



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

TUAIRISC OIFIGIÚIL—Neamhcheartaithe
(OFFICIAL REPORT—Unrevised)

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DÁIL ÉIREANN

Déardaoín, 9 Iúil 2026

Thursday, 9 July 2026

Chuaigh an Cathaoirleach Gníomhach (Deputy David Maxwell) i gceannas ar 8.47 a.m.

Paidir agus Machnamh.

Prayer and Reflection.

Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions

Inshore Fisheries

1. **Deputy Pádraig Mac Lochlainn** asked the Minister for Agriculture, Food and the Marine if he will work with the representatives of inshore fishermen to introduce an inshore fisheries stabilisation and climate adaptation scheme. [51707/26]

Deputy Conor D. McGuinness: I put this question on behalf of my colleague, Deputy Mac Lochlainn, who is otherwise detained this morning. Ireland's inshore fishing fleet is facing an emergency. Rising costs, shrinking quotas and climate-driven weather losses are pushing family fishing businesses to the brink. The National Inshore Fishermen's Association, NIFA, has produced a practical and affordable proposal for an inshore fisheries stabilisation and climate adaptation scheme. Does the Minister of State consider it is may be time to stop commissioning further reports and commit to working directly with NIFA to deliver targeted supports before more boats leave our harbours and are tied up?

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Timmy Dooley): I have met the National Inshore Fishermen's Association and other representatives of the inshore sector and I am aware of the challenges facing the inshore fisheries sector. I am taken by its resilience and capacity to manage through difficult times. I am fully aware of the concerns raised. However, Ireland's current €258 million Seafood Development Programme 2021-2027, which is co-funded by the Government and the European Commission under the European Maritime, Fisheries and Aquaculture Fund, EMFAF, is the primary source of funding for the Irish commercial seafood sector. including the inshore sector.

The Department has reviewed all funding mechanisms available, either through the seafood development programme or other state aid routes to ascertain if there is a possibility of introducing a financial stabilisation scheme for inshore fishermen. Ireland, as an EU member state, is required to comply with the state aid regulations and the European Commission

oversees the application of state aid rules among member states. Failure to comply with state aid rules, such as a failure to provide notification to the European Commission or implementing the aid without approval, can result in the member state being required to recover any aid provided. These rules also provide for added interest to be applied. Article 107(1) of the Treaty on the Functioning of the European Union defines state aid as any aid granted by a member state, or through state resources in any form whatsoever, which distorts or threatens to distort competition by favouring certain undertakings or the production of certain goods. Articles 107(2) and 107(3) provide for exceptions where state aid can be compatible with the Internal Market, such as aid to promote regional economic development, as well as research and innovation. Most state aid has the potential to disrupt trade within the EU.

As the managing authority for the EMFAF programme in Ireland, there is a range of projects and industry supports to the inshore sector, provided by agencies of the Department under the programme. These include the small-scale coastal fisheries scheme; the inshore fisheries conservation scheme - the v-notching programme; the seafood training scheme; and the seafood capacity building scheme. In addition to these, a scheme specifically for the inshore fleet was implemented in 2024 and 2025 under the seafood development programme.

Deputy Conor D. McGuinness: I expected that the Minister of State would refer to state aid rules and how they might prevent this, but I do not believe that argument stands up. I acknowledge the work of NIFA and the inshore sector in producing these reports. NIFA has appeared before the Joint Committee on Fisheries and Maritime Affairs and has been engaging with Deputy Mac Lochlainn and others for a long time. The truth is that the industry is in crisis and has been under pressure for many years. There is a level of deterioration. The Minister of State knows the European Commission can approve a derogation from state aid rules. It has done so for the vessel fuel supports and in many other cases. I believe if this were affecting another primary producing sector and impacting dairy, tillage or beef production, the Government would already have sought that derogation. However, because it involves fishermen, and the inshore sector in particular, the Minister of States is pre-empting what the Commission may say to us if we were to ask. He must not hide behind what the Commission may say. Instead, he needs to argue and make the case for a derogation from state aid rules in order that this urgent financial assistance can be provided. If that means declaring an emergency and owning up to the fact that the fisheries sector is in crisis, then let us do that.

