with disabilities and access to housing and spoke to Pamela Kavanagh, head of communications at the Irish Wheelchair Association. She said wheelchair users will be further pushed out of the housing market if the minimum size of a studio apartment decreases and that there is “very minimal housing stock available for people with disabilities”, whether they are looking to privately rent or purchase a wheelchair-accessible home. The article quotes her as saying, “Housing is one of the biggest issues” for wheelchair users, acting as “the main barrier towards true independence”. Ms Kavanagh said the Irish Wheelchair Association had yet to be consulted on the guidelines. Were these new guidelines ever discussed with that association? If not, why not?

It is very clear these changes will have very long-term negative implications. Would the Minister pay €2,500 to live in these units? I doubt he would and I doubt that other Ministers in his Government or the Taoiseach would, yet he is telling the people of Ireland to do so. They are not homes. They will be cash cows for developers and other vested private interests that have been lobbying for this kind of barefaced deregulation for years. The Minister is taking

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away the space to start a family, have a pet, have space for a bookshelf, have sunlight and access to the outside, have space to entertain friends and family and have a full and dignified life. It has still not been clarified where the savings will come from in terms of €100,000 and whether those will be passed on in rents.

This Government, and the previous Government, which is the same Government, has long said it wants to help people move out of their parents' box rooms but much like its inflated housing figures, it misled the public during the last election by failing to mention that for the 500,000 people stuck in their childhood box room, their only option would be to move into another box room, this time owned by a corporate investor, and they would be charged €2,500 a month for the privilege. These poorly designed, poorly thought-through concessions to the developers and corporate landlords that see homes as nothing more than commodities and investment assets will lead to greater inequality. I am not sure if the Minister has looked at their actual size. Has he seen the graphic of the tennis court in *The Irish Times*? It is nicely done and well worth a look. It shows how eight of these units can fit on a tennis court. I am sure the Minister knows a tennis court is not that big. These are not homes; they are micro-units for investor funds. It is a disgraceful decision and the Minister will regret it, and the people who live in them certainly will.

**Deputy Thomas Gould:** When people look back at the decisions taken by the Minister and the Government on this legislation, academics and the people who end up living in these tiny apartments will ask what was going through their minds. Who made this decision?

I will give an example of how governments get it wrong. I come from Knocknaheeny. When Knocknaheeny was built 50 years ago, perhaps because of the financial situation of the country, it was decided to build the houses 20% smaller with substandard building materials. That decision was taken. Now Knocknaheeny has been undergoing regeneration since 2000. The houses were 25 years old when they had to start that and now we are 25 years into it. All that is because bad decisions were taken at the time. The Minister has to step back from this, if he is really serious. I believe the other speakers are right that this will actually slow down delivery. Existing planning permissions will go back to redesign to see what the maximum number that developers can get in to maximise their profits. Remember, they will maximise their profits because they will be able to maximise the number of units, but they are not allowed to increase the shared space. People will be piled into developments with no ability to build communities.

Mixed tenure has been proven to be the best way forward - one, two and three bedrooms, and single people, people with disabilities, couples with no kids, couples with kids and single people with kids. We are trying to build a community that represents the society outside but this is jamming people into bedsits. That is what we are talking about. I looked at the new prison cells. They are 12 sq. m. The units the Minister is looking at are 32 sq. m. Someone will have to pay €2,500 and a fellow who is locked up, a violent criminal, is living somewhere less than 2.5 times the size. How can that be right? People are working every hour God sends. Imagine being one of these people spending every penny they have to live in one of these bedsits and they have nowhere to meet their neighbours or to share. Think of the mental damage to individuals who will be trapped, because that is what they will be. They will be trapped there. They will go from the box bedroom of their parents house into one of the Minister's "initiatives" to solve the housing crisis. I said to the Minister yesterday, and I said it to him last week, that I invite him to walk around Dublin with me and Opposition spokespersons on housing. The number of vacant, derelict properties with water, electricity, infrastructure and public transport right outside is an absolute sin. I know the housing crisis cannot be solved overnight - no one



is suggesting it can – but what the Minister can do is deliver housing where these services exist. We know Irish Water cannot deliver connections or on wastewater. We know the ESB cannot get them connections as fast as possible but there are thousands of properties - an estimated 164,000 vacant properties not including derelict properties. This is where we could get an easy win and turn them around in a space of months, a year or a year and a half and put them back into use. There are thousands of boarded-up council houses. This is another easy fix. We could turn them around in months.

All I hear the Minister do is give out about local authorities. The buck stops with him. If he truly wants to solve the housing crisis, there are much better ways to do it than what he is doing here today. The dogs in the street know that he is doing this to placate and encourage investment in these properties. He is looking to get in outside money. We have some of the highest rents in the world. If they are not willing to come in and invest in our country now when they can get €2,500 or €3,000, when will they? He is trying to encourage maximum profit but what about the quality of life? What about the cities, towns and villages we are trying to build? What about our communities? A lot of people have spoken. We want to be constructive. If the Minister solves the housing crisis, we will be the first people to congratulate him but what he is doing tonight will make matters worse.

**Deputy James Browne:** We are making radical decisions to get people out of box rooms, to get viability and to get properties built across this country. We know we have a crisis. I am treating it as an emergency. If we do not take radical measures and do so quickly, we will not get the apartments in Dublin city and across this country. That is why we are bringing forward these measures to address the issue of viability in terms of these apartments. People will decide whether they want to buy them.

In terms of judicial reviews, we have a very open court system. Anyone can take pretty much any action he or she wants. How far he or she gets is a different matter. These amendments were considered by the Attorney General and we have the Attorney General's advice. I would not be doing it otherwise. We are satisfied that these are constitutionally robust amendments.

Cultural spaces in the Dublin City Council development plan were mentioned. This Government and the previous one significantly funded community, cultural and sports places. There has been record funding for all those areas and we will continue to do that but the way to provide cultural spaces is not by way of a levy on developers building apartments who end up pushing that on to the purchasers and driving up the price of apartments. That is not the way to deliver cultural spaces. When I am doing this, I am thinking of those people who need homes to live in. Nobody can live in high-spec, high-design apartments that never leave the blueprints or drawings and that is what I am addressing here. I am very ambitious to address it. There is significant mixed tenure in these guidelines for apartments but we will not get any two-beds, three-beds and four-beds unless we make an adjustment so we can amend the viability of the apartment blocks to get them built so people can have those homes to live in.

I will address amendment No. 1 to Seanad amendment No. 24, which concern the modification of a permission for residential development. Seanad amendment No. 24 proposes to introduce a new section 44B into the Act of 2000 providing a certification procedure for modifications to planning permissions for residential development which are in line with certain specific planning policy requirements contained in the recently published Planning Design Standards for Apartments, Guidelines for Planning Authorities 2025.

Amendment No. 1 to amendment No. 24 seeks to include a requirement that applications for certificates under section 44B be notified to the public by way of a site notice. The proposed section 44B(13) would enable the Minister to make regulations for the purposes of this section. Where it is determined that a site notice is required, such a requirement will be introduced by regulations made under subsection (13) as is the case under the Planning and Development Regulations 2001. The amendment further proposes that the relevant authority must provide for public participation in the certification process by inviting written submissions from interested persons or organisations and the relevant authority must also have regard to those submissions when issuing a certificate under the proposed section 44B.

The Aarhus Convention relates to access to information, public participation in decision-making and access to justice in environmental matters. Following discussions with the Office of the Attorney General, the Department remains satisfied that the Bill is in compliance with all international obligations, including the Aarhus Convention. It is important to note that section 44B(5)(b) provides that a relevant authority cannot issue a certificate under section 44B if an appropriate assessment, AA, or environmental impact assessment, EIA, in relation to the proposed modification of the permission is required. Where an EIA or AA is required, such proposed modifications may only be sought by way of a planning application, a process that provides for public participation and notification. In this context, regulations made under section 44B will provide the screening procedures for EIA and AA to facilitate this provision. Given the urgent need to increase housing supply, section 44B enables a limited number of modifications to existing planning permissions to facilitate the building of much-needed apartment developments while ensuring environmental screening is carried out in respect of those modifications. Therefore, I oppose the Deputies' amendment.

Seanad amendment No. 24 will introduce a new section 44B into the Act of 2000 providing a certification procedure for modifications to planning permissions for residential development that are in line with certain specific planning policy requirements contained in the recently published Planning Design Standards for Apartments, Guidelines for Planning Authorities 2025. Viability presents an ongoing challenge to housing delivery and this is particularly relevant for the delivery of apartments, where a considerable gap has emerged between the cost of delivering apartment development and comparable general housing market prices. The new guidelines provide guidance, standards and policy requirements in relation to the design of apartment developments to take account of current Government policy and economic, social and environmental considerations. Given the urgent need to increase housing supply, the proposed section 44B will enable the holders of existing permissions for apartment developments that have not yet commenced to modify their permissions in line with the new guidelines.

As the provision explicitly sets out, its purpose is to facilitate the construction of a greater numbers of dwellings in apartment complexes than permitted under permissions already granted taking account of the acute shortage of residential accommodation, the rise in homelessness, the rise in the cost of residential rental accommodation and house and apartment purchase prices. Section 44B enables the holder a permission for residential development to apply to the relevant authority that granted that permission, either a planning authority or An Coimisiún Pleanála, to certify that a proposed modification of a permission is a permitted modification. The relevant authority must be satisfied that the proposed modification, if made, is a permitted modification in order for a certificate to issue.

Applications for certificates will need to be accompanied by revised plans and drawings and other documentation and information related to the proposed modification, including for the

purpose of carrying out environmental screening. Certificates will not be issued for proposed modifications in the following scenarios: the development has already commenced; an AA or EIA in relation to the proposed modification is required; or the applicant for the certificate fails to comply with any documentation or further information requirements. In addition, if the development is located in a strategic development zone, a certificate cannot be issued if the proposed modification would cause the number of dwellings in that strategic development zone to exceed the number permitted by its planning scheme.

Where a certificate is issued, the permission will stand so modified and any development carried out in accordance with a modified permission will not be unauthorised development. Public notification requirements are set out requiring the relevant authority to issue a public notice in a newspaper and on its website as well as making the relevant documentation available for inspection, including on its website.

Section 44B is a temporary provision and certificate applications for proposed modifications must be made within two years from this Bill coming into operation. Amendments Nos. 21, 25 and 26 are consequential to the introduction of this new certification procedure for modifications to existing apartment permissions. Amendment No. 21 amends section 7 of the Act of 2000 to provide that particulars of any permission modified in accordance with section 44B must be entered into a planning authorities register. Amendments Nos. 25 and 26 concern fee setting for the certification applications to amend section 246 of the Act of 2000 whereby the Minister may prescribe in regulation a fee in respect of applications under section 44B and amending section 144 of that Act to facilitate the commission to set a fee in respect of such applications where they are the relevant authority.

**Deputy Eoin Ó Broin:** The Minister is going to go down in history for having introduced a new principle of economics. It is called shrinkflation. It is the idea you can reduce the price of something by reducing the size of something. We are in the middle of a cost-of-living crisis. The price of milk has gone up almost 14% in the last year. Imagine a milk producer said people should not worry because producers are going to cut the price of milk by 50% and do it by cutting the size of a pint in half. People would laugh at any proposer of that, but it is what the Minister is suggesting.

It is interesting that his response did not deal with any of the substantive criticisms of his proposals from industry professionals and that failure to respond speaks volumes. It is all very well for the Minister to say he has the Attorney General's advice, because Simon Coveney had the Attorney General's advice with strategic housing developments and Eoghan Murphy had the Attorney General's advice on the use of the section 28 guidelines on apartment standards and building heights in 2018 but the combination of those led to a dramatic surge in judicial reviews and delays to much-needed homes. I am flabbergasted the Minister has not taken that into account.

The Minister has to publish the LDA's advice. We are very persistent over here. We will get it. We will get it by freedom of information, by parliamentary question or some other way, so the Minister should save his officials spending time having to respond to me every second day and publish it. If he is so confident that data proves his case he should publish it. What has happened is this Government's housing policy has been in a tailspin since it was caught out on its housing delivery last year. The single largest lobby group for institutional investors, namely, Irish Institutional Property, has been in and out of Government Buildings like a yo-yo in the last few months, according to the lobbying register. Who is the head of Irish Institutional Property?

Who is on the lobbying register, a public document? It is the former general secretary of the Minister's party, Pat Farrell. Who is lobbying Pat Farrell to lobby the Minister for tax breaks, higher rents and reduction of standards? It is the large institutional investors. This is not going to work. It is not going to increase supply. It is not going to tackle viability. All it is going to do is punish renters and lead to poor-quality urban developments into the future and that will be on the Minister. Shrinkflation does not exist. It is a mirage. I will be pressing the amendment to the amendment.

**Deputy Rory Hearne:** I appreciate the Minister's detailed response. He did not answer my questions on the consultation with the institute of planners, the architects or the Irish Wheelchair Association. It is deeply regrettable that they clearly were not consulted and there was not proper engagement with them. If there had been there would be a different outcome to this, so it is deeply regrettable.

The Minister referenced people buying these apartments. How many people does he think bought a newly-built apartment in Dublin in the last couple of years? It is a handful. None of these apartments being built are going to be bought by anybody. They are all going to be build-to-rent or they will be social housing, and there is a massive question about micro-social housing units where people will be forced into overcrowding. Again, is this about jacking up numbers without concern for quality and liveability? I cannot remember whether it was the Tánaiste or someone else who was talking about how this is a measure that will help people buy their own home. They will get one of these apartments and they will go on the property ladder. Nobody is going to be buying these apartments. They are not for sale. They are all build-to-rent. It is delusional, and actually downright misleading, to say anybody is going to be buying these apartments. The Government is not building apartments for sale. Nobody can buy a home.

No young person can buy any of the new homes that are being built in Dublin. In my constituency it is apartments to rent at rents no-one can afford. That is the fundamental problem and there was and is an alternative. We have set it out. With the homes for Ireland savings scheme we could be leveraging the billions that are in savings accounts – which is private finance – into affordable housing. The Taoiseach and the Minister have said we are putting forward no solutions and the State needs private finance, so there is a source of private finance. It is done in France through the Livret A scheme, through the accounts, and it funds billions in affordable and social housing delivery. Michelle Norris of the Housing Commission said very clearly this could be a solution and my question is why is the Minister not putting into that the effort he is putting into ramming through this legislation.

**Deputy Conor Sheehan:** I thank the Minister for his reply. A number of Ministers over a number of Governments, including from my party, have tried to do this or have done this with apartment standards. It did not work in 2015, 2016 or 2018 and it is definitely not going to work now. We need to see the LDA's evidence for how this will cut the cost of developing an apartment. Some of these apartments are going to be as small as 32 sq. m and no putative buyer on the private market is going to buy an apartment that small. There just is not a market for it. We are talking about a portion of a tennis court or the size of a very large car. These apartments are going to be build-to-rent, they are going to be built in Dublin and Cork only and they are not going to be affordable or they are going to be used for social housing. We are going to have monolithic, one box, very small, single aspect, quite depressing and dark yellow pack apartments that either social housing tenants or transient renters will be forced to live in.

**Deputy Thomas Gould:** The Minister made a comment earlier that this is the size of the apartments in Austria. Will people pay the same rents? The Minister might check that out for us because I can tell him they will not. If he is making a comparison he should make the whole comparison. My big worry is there is a major development going in Cork's docklands. We are looking at maybe 10,000 units. The Minister was there, as was I, and the Taoiseach was there talking about this vision for the Cork docklands. My serious concern is when what the Minister is proposing today comes in, we may be looking at redesigns of the type of apartment and tenure mix that will be going in there. This could be an iconic situation in Cork, but it could also turn into social housing mini-apartments and down the road we will have antisocial behaviour, deprivation and lack of investment.

The Minister made a point earlier about all the money the Government has invested in parks, playgrounds and public spaces. I live on the northside of Cork city and there has been virtually nothing. There are no regional parks in the north west or the north east. They have far below the level of parks and playgrounds there are in other parts of the country. If we are going to be delivering the Cork docklands and the Minister is saying the developers and builders are not going to be putting in the shared spaces, then those spaces have to go in first because they never go in afterwards. We saw that during the Celtic tiger. Houses were built all over the place with no services, no shared spaces, no schools, no crèches and then everyone wanted to know why we had major problems in some of these communities. The buck stopped with those Governments in the same way it will stop with this Government.

**An Ceann Comhairle:** I thank the Deputies. Does the Minister wish to respond?

**Deputy James Browne:** I thank the Ceann Comhairle. I have listened to about 40 minutes of hyperbole and lots of one-liners for social media-----

**Deputy Rory Hearne:** Ah, come on.

**Deputy James Browne:** -----being put forward and no solutions, with the exception, in fairness, of Deputy Hearne. As I have stated before, the Department of housing has asked the Department of Finance to look at a Livret A-type scheme and I have read the Deputy's proposals. There are challenges in this regard. It is not something that can be stepped up immediately but it is something we are looking at seriously.

We must get houses and apartments built, whether to rent or for sale. We need that mix. We have a viability issue in this country. We are taking rapid measures to get the viability going. On the other side of that, the most important thing is affordability. The only way we will address homelessness and high rents and ensure people have homes to live in is by taking the necessary measures to ensure we get those homes built. That will enable people to move out of box rooms and into their own homes.

All the theories written down will not provide a single home in which people can live. The only thing that will do so is action. That is what I am doing as Minister, with the backing of the Government. We have introduced a series of measures I believe will address the housing crisis we are facing in this country. They are measures that are absolutely essential to be made. All the hyperbole across the floor will not build a single house.

Seanad amendment agreed to.

Seanad amendment No. 22:



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Section 16: In page 12, to delete lines 20 and 21 and substitute the following:

“(ii) not later than 6 months after the date on which section 28 of the Planning and Development (Amendment) Act 2025 comes into operation,”.

Seanad amendment agreed to.

Seanad amendment No. 23:

Section 16: In page 13, lines 26 and 27, to delete “coming into operation of section 16 of the Planning and Development (Amendment) Act 2025” and substitute “date on which section 28 of the Planning and Development (Amendment) Act 2025 comes into operation”.

Seanad amendment agreed to.

Seanad amendment No. 24:

Section 17: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of Part III of Act of 2000**

**17.** Part III of the Act of 2000 is amended by the insertion of the following section:

**“Modification of permission for residential development**

**44B.** (1) The holder of a permission for residential development may apply to the relevant authority who granted the permission for a certificate certifying that a proposed modification (which may include the removal or modification of a condition attached to the permission) of the permission is a permitted modification.

(2) An application under subsection (1) shall be in the prescribed form and shall be accompanied by—

- (a) such revised plans and drawings, and
- (b) such other documentation and information,

as may be prescribed.

(3) A relevant authority may, for the purpose of the performance of its functions under this section, require the holder of a permission who has made an application under subsection (1) to provide the relevant authority with such additional documentation and information as the relevant authority considers appropriate, including documentation and information necessary to enable the relevant authority to carry out a screening for appropriate assessment or a screening for environmental impact assessment of the proposed modification.

(4) Subject to subsections (5) and (6), a relevant authority shall, not later than—

- (a) 8 weeks after receiving an application under subsection (1), or
- (b) 4 weeks after receiving additional documentation or information pursuant to a requirement under subsection (3),

whichever occurs later, issue a certificate certifying that the proposed modification concerned is a permitted modification.