Deputy Timmy Dooley: In my initial answer to the Deputy's question, I wanted to set out the parameters under which future decisions might be taken or any work done. I will continue to engage with Committee on Fisheries and Maritime Affairs in that regard. We have a clear policy position to support the inshore sector. That is why, by October of this year, there will be a total ban on trawling within the six-mile limit on vessels above 18 m to ensure the improved viability of the inshore sector. It is not as if the Government, the Minister, Deputy Heydon, the Minister of State, Deputy Collins, and I are standing back from our responsibility. We recognise there is a crisis. We are doing everything in our power and have not at all ruled out the possibility of putting a case to the European Union or the Commission in due course. That has to be appropriately thought through and structured. We have appointed an independent chair, Michael Berkery, under the Food Vision programme to do a full analysis of market conditions as a result of quota loss, etc. When that report comes through we will make further determinations based on its findings.

Deputy Conor D. McGuinness: I also note the publication of the Mulvey report this week. It is underwhelming and there is not an expectation in the sector that the Berkery report will move this on much further, but that remains to be seen. My call to the Minister of State is that he and this Government accept that the inshore sector is facing an emergency and, based on that, they should now go and make the case to Brussels. Work can be done on other issues, such as quota, access and a fair proportion of fishing opportunity. This is about keeping the industry afloat. The industry is on its knees and has been facing a slow deterioration as a result of policy and inequity driven by Brussels over many years. It is now at a point from which it may never return. We may lose our inshore sector unless it gets direct financial assistance. It is important to note that the sector never came looking for anything from the State aside from fair access to our waters. Now, when it does come looking it is told to wait for a second report, after which the Government might make a case to Europe. As I said, if this were any other primary producing sector, the Minister of State would be in Brussels now making the case for derogation. That needs to happen.

Deputy Timmy Dooley: The Berkery report will be published shortly. That report was guided by the exceptional crisis arising from the significant loss in quota as a result of the scientific advice of last year. That is the direct response. The Mulvey report was broad based. It set out to ascertain where the sector is at, so it had a different requirement from the Berkery report.

I will set out what is happening at European level. An evaluation was done of the Common Fisheries Policy. Our preferred option is that we now move to a significant review of the CFP. It is in that context that European agreement can be reached on addressing certain crises. Based on our experience, the Minister and I feel that were Ireland to put a proposal on its own, without the support of other member states, it might not land in the way we want. This is not just about making a request without having our homework done. It requires quite a bit of negotiation to secure broader support across the Union in order to effect necessary changes in the Common Fisheries Policy that address the kinds of requests that are coming. I fully understand the basis for that request and the need to address the viability of the inshore sector.

Horticulture Sector

2. **Deputy Robert O'Donoghue** asked the Minister for Agriculture, Food and the Marine to support the growth of Ireland's horticulture sector in budget 2027 (details supplied). [52390/26]

Deputy Robert O'Donoghue: Budget 2027 needs to support the growth of Ireland's horticulture sector through targeted investment in growers and targeted supports to attract new growers and encourage generational renewal. Investment in start-up grants, financial assistance with access to land, investment in education and training to upskill our workforce, investment in mentoring, and capital supports will help remove barriers to entry to the sector. Supporting new entrants is critical to maintaining domestic food production, driving innovation and delivering the ambitions of the National Strategy for Horticulture 2023–2027.

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Niall Collins): The Irish horticulture sector provides locally grown, quality food and plants and plays

a crucial role in supporting the economy. The farm gate value of the sector in 2025 was €652 million, with an estimated 18,000 jobs at both primary and value-added levels. The National Strategy for Horticulture 2023-2027 sets out a clear vision to grow a more profitable value-added sector, driven by innovation and sustainability, and provides a roadmap for the sector to achieve this potential. It outlines eight key strategic actions to drive change and growth across all subsectors of horticulture, including attracting new entrants to the sector.