(5) A relevant authority shall not issue a certificate under this section in respect of a permission if—

(a) the development for which the permission was granted has already commenced,

(b) an appropriate assessment or environmental impact assessment in relation to the proposed modification of the permission is required,

(c) the applicant for the certificate fails or refuses to comply with a requirement under subsection (3), or

(d) in the case of a proposed modification of permission for development in a strategic development zone, the proposed modification would cause the number of dwellings in that strategic development zone to exceed the number permitted by a planning scheme under section 169.

(6) A relevant authority shall not issue a certificate under this section in respect of a permission unless—

(a) the application under subsection (1) is made before the expiration of 2 years from the passing of the Planning and Development (Amendment) Act 2025, and

(b) it is satisfied that the proposed modification of the permission to which the application relates would, if made, be a permitted modification.

(7) Where a relevant authority issues a certificate under subsection (4) in respect of a permission, the permission shall, on and from the date on which the certificate is issued, stand modified in accordance with the terms of the proposed modification, and references in this section to modified permission shall be construed accordingly.

(8) Development carried out in accordance with a modified permission shall not be unauthorised development.

(9) The modified permission concerned shall be attached to the certificate under subsection (4).

(10) (a) A relevant authority shall, as soon as may be after a certificate is issued under subsection (4), publish in a newspaper circulating generally within the State or the functional area of the relevant authority—

(i) a notice—

(I) of the issuing of the certificate,

(II) of the making of any determination in relation to a screening for appropriate assessment or environmental impact assessment, and

(III) stating that the modified permission concerned is available for in-

spection—

(A) on the relevant authority’s internet website, and

(B) at its offices during normal business hours,

and

(ii) a copy of the certificate,

and shall also make copies of the certificate, modified permission and any such determination available for inspection by members of the public at its offices during normal business hours.

(b) A relevant authority shall, not later than 3 working days after a certificate is issued under subsection (4), publish on its internet website—

(i) a notice of the issuing of the certificate,

(ii) a copy of the certificate,

(iii) a copy of any determination referred to in clause (II) of subparagraph (i) of paragraph (a), and

(iv) a copy of the modified permission concerned.

(11) A notice under subsection (10) shall include such other information (if any) as may be prescribed.

(12) For the avoidance of doubt, there shall be no appeal to the Commission from a decision of a planning authority to issue a certificate under subsection (4).

(13) The Minister may make regulations for the purposes of this section.

(14) The purpose of this section is to facilitate and encourage expedited construction of greater numbers of dwellings in apartment complexes than permitted under permissions already granted, taking account of—

(a) the acute shortage of residential accommodation in the State,

(b) the rise in homelessness in the State,

(c) the rise in the cost of—

(i) residential rental accommodation, and

(ii) house and apartment purchase prices,

in the State.

(15) In this section—

‘guidelines’ means the Planning Design Standards for Apartments, Guidelines for Planning Authorities 2025 made by the Minister on 8 July 2025 under section 28;

‘permission’ includes a permission granted under section 9 of the Planning and Development (Housing) and Residential Tenancies Act 2016;

‘permitted modification’ means, in relation to a permission—

(a) a modification relating to—

(i) the mixture of apartments of different classes in the proposed development, or

(ii) the proportion of apartments of a particular class to apartments of another class in the proposed development, subject to the exceptions specified in specific planning policy requirement 1 of the guidelines,

(b) a modification relating to the floor areas of the apartments in the proposed development subject to the minimum floor area requirements specified in specific planning policy requirement 2 of the guidelines,

(c) a modification relating to the number of walls in each apartment in the proposed development that will have windows, subject to the minimum requirement in relation thereto specified in paragraph (i) of specific planning policy requirement 3 of the guidelines,

(d) a modification relating to the internal height of each apartment in the proposed development measured from floor to ceiling, subject to the minimum requirement in relation thereto specified in specific planning policy requirement 4 of the guidelines,

(e) a modification relating to the number of lifts or stairways in the proposed development, or

(f) any modification of a permission consisting of the carrying out of other works (including works to footpaths, boundaries, gardens and balconies) necessary for the purposes of any of the foregoing modifications or to ensure access to the development consequent upon the completion of the development;

‘relevant authority’ means—

(a) a planning authority, or

(b) the Commission;

‘residential development’ means development consisting of, or primarily consisting of, the construction of a dwelling or dwellings, including a house or houses and an apartment complex.”.”.

**Deputy Eoin Ó Broin:** I move amendment No. 1 to Seanad amendment No. 24:

After subsection (1), to insert the following:

“(1A) The holder of a permission shall notify the public of the application by way of a site notice.

(1B) In order to ensure adherence with the State’s obligations under the Aarhus Con-

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vention and the principles of good planning and development the relevant authority shall provide for public participation in the certification process by way of inviting written submissions on the application from interested persons or organisations, the relevant authority shall provide no less than 4 weeks from the date of the application for written submissions to be made as advertised in a relevant newspaper and on the authorities website, the relevant authority shall have regard to any submissions made when making a final decision on the request.”

Amendment to amendment put:

<i>The Dáil divided: Tá, 68; Níl, 89; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Ahern, Ciarán.</i>	<i>Aird, William.</i>	
<i>Bacik, Ivana.</i>	<i>Ardagh, Catherine.</i>	
<i>Bennett, Cathy.</i>	<i>Boland, Grace.</i>	
<i>Buckley, Pat.</i>	<i>Brabazon, Tom.</i>	
<i>Byrne, Joanna.</i>	<i>Brennan, Brian.</i>	
<i>Carthy, Matt.</i>	<i>Brennan, Shay.</i>	
<i>Clarke, Sorca.</i>	<i>Brophy, Colm.</i>	
<i>Collins, Michael.</i>	<i>Browne, James.</i>	
<i>Connolly, Catherine.</i>	<i>Burke, Colm.</i>	
<i>Conway-Walsh, Rose.</i>	<i>Burke, Peter.</i>	
<i>Coppinger, Ruth.</i>	<i>Butler, Mary.</i>	
<i>Cronin, Réada.</i>	<i>Butterly, Paula.</i>	
<i>Crowe, Seán.</i>	<i>Buttimer, Jerry.</i>	
<i>Cullinane, David.</i>	<i>Byrne, Malcolm.</i>	
<i>Cummins, Jen.</i>	<i>Byrne, Thomas.</i>	
<i>Daly, Pa.</i>	<i>Cahill, Michael.</i>	
<i>Devine, Máire.</i>	<i>Callaghan, Catherine.</i>	
<i>Doherty, Pearse.</i>	<i>Calleary, Dara.</i>	
<i>Donnelly, Paul.</i>	<i>Canney, Seán.</i>	
<i>Ellis, Dessie.</i>	<i>Carrigy, Micheál.</i>	
<i>Farrelly, Aidan.</i>	<i>Carroll MacNeill, Jennifer.</i>	
<i>Farrell, Mairéad.</i>	<i>Chambers, Jack.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Cleere, Peter ‘Chap’.</i>	
<i>Gibney, Sinéad.</i>	<i>Clendennen, John.</i>	
<i>Gogarty, Paul Nicholas.</i>	<i>Collins, Niall.</i>	
<i>Gould, Thomas.</i>	<i>Connolly, John.</i>	
<i>Graves, Ann.</i>	<i>Cooney, Joe.</i>	
<i>Guirke, Johnny.</i>	<i>Crowe, Cathal.</i>	
<i>Hayes, Eoin.</i>	<i>Cummins, John.</i>	
<i>Hearne, Rory.</i>	<i>Currie, Emer.</i>	
<i>Kelly, Alan.</i>	<i>Daly, Martin.</i>	
<i>Kenny, Martin.</i>	<i>Dempsey, Aisling.</i>	



<i>Kerrane, Claire.</i>	<i>Devlin, Cormac.</i>	
<i>Lawless, Paul.</i>	<i>Dillon, Alan.</i>	
<i>Lawlor, George.</i>	<i>Dolan, Albert.</i>	
<i>Mac Lochlainn, Pádraig.</i>	<i>Dooley, Timmy.</i>	
<i>McDonald, Mary Lou.</i>	<i>Feighan, Frankie.</i>	
<i>McGettigan, Donna.</i>	<i>Fleming, Seán.</i>	
<i>McGuinness, Conor D.</i>	<i>Foley, Norma.</i>	
<i>Mitchell, Denise.</i>	<i>Gallagher, Pat the Cope.</i>	
<i>Murphy, Paul.</i>	<i>Geoghegan, James.</i>	
<i>Mythen, Johnny.</i>	<i>Grealish, Noel.</i>	
<i>Nash, Ged.</i>	<i>Harkin, Marian.</i>	
<i>Newsome Drennan, Nata-sha.</i>	<i>Healy-Rae, Danny.</i>	
<i>Ní Raghallaigh, Shónagh.</i>	<i>Healy-Rae, Michael.</i>	
<i>O'Callaghan, Cian.</i>	<i>Heneghan, Barry.</i>	
<i>O'Donoghue, Richard.</i>	<i>Heydon, Martin.</i>	
<i>O'Donoghue, Robert.</i>	<i>Higgins, Emer.</i>	
<i>O'Gorman, Roderic.</i>	<i>Keogh, Keira.</i>	
<i>O'Hara, Louis.</i>	<i>Lahart, John.</i>	
<i>O'Reilly, Louise.</i>	<i>Lowry, Michael.</i>	
<i>O'Rourke, Darren.</i>	<i>Maxwell, David.</i>	
<i>Ó Broin, Eoin.</i>	<i>McAuliffe, Paul.</i>	
<i>Ó Laoghaire, Donnchadh.</i>	<i>McCarthy, Noel.</i>	
<i>Ó Murchú, Ruairí.</i>	<i>McConalogue, Charlie.</i>	
<i>Ó Snodaigh, Aengus.</i>	<i>McCormack, Tony.</i>	
<i>Ó Súilleabháin, Fionntán.</i>	<i>McEntee, Helen.</i>	
<i>Quaide, Liam.</i>	<i>McGrath, Mattie.</i>	
<i>Quinlivan, Maurice.</i>	<i>McGrath, Séamus.</i>	
<i>Rice, Pádraig.</i>	<i>McGreehan, Erin.</i>	
<i>Sheehan, Conor.</i>	<i>Moran, Kevin Boxer.</i>	
<i>Sherlock, Marie.</i>	<i>Moynihan, Aindrias.</i>	
<i>Smith, Duncan.</i>	<i>Moynihan, Michael.</i>	
<i>Stanley, Brian.</i>	<i>Moynihan, Shane.</i>	
<i>Tóibín, Peadar.</i>	<i>Murphy, Michael.</i>	
<i>Wall, Mark.</i>	<i>Naughton, Hildegard.</i>	
<i>Ward, Mark.</i>	<i>Neville, Joe.</i>	
<i>Whitmore, Jennifer.</i>	<i>O'Brien, Darragh.</i>	
	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Maeve.</i>	
	<i>O'Dea, Willie.</i>	
	<i>O'Donnell, Kieran.</i>	
	<i>O'Donovan, Patrick.</i>	
	<i>O'Meara, Ryan.</i>	

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	<i>O'Shea, John Paul.</i>	
	<i>O'Sullivan, Christopher.</i>	
	<i>O'Sullivan, Pádraig.</i>	
	<i>Ó Cearúil, Naoise.</i>	
	<i>Ó Fearghail, Seán.</i>	
	<i>Ó Muirí, Naoise.</i>	
	<i>Richmond, Neale.</i>	
	<i>Roche, Peter.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Smith, Brendan.</i>	
	<i>Smyth, Niamh.</i>	
	<i>Timmins, Edward.</i>	
	<i>Toole, Gillian.</i>	
	<i>Troy, Robert.</i>	
	<i>Ward, Barry.</i>	

Tellers: Tá, Deputies Eoin Ó Broin and Rory Hearne; Níl, Deputies Mary Butler and Emer Currie.

Amendment to amendment declared lost.

**An Ceann Comhairle:** The question is now that Seanad amendment No. 24 be agreed to. Is that agreed?

**Deputies:** Not agreed.

Seanad amendment put:

<i>The Dáil divided: Tá, 88; Níl, 68; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aird, William.</i>	<i>Ahern, Ciarán.</i>	
<i>Ardagh, Catherine.</i>	<i>Bacik, Ivana.</i>	
<i>Boland, Grace.</i>	<i>Bennett, Cathy.</i>	
<i>Brabazon, Tom.</i>	<i>Buckley, Pat.</i>	
<i>Brennan, Brian.</i>	<i>Byrne, Joanna.</i>	
<i>Brennan, Shay.</i>	<i>Carthy, Matt.</i>	
<i>Brophy, Colm.</i>	<i>Clarke, Sorca.</i>	
<i>Browne, James.</i>	<i>Collins, Michael.</i>	
<i>Burke, Colm.</i>	<i>Connolly, Catherine.</i>	
<i>Burke, Peter.</i>	<i>Conway-Walsh, Rose.</i>	
<i>Butler, Mary.</i>	<i>Coppinger, Ruth.</i>	

<i>Butterly, Paula.</i>	<i>Cronin, Réada.</i>	
<i>Buttimer, Jerry.</i>	<i>Crowe, Seán.</i>	
<i>Byrne, Malcolm.</i>	<i>Cullinane, David.</i>	
<i>Byrne, Thomas.</i>	<i>Cummins, Jen.</i>	
<i>Cahill, Michael.</i>	<i>Daly, Pa.</i>	
<i>Callaghan, Catherine.</i>	<i>Devine, Máire.</i>	
<i>Calleary, Dara.</i>	<i>Doherty, Pearse.</i>	
<i>Canney, Seán.</i>	<i>Donnelly, Paul.</i>	
<i>Carrigy, Micheál.</i>	<i>Ellis, Dessie.</i>	
<i>Carroll MacNeill, Jennifer.</i>	<i>Farrelly, Aidan.</i>	
<i>Cleere, Peter 'Chap'.</i>	<i>Farrell, Mairéad.</i>	
<i>Clendennen, John.</i>	<i>Fitzmaurice, Michael.</i>	
<i>Collins, Niall.</i>	<i>Gibney, Sinéad.</i>	
<i>Connolly, John.</i>	<i>Gogarty, Paul Nicholas.</i>	
<i>Cooney, Joe.</i>	<i>Gould, Thomas.</i>	
<i>Crowe, Cathal.</i>	<i>Graves, Ann.</i>	
<i>Cummins, John.</i>	<i>Guirke, Johnny.</i>	
<i>Currie, Emer.</i>	<i>Hayes, Eoin.</i>	
<i>Daly, Martin.</i>	<i>Hearne, Rory.</i>	
<i>Dempsey, Aisling.</i>	<i>Kelly, Alan.</i>	
<i>Devlin, Cormac.</i>	<i>Kenny, Martin.</i>	
<i>Dillon, Alan.</i>	<i>Kerrane, Claire.</i>	
<i>Dolan, Albert.</i>	<i>Lawless, Paul.</i>	
<i>Dooley, Timmy.</i>	<i>Lawlor, George.</i>	
<i>Feighan, Frankie.</i>	<i>Mac Lochlainn, Pádraig.</i>	
<i>Fleming, Seán.</i>	<i>McDonald, Mary Lou.</i>	
<i>Foley, Norma.</i>	<i>McGettigan, Donna.</i>	
<i>Gallagher, Pat the Cope.</i>	<i>McGuinness, Conor D.</i>	
<i>Geoghegan, James.</i>	<i>Mitchell, Denise.</i>	
<i>Grealish, Noel.</i>	<i>Murphy, Paul.</i>	
<i>Harkin, Marian.</i>	<i>Mythen, Johnny.</i>	
<i>Healy-Rae, Danny.</i>	<i>Nash, Ged.</i>	
<i>Healy-Rae, Michael.</i>	<i>Newsome Drennan, Nata- sha.</i>	
<i>Heneghan, Barry.</i>	<i>Ní Raghallaigh, Shónagh.</i>	
<i>Heydon, Martin.</i>	<i>O'Callaghan, Cian.</i>	
<i>Higgins, Emer.</i>	<i>O'Donoghue, Richard.</i>	
<i>Keogh, Keira.</i>	<i>O'Donoghue, Robert.</i>	
<i>Lahart, John.</i>	<i>O'Gorman, Roderic.</i>	
<i>Lowry, Michael.</i>	<i>O'Hara, Louis.</i>	
<i>Maxwell, David.</i>	<i>O'Reilly, Louise.</i>	
<i>McAuliffe, Paul.</i>	<i>O'Rourke, Darren.</i>	
<i>McCarthy, Noel.</i>	<i>Ó Broin, Eoin.</i>	

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<i>McConalogue, Charlie.</i>	<i>Ó Laoghaire, Donnchadh.</i>	
<i>McCormack, Tony.</i>	<i>Ó Murchú, Ruairí.</i>	
<i>McEntee, Helen.</i>	<i>Ó Snodaigh, Aengus.</i>	
<i>McGrath, Mattie.</i>	<i>Ó Súilleabháin, Fionntán.</i>	
<i>McGrath, Séamus.</i>	<i>Quaide, Liam.</i>	
<i>McGreehan, Erin.</i>	<i>Quinlivan, Maurice.</i>	
<i>Moran, Kevin Boxer.</i>	<i>Rice, Pádraig.</i>	
<i>Moynihan, Aindrias.</i>	<i>Sheehan, Conor.</i>	
<i>Moynihan, Michael.</i>	<i>Sherlock, Marie.</i>	
<i>Moynihan, Shane.</i>	<i>Smith, Duncan.</i>	
<i>Murphy, Michael.</i>	<i>Stanley, Brian.</i>	
<i>Naughton, Hildegard.</i>	<i>Tóibín, Peadar.</i>	
<i>Neville, Joe.</i>	<i>Wall, Mark.</i>	
<i>O'Brien, Darragh.</i>	<i>Ward, Mark.</i>	
<i>O'Callaghan, Jim.</i>	<i>Whitmore, Jennifer.</i>	
<i>O'Connell, Maeve.</i>		
<i>O'Dea, Willie.</i>		
<i>O'Donnell, Kieran.</i>		
<i>O'Donovan, Patrick.</i>		
<i>O'Meara, Ryan.</i>		
<i>O'Shea, John Paul.</i>		
<i>O'Sullivan, Christopher.</i>		
<i>O'Sullivan, Pádraig.</i>		
<i>Ó Cearúil, Naoise.</i>		
<i>Ó Fearghail, Seán.</i>		
<i>Ó Muirí, Naoise.</i>		
<i>Richmond, Neale.</i>		
<i>Roche, Peter.</i>		
<i>Scanlon, Eamon.</i>		
<i>Smith, Brendan.</i>		
<i>Smyth, Niamh.</i>		
<i>Timmins, Edward.</i>		
<i>Toole, Gillian.</i>		
<i>Troy, Robert.</i>		
<i>Ward, Barry.</i>		

Tellers: Tá, Deputies Mary Butler and Emer Currie; Níl, Deputies Eoin Ó Broin and Rory Hearne.

Seanad amendment declared carried.

Seanad amendment No. 25:

New Section: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of section 144 of Act of 2000**

**18.** Section 144 of the Act of 2000 is amended, in subsection (1A), by the insertion of the following paragraph:

“(l) an application under section 44B;”.’”.

Seanad amendment agreed to.

Seanad amendment No. 26:

New Section: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of section 246 of Act of 2000**

**19.** Section 246 of the Act of 2000 is amended, in subsection (1): by the substitution of the following paragraph for paragraph (a):

“(a) the payment to planning authorities of prescribed fees in relation to applications—

(i) for permission under Part III,

(ii) for extensions or further extensions under section 42, or

(iii) under section 44B;”.’”.