The Government provides significant support to deliver on the implementation of this strategy, through a range of supports and initiatives underpinning the sector's resilience, competitiveness and long-term sustainability. This includes a scheme of investment aid for the development of the commercial horticulture sector, which provides grant aid to horticulturists towards capital investments in specialised plant and equipment, as well as technology adoption specific to commercial horticulture production. The scheme covers all horticultural areas, including field vegetables, which includes seed potatoes, mushrooms, protected food crops, amenity crops, soft fruit, top fruit and beekeeping.

The scheme of investment aid for innovation and diversification in the horticulture sector and the scheme of aid for innovation and diversification in horticulture capital investments are designed to assist horticulturists in increasing innovation and diversification activities in the sector.

Changes in the eligibility requirements around young farmers in the horticulture capital investment schemes have meant that more young growers have been able to access higher rates of grant aid, thereby encouraging generational renewal.

Recognising that the future success of the sector depends on developing a strong skills and talent pipeline, a horticulture education review report was published in 2025 under key strategic action 4 of the national strategy.

Deputy Robert O'Donoghue: Horticulture is under enormous pressure. We are facing some of the most serious challenges we have seen in years, including increased input costs, energy costs and labour costs. We are still importing fruit and vegetables that we could grow ourselves. I live in north County Dublin, the market garden capital of Ireland. We produce approximately 47% of Ireland's field vegetables. We need to keep supporting the sector. We cannot allow it to shrink further. There are huge opportunities in horticulture; we just need to unlock them.

I know first-hand the hard work involved in growing. I picked and packed every fruit and vegetable under the sun in Rush and Lusk. Many of the 18,000 jobs the Minister of State mentioned are in my constituency in north County Dublin. If we are serious about food security, rural employment and supporting Irish growers, then we must give the horticulture sector the support it needs and deserves in order for it to survive and thrive.

Deputy Niall Collins: The Deputy mentioned the significant challenge in relation to labour for growers, specifically relating to seasonal workers. A seasonal employment permit pilot scheme took place in 2025 for those sectors in horticulture with a seasonal need for more employees. The Department of Enterprise, Tourism and Employment carried out an evaluation of the pilot, which was published on 9 June. The recommendations in the report are to initiate a phase 2 pilot to fully test the scheme. It is recommended this pilot again be in the horticulture

sector, taking into account the learnings from the initial pilot, and that it be initiated in quarter 3 2026 with a view to preparing for the 2027 season.

Deputy Robert O'Donoghue: I welcome phase 2 of the pilot. We have a problem in that the average age of growers is probably over 60. We need targeted supports to encourage new entrants and generational renewal in the sector. Horticultural is a viable career but we need to expand the horticultural apprentice scheme and invest in our youth.

Finally, the Minister of State and I will agree that we all need to buy more Irish produce. We need to strengthen the policy on identifying Irish produce. We need better regulation of labelling. If we do this, the consumer can make more informed choice by buying Irish, supporting local growers and sustaining the industry.

Deputy Niall Collins: The strategy to grow the horticulture sector is set out in our National Strategy for Horticulture 2023-2027. That sets out a clear vision to grow a more profitable, value-added sector, driven by innovation and sustainability, and to provide a roadmap for the sector to achieve this potential. The strategy outlines eight key strategic actions to drive change and growth across all subsectors. The strategy has had its mid-term review and was published in the final quarter of last year. Good progress has been made on the key actions.

The Deputy raised encouraging new growers into the sector. One of the strategic actions contained in the strategy focuses on education and addressing the challenges of attracting new entrants to the sector to maximise opportunities. Recent changes to eligibility requirements for young farmers in the horticulture capital support schemes have meant a great number of growers have been able to access higher rates of grant aid available to younger farmers and growers.

Common Agricultural Policy

3. **Deputy Martin Kenny** asked the Minister for Agriculture, Food and the Marine if he will provide an update on CAP negotiations and specifically in relation to coupled payments and the future of entitlements. [52240/26]

Deputy Martin Kenny: I want to find out what is happening in regard to CAP. We want to see if there is any progress in relation to the proposed budget and retaining the Pillar 1 and Pillar 2 structure which has served Ireland well up to now. During Ireland's Presidency, how much progress can we realistically make towards securing a full and proper budget which will sustain Irish farmers and European agriculture?