Seanad amendment agreed to.

Seanad amendment No. 27:

New Section: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of Local Government Act 2001**

**20.** (1) Schedule 14A of the Local Government Act 2001 is amended, in Part 2, by the insertion of the following:

“

<i>12A</i>	<i>A decision in relation to the amendment of a local area plan that by virtue of section 81 of the Act of 2024 continues in force on and after the repeal of Part II of the Act of 2000.</i>	<i>Section 81 of the Act of 2024</i>
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(2) Schedule 7 of the Principal Act is amended by the deletion of that part of the amend-



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ment of Part 2 of Schedule 14A of the Local Government Act 2001 specified in the said Schedule 7 consisting of the following:

“

<i>12A</i>	<i>A decision in relation to the making, amendment or revocation of an urban area plan, a priority area plan or a coordinated area plan.</i>	<i>Section 74, 75 or 76 of the Act of 2024</i>
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Seanad amendment agreed to.

Seanad amendment No. 28:

New Section: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of Urban Regeneration and Housing Act 2015**

**21.** (1) Section 3 of the Urban Regeneration and Housing Act 2015 is amended by the insertion of the following definition:

“ ‘core strategy’ means a core strategy in—

(a) a development plan—

(i) continued in force by virtue of section 68 of the Act of 2024, or

(ii) prepared, or varied, in accordance with section 69 of that Act,

or

(b) an integrated overall strategy under section 43 of that Act;”.

(2) Schedule 7 of the Principal Act is amended by the deletion of that part of the amendment of section 3 of the Urban Regeneration and Housing Act 2015 specified in that Schedule consisting of the insertion of the definition of “core strategy”.

Seanad amendment agreed to.

Seanad amendment No. 29:

New Section: In page 13, between lines 30 and 31, to insert the following:

**“Amendment of Local Government (Mayor of Limerick) and Miscellaneous Provisions Act 2024**

**22.** (1) Section 29 of the Local Government (Mayor of Limerick) and Miscellaneous Provisions Act 2024 is amended, in subsection (1), by the substitution of the following definition for the definition of “Limerick City and County Development Plan”:

“ ‘Limerick City and County Development Plan’ means a development plan relating to Limerick for the time being in force—

(a) made under Chapter 5 of Part 3 of the Act of 2024,

(b) continued in force by virtue of section 68 of the Act of 2024, or

(c) prepared, or varied, in accordance with section 69 of the Act of 2024;”.

(2) Schedule 7 of the Principal Act is amended by the deletion of that part of the amendment of subsection (1) of section 29 of the Local Government (Mayor of Limerick) and Miscellaneous Provisions Act 2024 specified in that Schedule consisting of the amendment of the definition of “Limerick City and County Development Plan”.”.

Seanad amendment agreed to.

Seanad amendment No. 30:

Section 17: In page 13, line 33, to delete “commencement” and substitute “coming into operation”.

Seanad amendment agreed to.

Seanad amendment No. 31:

Section 17: In page 13, line 35, to delete “commencement” and substitute “coming into operation”.

Seanad amendment agreed to.

Seanad amendments reported.

**An Ceann Comhairle:** The agreement to the Seanad amendments is reported to the House and a message will be sent to Seanad Éireann acquainting it accordingly.

### **Message from Seanad**

**An Ceann Comhairle:** Seanad Éireann has passed the Statute Law Revision Bill 2024, without amendment.

### **Estimates for Public Services 2025: Message from Select Committee**

**An Ceann Comhairle:** The Select Committee on Climate, Environment and Energy has completed its consideration of the following Revised Estimate for Public Services for the service of the year ending on 31 December 2025: Vote 29.

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## **Estimates for Public Services 2025**

**Minister of State at the Department of the Taoiseach (Deputy Mary Butler):** I move the following Revised Estimates for Public Services 2025:

### **Vote 1 - President's Establishment (Revised Estimate)**

That a sum not exceeding €5,438,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Secretary General to the President, for certain other expenses of the President's Establishment and for certain grants.

### **Vote 2 - Department of the Taoiseach (Revised Estimate)**

That a sum not exceeding €37,314,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Department of the Taoiseach, including certain services administered by the Department and for payment of grants.

### **Vote 3 - Office of the Attorney General (Revised Estimate)**

That a sum not exceeding €25,520,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Attorney General, including a grant.

### **Vote 4 - Central Statistics Office (Revised Estimate)**

That a sum not exceeding €92,315,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Central Statistics Office.

### **Vote 5 - Office of the Director of Public Prosecutions (Revised Estimate)**

That a sum not exceeding €72,023,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Director of Public Prosecutions.

### **Vote 6 - Office of the Chief State Solicitor (Revised Estimate)**

That a sum not exceeding €53,389,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Chief State Solicitor.

### **Vote 13 - Office of Public Works (Revised Estimate)**

That a sum not exceeding €691,350,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of Public Works; for services administered by that Office and for payment of certain grants and for the recoupment of certain expenditure.

### **Vote 16 - Tailte Éireann (Revised Estimate)**

That a sum not exceeding €89,367,000 be granted to defray the charge which will come in

course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Valuation Office and certain minor services and that a sum not exceeding €479,000 be granted by way of the application for capital supply services of unspent appropriations, the surrender of which may be deferred under Section 91 of the Finance Act 2004.

**Vote 23 - An Coimisiún Toghcháin (Revised Estimate)**

That a sum not exceeding €11,618,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the An Coimisiún Toghcháin.

**Vote 26 - Education and Youth (Revised Estimate)**

That a sum not exceeding €11,798,706,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Education and Youth, for certain services administered by that Office, and for the payments of certain grants.

**Vote 29 - Climate, Energy and the Environment (Revised Estimate)**

That a sum not exceeding €973,230,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Climate, Energy and the Environment, including certain services administered by that Office, and for payment of certain grants.

**Vote 30 - Agriculture, Food and the Marine (Revised Estimate)**

That a sum not exceeding €1,733,405,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Agriculture, Food and the Marine, including certain services administered by that Office, and for payment of certain grants and subsidies and for the payment of certain grants under cash-limited schemes and the remediation of Haulbowline Island and that a sum not exceeding €31,800,000 be granted by way of the application for capital supply services of unspent appropriations, the surrender of which may be deferred under Section 91 of the Finance Act 2004.

**Vote 32 - Enterprise, Tourism and Employment (Revised Estimate)**

That a sum not exceeding €1,217,144,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Enterprise, Trade and Employment, including certain services administered by that Office, for the payment of certain subsidies and grants and for the payment of certain grants under cash-limited schemes and that a sum not exceeding €3,012,000 be granted by way of the application for capital supply services of unspent appropriations, the surrender of which may be deferred under Section 91 of the Finance Act 2004.

**Vote 33 - Culture, Communications and Sport (Revised Estimate)**

That a sum not exceeding €1,164,077,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Culture, Communications and Sport including certain services administered by that Office, and for payment of certain subsidies and grants and

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that a sum not exceeding €19,576,000 be granted by way of the application for capital supply services of unspent appropriations, the surrender of which may be deferred under Section 91 of the Finance Act 2004.

#### **Vote 34 - Housing, Local Government and Heritage (Revised Estimate)**

That a sum not exceeding €8,529,631,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Housing, Local Government and Heritage, including grants to Local Authorities, grants and other expenses in connection with housing, water services, miscellaneous schemes, subsidies, grants and payments of certain grants under cash-limited schemes.

#### **Vote 35 - Army Pensions (Revised Estimate)**

That a sum not exceeding €324,477,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December 2025 for retired pay, pensions, compensation, allowances and gratuities payable under sundry statutes to or in respect of members of the Defence Forces and certain other Military Organisations, etc., and for sundry contributions and expenses in connection therewith; for certain extra-statutory children's allowances and other payments and for sundry grants.

#### **Vote 36 - Defence (Revised Estimate)**

That a sum not exceeding €995,054,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Defence, including certain services administered by that Office; for the pay and expenses of the Defence Forces; and for payment of certain grants.

#### **Vote 42 - Rural and Community Development and the Gaeltacht (Revised Estimate)**

That a sum not exceeding €535,444,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Rural and Community Development and the Gaeltacht including certain services administered by that Office and for the payment of grants and that a sum not exceeding €2,200,000 be granted by way of the application for capital supply services of unspent appropriations, the surrender of which may be deferred under Section 91 of the Finance Act 2004.

#### **Vote 45 - Further and Higher Education, Research, Innovation and Science (Revised Estimate)**

That a sum not exceeding €3,483,932,000 be granted to defray the charge which will come in course of payment during the year ending on the 31st day of December, 2025, for the salaries and expenses of the Office of the Minister for Further and Higher Education, Research, Innovation and Science for certain services administered by that Office, and for the payments of certain grants.

Votes put and agreed to.



**Planning and Development (Street Furniture Fees) Regulations 2025: Motion**

**Minister for Housing, Local Government and Heritage (Deputy James Browne):** I move:

That Dáil Éireann approves the following Regulations in draft:

Planning and Development (Street Furniture Fees) Regulations 2025,

a copy of which has been laid in draft form before Dáil Éireann on 4th July, 2025.

Question put and agreed to.

*10 o'clock*

**Aircraft Noise (Dublin Airport) Regulation (Transfer of Functions) Bill 2024: Second Stage (Resumed) [Private Members]**

**An Ceann Comhairle:** I must now deal with a postponed division relating to Second Stage of the Aircraft Noise (Dublin Airport) Regulation (Transfer of Functions) Bill 2024, taken on Thursday, 10 July 2025. On the question, “That the Bill be now read a Second Time”, a division was claimed and in accordance with Standing Order 85(2), that division must be taken now.

Question put: “That the Bill be now read a Second Time.”

<i>The Dáil divided: Tá, 69; Níl, 88; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Ahern, Ciarán.</i>	<i>Aird, William.</i>	
<i>Bacik, Ivana.</i>	<i>Ardagh, Catherine.</i>	
<i>Bennett, Cathy.</i>	<i>Boland, Grace.</i>	
<i>Buckley, Pat.</i>	<i>Brabazon, Tom.</i>	
<i>Byrne, Joanna.</i>	<i>Brennan, Brian.</i>	
<i>Carthy, Matt.</i>	<i>Brennan, Shay.</i>	
<i>Clarke, Sorca.</i>	<i>Brophy, Colm.</i>	
<i>Collins, Michael.</i>	<i>Browne, James.</i>	
<i>Connolly, Catherine.</i>	<i>Burke, Colm.</i>	
<i>Conway-Walsh, Rose.</i>	<i>Burke, Peter.</i>	
<i>Coppinger, Ruth.</i>	<i>Butler, Mary.</i>	
<i>Cronin, Réada.</i>	<i>Butterly, Paula.</i>	
<i>Crowe, Seán.</i>	<i>Buttimer, Jerry.</i>	
<i>Cullinane, David.</i>	<i>Byrne, Malcolm.</i>	
<i>Cummins, Jen.</i>	<i>Byrne, Thomas.</i>	
<i>Daly, Pa.</i>	<i>Cahill, Michael.</i>	

<i>Devine, Máire.</i>	<i>Callaghan, Catherine.</i>	
<i>Doherty, Pearse.</i>	<i>Calleary, Dara.</i>	
<i>Donnelly, Paul.</i>	<i>Canney, Seán.</i>	
<i>Ellis, Dessie.</i>	<i>Carrigy, Micheál.</i>	
<i>Farrelly, Aidan.</i>	<i>Carroll MacNeill, Jennifer.</i>	
<i>Farrell, Mairéad.</i>	<i>Cleere, Peter 'Chap'.</i>	
<i>Fitzmaurice, Michael.</i>	<i>Clendennen, John.</i>	
<i>Gibney, Sinéad.</i>	<i>Collins, Niall.</i>	
<i>Gogarty, Paul Nicholas.</i>	<i>Connolly, John.</i>	
<i>Gould, Thomas.</i>	<i>Cooney, Joe.</i>	
<i>Graves, Ann.</i>	<i>Crowe, Cathal.</i>	
<i>Guirke, Johnny.</i>	<i>Cummins, John.</i>	
<i>Hayes, Eoin.</i>	<i>Currie, Emer.</i>	
<i>Hearne, Rory.</i>	<i>Daly, Martin.</i>	
<i>Kelly, Alan.</i>	<i>Dempsey, Aisling.</i>	
<i>Kenny, Martin.</i>	<i>Devlin, Cormac.</i>	
<i>Kerrane, Claire.</i>	<i>Dillon, Alan.</i>	
<i>Lawless, Paul.</i>	<i>Dolan, Albert.</i>	
<i>Lawlor, George.</i>	<i>Dooley, Timmy.</i>	
<i>Mac Lochlainn, Pádraig.</i>	<i>Feighan, Frankie.</i>	
<i>McDonald, Mary Lou.</i>	<i>Fleming, Seán.</i>	
<i>McGettigan, Donna.</i>	<i>Foley, Norma.</i>	
<i>McGuinness, Conor D.</i>	<i>Gallagher, Pat the Cope.</i>	
<i>Mitchell, Denise.</i>	<i>Geoghegan, James.</i>	
<i>Murphy, Paul.</i>	<i>Grealish, Noel.</i>	
<i>Mythen, Johnny.</i>	<i>Harkin, Marian.</i>	
<i>Nash, Ged.</i>	<i>Healy-Rae, Danny.</i>	
<i>Newsome Drennan, Natasha.</i>	<i>Healy-Rae, Michael.</i>	
<i>Ní Raghallaigh, Shónagh.</i>	<i>Heneghan, Barry.</i>	
<i>O'Callaghan, Cian.</i>	<i>Heydon, Martin.</i>	
<i>O'Donoghue, Richard.</i>	<i>Higgins, Emer.</i>	
<i>O'Donoghue, Robert.</i>	<i>Keogh, Keira.</i>	
<i>O'Gorman, Roderic.</i>	<i>Lahart, John.</i>	
<i>O'Hara, Louis.</i>	<i>Lowry, Michael.</i>	
<i>O'Reilly, Louise.</i>	<i>Martin, Micheál.</i>	
<i>O'Rourke, Darren.</i>	<i>Maxwell, David.</i>	
<i>Ó Broin, Eoin.</i>	<i>McAuliffe, Paul.</i>	
<i>Ó Laoghaire, Donnchadh.</i>	<i>McCarthy, Noel.</i>	
<i>Ó Murchú, Ruairí.</i>	<i>McConalogue, Charlie.</i>	
<i>Ó Snodaigh, Aengus.</i>	<i>McCormack, Tony.</i>	
<i>Ó Súilleabháin, Fionntán.</i>	<i>McEntee, Helen.</i>	
<i>Quaide, Liam.</i>	<i>McGrath, Mattie.</i>	

<i>Quinlivan, Maurice.</i>	<i>McGrath, Séamus.</i>	
<i>Rice, Pádraig.</i>	<i>McGreehan, Erin.</i>	
<i>Sheehan, Conor.</i>	<i>Moran, Kevin Boxer.</i>	
<i>Sherlock, Marie.</i>	<i>Moynihan, Aindrias.</i>	
<i>Smith, Duncan.</i>	<i>Moynihan, Michael.</i>	
<i>Stanley, Brian.</i>	<i>Moynihan, Shane.</i>	
<i>Toole, Gillian.</i>	<i>Murphy, Michael.</i>	
<i>Tóibín, Peadar.</i>	<i>Naughton, Hildegard.</i>	
<i>Wall, Mark.</i>	<i>Neville, Joe.</i>	
<i>Ward, Mark.</i>	<i>O'Brien, Darragh.</i>	
<i>Whitmore, Jennifer.</i>	<i>O'Callaghan, Jim.</i>	
	<i>O'Connell, Maeve.</i>	
	<i>O'Dea, Willie.</i>	
	<i>O'Donnell, Kieran.</i>	
	<i>O'Donovan, Patrick.</i>	
	<i>O'Meara, Ryan.</i>	
	<i>O'Shea, John Paul.</i>	
	<i>O'Sullivan, Christopher.</i>	
	<i>O'Sullivan, Pádraig.</i>	
	<i>Ó Cearúil, Naoise.</i>	
	<i>Ó Fearghail, Seán.</i>	
	<i>Ó Muirí, Naoise.</i>	
	<i>Richmond, Neale.</i>	
	<i>Roche, Peter.</i>	
	<i>Scanlon, Eamon.</i>	
	<i>Smith, Brendan.</i>	
	<i>Smyth, Niamh.</i>	
	<i>Timmins, Edward.</i>	
	<i>Troy, Robert.</i>	
	<i>Ward, Barry.</i>	

Tellers: Tá, Deputies Duncan Smith and Robert O'Donoghue; Níl, Deputies Mary Butler and Emer Currie.

Question declared lost.

## **Endometriosis Care in Ireland: Motion (Resumed) [Private Members]**

The following motion was moved by Deputy Mary Lou McDonald on Tuesday, 15 July 2025:

That Dáil Éireann:

notes that:

— endometriosis is a serious, chronic inflammatory disease that affects the entire body, and it is characterised by severe pelvic pain, infertility, internal scarring (fibrosis), heavy and painful menstruation, and can cause irreversible damage to multiple organs;

— the disease primarily affects organs within the pelvic cavity, including the uterus, fallopian tubes, cervix, bladder, bowel and kidneys, and has also been found in the diaphragm, gallbladder and lungs;

— at least one in ten women in Ireland are affected, with recent global research suggesting that nearly one in six may have symptoms indicative of endometriosis; and

— it takes an average of nine years for patients to receive a formal diagnosis, resulting in prolonged suffering, permanent organ damage, and increased risk of infertility;

further notes that:

— a number of gynaecologists are striving to deliver better care, but are hindered by a lack of critical resources, including access to theatre time, specialist surgical tools and specialised training programmes in the identification and excision of endometriosis;

— for decades, endometriosis care in Ireland has failed thousands of women;

— the management of suspected cases in primary care settings is fundamentally inappropriate and delays essential intervention; and

— international best practice confirms that expert-led excision surgery remains the gold standard for long-term disease management and improved quality of life;

acknowledges that:

— the most recently published Health Service Executive (HSE) guidelines acknowledge that excision is a superior treatment for managing endometriosis;

— the disease's complexity and varied presentation require specialised expertise and training to diagnose and evaluate;

— excision surgery, involving the complete removal of endometrial lesions with clear margins, offers the most effective means of managing the disease, alongside multidisciplinary care; and

— while there is no known cure, expert surgical treatment allows many patients to regain their quality of life and functional health, with the support of multidisciplinary care teams;

recognises that:

— discussion of excision surgery as a superior treatment option in the most recent HSE treatment guidelines is a step forward;

— the HSE's supra-regional endometriosis clinics have less than 25 out of 50 posts filled across both centres;

— the ongoing neglect of endometriosis care in Ireland is emblematic of broader systemic failures in women's healthcare;

— women living with this disease continue to report being dismissed, ignored and traumatised by a health system, which they state, fails to recognise their suffering;

— the current model of care fails to account for the psychological, emotional and social toll of endometriosis, compounding the physical burden of the disease; and

— use of the outdated staging process in HSE guidelines is causing difficulties for patients and clinicians alike, and has recently been abandoned by specialists in the field; and

calls on the Government to:

— establish a state-of-the-art centre of excellence for endometriosis care staffed by multidisciplinary care teams, including specialists in endometriosis imaging, pelvic floor physiotherapy; dietetics, pain management, occupational therapy, endocrinology, fertility management, psychology and surgical specialties, including colorectal, urology and hepatology;

— immediately establish specialised imaging protocols to assist gynaecologists in identifying and mapping deep infiltrating endometriosis;

— provide upfront financial support for diagnosis and excision treatment in designated specialist centres abroad;

— end the current model which places diagnostic responsibility in primary care, and instead implement a fast-track referral system to specialist services, at home or abroad;

— consider replacing the outdated endometriosis staging system with, the Enzian score combined with the Oxford University Innovation Endometriosis Health Profile 30 questionnaire;

— develop and fund a dedicated training and incentive programme to upskill Irish surgeons in identifying the disease during surgery, and in the specialist excision techniques required to remove it; and

— launch a nationwide public health campaign to raise awareness of the diverse



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symptoms and severe impact of endometriosis, and to challenge the silence and stigma that still surround the disease.