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Martin Heydon): In the time allotted to us, I would say we will not be able to cover everything in CAP. To take the last point first, the budget is everything. While it is not part of my negotiations as chair of the AGRIFISH Council, it is a key focus of the Irish Presidency. Working with the Taoiseach, the Tánaiste and all colleagues across government, we will be looking to significantly progress negotiations on the multi-annual financial framework, MFF, and will work with member states in that regard. I want to progress as many files as I can and progress the Council's position on as many positions as possible, ideally agreeing a partial

general approach across the 27 member states so that the Council's position will be locked in. We cannot get to a full agreed general approach unless the budget is agreed because we need the figures as part of that. Getting the full general approach is out of our control but we hope to get as close as possible to an agreed Council position across all issues so that the position is set for the trilogues, which are the negotiations between the Commission's proposals, the Parliament's proposals and our own proposals.

Negotiations on the post-2027 Common Agricultural Policy are progressing well. Progress was made under the Danish and Cyprus Presidencies, with discussions now increasingly focused on the remaining political and technical issues regarding the CAP regulation. During its Presidency of the Council of the European Union, Ireland's role will be to facilitate negotiations, build consensus among member states and act as an honest broker in advancing the discussions.

In relation to income support, the Commission's proposals continue to provide for the use of coupled payments under the future CAP, where this is justified. Ireland could, for example, continue operating coupled income support in the same way as under the current CAP strategic plan, where protein aid is paid as a coupled payment. That is an example of that but there are a number of elements and what happens with them - like in relation to entitlements, which I can expand on in a minute - will determine whether coupled payments would work or will be needed.

Deputy Martin Kenny: I appreciate that but negotiations can only get you so far when you do not have the budget. We need to secure the budget and that is why I want to focus on that more than anything. Over six months of the Presidency, we need to secure that and get agreement on an increased budget. A decrease of approximately 20% will be devastating for Irish agriculture and for many sectors.

I am thinking of the suckler sector in my area, which really depends on these funds. If these funds are cut, it will have a detrimental effect on this industry and on many other sectors across agriculture. What we need to get down to here is whether the Minister is saying to me that we will have an increase in the budget and that Ireland will be able to secure it in the term of the Presidency. The Minister is smiling as if I am asking whether he has a crystal ball but what we need to know is how determined we are to ensure this can happen and what are the indications coming from other member states in respect of it. Is the Minister up against it or is there openness to trying to progress an increased budget for CAP?

Deputy Martin Heydon: It is fair to say that across the AGRIFISH Council, all of the Ministers for agriculture and fisheries want to see the maximum budget for the next Common Agricultural Policy and the next Common Fisheries Policy. That is obviously what we would expect. At the last Council meeting, I made the point to Ministers for agriculture that we need to go back and make sure, in every member state, that if the minister for agriculture is saying this, then the minister for finance and Prime Minister should also be saying it at the European Council, ECOFIN and all of the other Councils. The Tánaiste is in Brussels today and tomorrow on this.

In this regard, the Irish Government is four-square behind the approach of maximising the funding for the CAP. Other governments have different approaches. There are the countries

traditionally known as the frugals, which are concerned about the size of the budget and want it to be less. Many countries, in eastern Europe in particular, are demanding that a larger allocation of the spend goes to the area of defence than has been the case historically. There are also many countries saying they are not able to pay more in. There are a lot of competing demands, which is why I have positioned food security and funding for the CAP, not as distinct and in opposition to the request for more money for defence, but as complementing it because food security is an integral part of the question of security.

Deputy Martin Kenny: I appreciate that and food security is certainly central to this. Every time somebody from the European Commission speaks, they talk about security but as we know with the various conflicts, and we have seen what is happening again in Iran, primary to security in Europe will be food security. We need to focus on ensuring we keep our agricultural sector vibrant and producing. If we do not do so, we will have a food security problem. To go back to the other issues with the Pillar 1 and Pillar 2 structure, and the possibility of more coupling and what sectors this may impact, where does the Minister feel this will move? In what direction are we moving?