Debate resumed on amendment No. 1:

“recognises that:

— endometriosis is one of the most common gynaecological conditions in Ireland and approximately one in ten women may have endometriosis;

— there is a wide range of symptoms associated with this condition and the burden of disease varies from person to person;

— some women may have endometriosis that goes undetected, while for others endometriosis can have a significant impact on their quality of life; and

— endometriosis is a chronic condition for which there is no definitive cure, many women with endometriosis require long-term care and treatment provided within a multidisciplinary care team;

notes that:

— the Health Service Executive established the National Women and Infants Health Programme (NWIHP) to lead the management, organisation and delivery of gynaecology services in Ireland;

— just over €5 million has been invested in developing endometriosis care and management in Ireland since 2021, and the Programme for Government commits to continue to support specialist endometriosis services;

— new development funding of €543,822 provided in Budget 2024, with full year costs of €2.175 million in 2025 is further expanding and improving these services;

— investment since 2021 has provided for 24.6 whole-time equivalent (WTE) staff;

— services are expanding as recruitment continues for a further 18.6 WTEs with the additional funding provided for this year;

— the recruitment process of these specialised posts will take time to complete;

— Ireland’s first National Framework for the Management of Endometriosis, alongside the implementation of structured care pathways is in final development;

— in March 2025, the publication of the National Clinical Practice Guideline: Assessment and Management of Endometriosis, will support the delivery of evidence-based standardised care;

— investment in endometriosis services has provided for the establishment of two supra-regional centres in Tallaght and Cork and five regional hubs, providing specialist services in each maternity network across the country;

— regional endometriosis hubs operate from the Rotunda Hospital Dublin, the

Coombe Hospital, the National Maternity Hospital (NMH), University Maternity Hospital Limerick and University Hospital Galway;

— the NWIHP has advised that all regional hub sites are taking referrals and providing treatment pathways for women affected by endometriosis, a specialist endometriosis clinic structure has been formalised in the Coombe Hospital, the Rotunda Hospital, and University Maternity Hospital Limerick;

— women are receiving care through the University Hospital Galway and the NMH regional hubs, while the formal structuring of these defined clinics is in ongoing development;

— endometriosis care is provided through multidisciplinary teams, these include consultant roles in colorectal, urology and radiology, along with women's health physiotherapists, dieticians, psychologists, specialist nurses and healthcare assistants, recruitment for these funded posts is actively ongoing to further expand specialist capacity;

— surgical treatment abroad, under the Treatment abroad scheme, is available when the necessary treatment is not available in Ireland or within the time normally necessary to get this treatment in Ireland;

— women may choose to avail of private treatment abroad; and

— women who opt for treatment abroad will be provided with ongoing care to manage their condition across the public network after they return; and

acknowledges that:

— psychologists play a key role in endometriosis care by helping patients manage chronic pain, emotional distress and the psychological impact of the condition, a psychologist has been appointed to support the supra-regional service at Cork University Maternity Hospital with further expansion of the service under consideration;

— the diagnostic criteria for endometriosis are determined by clinical experts in the field, the clinical guidelines and the framework emphasise individualised woman centred care rather than rigid staging;

— in line with clinical guidelines, general practitioners are encouraged to initiate treatment for suspected endometriosis, where symptoms persist or if symptoms are severe, timely referral to secondary care for laparoscopy is recommended;

— the NWIHP has advised that on average 72 per cent of women waiting on specialist services were seen within six months of referral;

— women affected by endometriosis may also be waiting on general gynaecology waiting lists, as of 26th June, 2025, 79 per cent of women waiting on gynaecology waiting lists are seen within six months and 97 per cent of women are seen within 12 months; and

— improvements in endometriosis care are an integral part of the overall transformation of women's healthcare included in the Programme for Government, 18

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ambulatory gynaecology ‘see and treat’ clinics are currently operational with more in development as part of the Model of Care for Ambulatory Gynaecology, six specialist menopause clinics are currently operational for women who require complex specialist care, six regional fertility hubs will provide support to the estimated 47 per cent of women with endometriosis who will also experience related fertility issues.”.

- (Minister for Health)

**An Ceann Comhairle:** I must now deal with a postponed division relating to the motion regarding endometriosis care in Ireland. On Tuesday, 15 July 2025, on the question, “That the amendment to the motion be agreed to”, a division was claimed and in accordance with Standing Order 85(2), that division must be taken now.

Amendment put:

<i>The Dáil divided: Tá, 88; Níl, 69; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aird, William.</i>	<i>Ahern, Ciarán.</i>	
<i>Ardagh, Catherine.</i>	<i>Bacik, Ivana.</i>	
<i>Boland, Grace.</i>	<i>Bennett, Cathy.</i>	
<i>Brabazon, Tom.</i>	<i>Buckley, Pat.</i>	
<i>Brennan, Brian.</i>	<i>Byrne, Joanna.</i>	
<i>Brennan, Shay.</i>	<i>Carthy, Matt.</i>	
<i>Brophy, Colm.</i>	<i>Clarke, Sorca.</i>	
<i>Browne, James.</i>	<i>Connolly, Catherine.</i>	
<i>Burke, Colm.</i>	<i>Conway-Walsh, Rose.</i>	
<i>Burke, Peter.</i>	<i>Coppinger, Ruth.</i>	
<i>Butler, Mary.</i>	<i>Cronin, Réada.</i>	
<i>Butterly, Paula.</i>	<i>Crowe, Seán.</i>	
<i>Buttimer, Jerry.</i>	<i>Cullinane, David.</i>	
<i>Byrne, Malcolm.</i>	<i>Cummins, Jen.</i>	
<i>Byrne, Thomas.</i>	<i>Daly, Pa.</i>	
<i>Cahill, Michael.</i>	<i>Devine, Máire.</i>	
<i>Callaghan, Catherine.</i>	<i>Doherty, Pearse.</i>	
<i>Calleary, Dara.</i>	<i>Donnelly, Paul.</i>	
<i>Canney, Seán.</i>	<i>Ellis, Dessie.</i>	
<i>Carrigy, Micheál.</i>	<i>Farrelly, Aidan.</i>	
<i>Carroll MacNeill, Jennifer.</i>	<i>Farrell, Mairéad.</i>	
<i>Cleere, Peter ‘Chap’.</i>	<i>Fitzmaurice, Michael.</i>	
<i>Clendennen, John.</i>	<i>Gibney, Sinéad.</i>	
<i>Collins, Niall.</i>	<i>Gogarty, Paul Nicholas.</i>	
<i>Connolly, John.</i>	<i>Gould, Thomas.</i>	
<i>Cooney, Joe.</i>	<i>Graves, Ann.</i>	
<i>Crowe, Cathal.</i>	<i>Guirke, Johnny.</i>	
<i>Cummins, John.</i>	<i>Hayes, Eoin.</i>	

<i>Currie, Emer.</i>	<i>Hearne, Rory.</i>	
<i>Daly, Martin.</i>	<i>Kelly, Alan.</i>	
<i>Dempsey, Aisling.</i>	<i>Kenny, Martin.</i>	
<i>Devlin, Cormac.</i>	<i>Kerrane, Claire.</i>	
<i>Dillon, Alan.</i>	<i>Lawless, Paul.</i>	
<i>Dolan, Albert.</i>	<i>Lawlor, George.</i>	
<i>Dooley, Timmy.</i>	<i>Mac Lochlainn, Pádraig.</i>	
<i>Feighan, Frankie.</i>	<i>McDonald, Mary Lou.</i>	
<i>Fleming, Seán.</i>	<i>McGettigan, Donna.</i>	
<i>Foley, Norma.</i>	<i>McGrath, Mattie.</i>	
<i>Gallagher, Pat the Cope.</i>	<i>McGuinness, Conor D.</i>	
<i>Geoghegan, James.</i>	<i>Mitchell, Denise.</i>	
<i>Grealish, Noel.</i>	<i>Murphy, Paul.</i>	
<i>Harkin, Marian.</i>	<i>Mythen, Johnny.</i>	
<i>Healy-Rae, Danny.</i>	<i>Nash, Ged.</i>	
<i>Healy-Rae, Michael.</i>	<i>Newsome Drennan, Natasha.</i>	
<i>Heneghan, Barry.</i>	<i>Ní Raghallaigh, Shónagh.</i>	
<i>Heydon, Martin.</i>	<i>O'Callaghan, Cian.</i>	
<i>Higgins, Emer.</i>	<i>O'Donoghue, Richard.</i>	
<i>Keogh, Keira.</i>	<i>O'Donoghue, Robert.</i>	
<i>Lahart, John.</i>	<i>O'Gorman, Roderic.</i>	
<i>Lowry, Michael.</i>	<i>O'Hara, Louis.</i>	
<i>Martin, Micheál.</i>	<i>O'Reilly, Louise.</i>	
<i>Maxwell, David.</i>	<i>O'Rourke, Darren.</i>	
<i>McAuliffe, Paul.</i>	<i>Ó Broin, Eoin.</i>	
<i>McCarthy, Noel.</i>	<i>Ó Laoghaire, Donnchadh.</i>	
<i>McConalogue, Charlie.</i>	<i>Ó Murchú, Ruairí.</i>	
<i>McCormack, Tony.</i>	<i>Ó Snodaigh, Aengus.</i>	
<i>McEntee, Helen.</i>	<i>Ó Súilleabháin, Fionntán.</i>	
<i>McGrath, Séamus.</i>	<i>Quaide, Liam.</i>	
<i>McGreehan, Erin.</i>	<i>Quinlivan, Maurice.</i>	
<i>Moran, Kevin Boxer.</i>	<i>Rice, Pádraig.</i>	
<i>Moynihan, Aindrias.</i>	<i>Sheehan, Conor.</i>	
<i>Moynihan, Michael.</i>	<i>Sherlock, Marie.</i>	
<i>Moynihan, Shane.</i>	<i>Smith, Duncan.</i>	
<i>Murphy, Michael.</i>	<i>Stanley, Brian.</i>	
<i>Naughton, Hildegard.</i>	<i>Tóibín, Peadar.</i>	
<i>Neville, Joe.</i>	<i>Wall, Mark.</i>	
<i>O'Brien, Darragh.</i>	<i>Ward, Charles.</i>	
<i>O'Callaghan, Jim.</i>	<i>Ward, Mark.</i>	
<i>O'Connell, Maeve.</i>	<i>Whitmore, Jennifer.</i>	
<i>O'Dea, Willie.</i>		

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<i>O'Donnell, Kieran.</i>		
<i>O'Donovan, Patrick.</i>		
<i>O'Meara, Ryan.</i>		
<i>O'Shea, John Paul.</i>		
<i>O'Sullivan, Christopher.</i>		
<i>O'Sullivan, Pádraig.</i>		
<i>Ó Cearúil, Naoise.</i>		
<i>Ó Fearghail, Seán.</i>		
<i>Ó Muirí, Naoise.</i>		
<i>Richmond, Neale.</i>		
<i>Roche, Peter.</i>		
<i>Scanlon, Eamon.</i>		
<i>Smith, Brendan.</i>		
<i>Smyth, Niamh.</i>		
<i>Timmins, Edward.</i>		
<i>Toole, Gillian.</i>		
<i>Troy, Robert.</i>		
<i>Ward, Barry.</i>		

Tellers: Tá, Deputies Mary Butler and Emer Currie; Níl, Deputies Pádraig Mac Lochlainn and Denise Mitchell.

Amendment declared carried.

Question put: "That the motion, as amended, be agreed to."

<i>The Dáil divided: Tá, 88; Níl, 69; Staon, 0.</i>		
<i>Tá</i>	<i>Níl</i>	<i>Staon</i>
<i>Aird, William.</i>	<i>Ahern, Ciarán.</i>	
<i>Ardagh, Catherine.</i>	<i>Bacik, Ivana.</i>	
<i>Boland, Grace.</i>	<i>Bennett, Cathy.</i>	
<i>Brabazon, Tom.</i>	<i>Buckley, Pat.</i>	
<i>Brennan, Brian.</i>	<i>Byrne, Joanna.</i>	
<i>Brennan, Shay.</i>	<i>Carthy, Matt.</i>	
<i>Brophy, Colm.</i>	<i>Clarke, Sorca.</i>	
<i>Browne, James.</i>	<i>Connolly, Catherine.</i>	
<i>Burke, Colm.</i>	<i>Conway-Walsh, Rose.</i>	
<i>Burke, Peter.</i>	<i>Coppinger, Ruth.</i>	
<i>Butler, Mary.</i>	<i>Cronin, Réada.</i>	
<i>Butterly, Paula.</i>	<i>Crowe, Seán.</i>	



<i>Buttimer, Jerry.</i>	<i>Cullinane, David.</i>	
<i>Byrne, Malcolm.</i>	<i>Cummins, Jen.</i>	
<i>Byrne, Thomas.</i>	<i>Daly, Pa.</i>	
<i>Cahill, Michael.</i>	<i>Devine, Máire.</i>	
<i>Callaghan, Catherine.</i>	<i>Doherty, Pearse.</i>	
<i>Calleary, Dara.</i>	<i>Donnelly, Paul.</i>	
<i>Canney, Seán.</i>	<i>Ellis, Dessie.</i>	
<i>Carrigy, Micheál.</i>	<i>Farrelly, Aidan.</i>	
<i>Carroll MacNeill, Jennifer.</i>	<i>Farrell, Mairéad.</i>	
<i>Cleere, Peter 'Chap'.</i>	<i>Fitzmaurice, Michael.</i>	
<i>Clendennen, John.</i>	<i>Gibney, Sinéad.</i>	
<i>Collins, Niall.</i>	<i>Gogarty, Paul Nicholas.</i>	
<i>Connolly, John.</i>	<i>Gould, Thomas.</i>	
<i>Cooney, Joe.</i>	<i>Graves, Ann.</i>	
<i>Crowe, Cathal.</i>	<i>Guirke, Johnny.</i>	
<i>Cummins, John.</i>	<i>Hayes, Eoin.</i>	
<i>Currie, Emer.</i>	<i>Hearne, Rory.</i>	
<i>Daly, Martin.</i>	<i>Kelly, Alan.</i>	
<i>Dempsey, Aisling.</i>	<i>Kenny, Martin.</i>	
<i>Devlin, Cormac.</i>	<i>Kerrane, Claire.</i>	
<i>Dillon, Alan.</i>	<i>Lawless, Paul.</i>	
<i>Dolan, Albert.</i>	<i>Lawlor, George.</i>	
<i>Dooley, Timmy.</i>	<i>Mac Lochlainn, Pádraig.</i>	
<i>Feighan, Frankie.</i>	<i>McDonald, Mary Lou.</i>	
<i>Fleming, Seán.</i>	<i>McGettigan, Donna.</i>	
<i>Foley, Norma.</i>	<i>McGrath, Mattie.</i>	
<i>Gallagher, Pat the Cope.</i>	<i>McGuinness, Conor D.</i>	
<i>Geoghegan, James.</i>	<i>Mitchell, Denise.</i>	
<i>Grealish, Noel.</i>	<i>Murphy, Paul.</i>	
<i>Harkin, Marian.</i>	<i>Mythen, Johnny.</i>	
<i>Healy-Rae, Danny.</i>	<i>Nash, Ged.</i>	
<i>Healy-Rae, Michael.</i>	<i>Newsome Drennan, Nata-sha.</i>	
<i>Heneghan, Barry.</i>	<i>Ní Raghallaigh, Shónagh.</i>	
<i>Heydon, Martin.</i>	<i>O'Callaghan, Cian.</i>	
<i>Higgins, Emer.</i>	<i>O'Donoghue, Richard.</i>	
<i>Keogh, Keira.</i>	<i>O'Donoghue, Robert.</i>	
<i>Lahart, John.</i>	<i>O'Gorman, Roderic.</i>	
<i>Lowry, Michael.</i>	<i>O'Hara, Louis.</i>	
<i>Martin, Micheál.</i>	<i>O'Reilly, Louise.</i>	
<i>Maxwell, David.</i>	<i>O'Rourke, Darren.</i>	
<i>McAuliffe, Paul.</i>	<i>Ó Broin, Eoin.</i>	
<i>McCarthy, Noel.</i>	<i>Ó Laoghaire, Donnchadh.</i>	

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<i>McConalogue, Charlie.</i>	<i>Ó Murchú, Ruairí.</i>	
<i>McCormack, Tony.</i>	<i>Ó Snodaigh, Aengus.</i>	
<i>McEntee, Helen.</i>	<i>Ó Súilleabháin, Fionntán.</i>	
<i>McGrath, Séamus.</i>	<i>Quaide, Liam.</i>	
<i>McGreehan, Erin.</i>	<i>Quinlivan, Maurice.</i>	
<i>Moran, Kevin Boxer.</i>	<i>Rice, Pádraig.</i>	
<i>Moynihan, Aindrias.</i>	<i>Sheehan, Conor.</i>	
<i>Moynihan, Michael.</i>	<i>Sherlock, Marie.</i>	
<i>Moynihan, Shane.</i>	<i>Smith, Duncan.</i>	
<i>Murphy, Michael.</i>	<i>Stanley, Brian.</i>	
<i>Naughton, Hildegard.</i>	<i>Tóibín, Peadar.</i>	
<i>Neville, Joe.</i>	<i>Wall, Mark.</i>	
<i>O'Brien, Darragh.</i>	<i>Ward, Charles.</i>	
<i>O'Callaghan, Jim.</i>	<i>Ward, Mark.</i>	
<i>O'Connell, Maeve.</i>	<i>Whitmore, Jennifer.</i>	
<i>O'Dea, Willie.</i>		
<i>O'Donnell, Kieran.</i>		
<i>O'Donovan, Patrick.</i>		
<i>O'Meara, Ryan.</i>		
<i>O'Shea, John Paul.</i>		
<i>O'Sullivan, Christopher.</i>		
<i>O'Sullivan, Pádraig.</i>		
<i>Ó Cearúil, Naoise.</i>		
<i>Ó Fearghaíl, Seán.</i>		
<i>Ó Muirí, Naoise.</i>		
<i>Richmond, Neale.</i>		
<i>Roche, Peter.</i>		
<i>Scanlon, Eamon.</i>		
<i>Smith, Brendan.</i>		
<i>Smyth, Niamh.</i>		
<i>Timmins, Edward.</i>		
<i>Toole, Gillian.</i>		
<i>Troy, Robert.</i>		
<i>Ward, Barry.</i>		

Tellers: Tá, Deputies Mary Butler and Emer Currie; Níl, Deputies Pádraig Mac Lochlainn and Denise Mitchell.

Question declared carried.

*Dáil Éireann*

Cuireadh an Dáil ar athló ar 10.25 p.m. go dtí 8.47 a.m., Déardaoin, an 17 Iúil 2025.

The Dáil adjourned at 10.25 p.m. until 8.47 a.m. on Thursday, 17 July 2025.