Deputy Martin Heydon: To go back to the broader point about the funding, the ring-fenced budget is 76% of the past seven years. It is not enough. It is not nearly enough for what we need, what our ambitions are and what we want to do over the next seven years to support the agriculture, food and fisheries sectors. In terms of the mechanics of how we do this, we have the €45 million that President von der Leyen brought forward as a proposal in January. We have conditionality through the national regional partnership plan, NRPP, structure around a certain amount having to go to social cohesion. There is more money to be chased in terms of the overall pot but there is conditionality around it. This is where I am talking about flexibility and member states having the flexibility to be able to access it. This is about us being able to access additional money to increase that percentage. I am working with colleagues across member states to be able to do that.

In terms of the point on coupled payments, this is directly linked to what happens with entitlements. Right now, there is no provision for entitlements. Pillar 1 and Pillar 2 are gone and the NRPP structure is here to stay. I do not think farmers could really tell us what pillar their payment came from; they just know what is important about it. We have to work within the mechanisms. I am happy that in recent times, under the Cyprus Presidency, we did get a number of decisions made, such as on active farming, under the CAP regulation and not the NRPP regulation, which means it will be the agriculture ministers deciding, which is very important.

Defective Building Materials

4. **Deputy Charles Ward** asked the Minister for Agriculture, Food and the Marine whether he will consider introducing supports for farm buildings or agricultural buildings impacted by defective concrete; and if he will make a statement on the matter. [52560/26]

Deputy Charles Ward: Will the Minister consider supporting farm agricultural buildings impacted by defective concrete? We are seeing a rise in the number of these buildings.

Defective concrete has no discriminating factors. It is in tanks, slurry tanks and farm buildings. That is often overlooked as part of the defective concrete crisis. The impact on these buildings, particularly the environmental impacts on slurry tanks and cattle sheds, is disastrous for farmers. The crisis does not discriminate. We need a multi-departmental approach to this. It should not just be the Department of housing.

Deputy Martin Heydon: I thank Deputy Ward for raising this point. The targeted agriculture modernisation scheme, TAMS, 3 is a key element of the current CAP strategic plan and provides grants to farmers to invest in their farm businesses through building and-or improving a specified range of farm buildings and equipment on their holdings.

Regulation (EU) 2021/2115, which establishes rules on support for strategic plans to be drawn up by member states under the Common Agricultural Policy, stipulates that support measures must be linked to climate, environment and animal welfare and the economic sustainability of the agriculture sector is to be ensured. However, each member state is given the flexibility to decide on what measures and investments best support these objectives. Following wide consultation with stakeholders as part of the consultation process in advance of the submission of Ireland's current CAP strategic plan, a comprehensive list of investment items has been provided for under TAMS 3. However, support related to farm or agriculture buildings impacted by defective concrete was not included in the list of measures available in the TAMS 3 scheme.

It is important to highlight that TAMS 3 has been extremely successful, with huge interest from farmers. My Department has issued almost 50,000 approvals, allowing farmers to proceed with their investments. Payments of over €172 million have already issued to farmers to support the investments they have made in their farm businesses. However, as TAMS 3 is a demand-led scheme with a defined allocated budget, the huge uptake to date has meant the application of ranking and selection approval of only a certain percentage of applications for certain measures in recent TAMS application tranches. This has had to be applied to manage the available budget for TAMS 3.

As the current CAP strategic plan is at such an advanced stage - it ends in 2027 - it will not be possible to add new investment measures to the current programme. However, I will ensure that the list of investment items will continue to be reviewed on a regular basis and to inform consideration of any new investment support scheme which may be developed for the CAP post 2027. Like everything else, in terms of the discussion we have just had on the budget, the available budget will determine whether we will be able to have a TAMS or what a TAMS will look like the next time.

Deputy Charles Ward: When we talk about defective concrete the national conversation quite rightly centres on family homes, but across rural Ireland the same materials were used in farm sheds, milking parlours, storage units, boundary walls and, critically, slurry tanks. They are not minor structures but central to functioning farms, animal welfare and environmental protection. The environmental impact is serious. There are failing slurry tanks, structural issues and environmental risks throughout the country. What makes the situation more difficult is that there are schemes for homes but there is absolutely nothing for farmers. Farmers are effectively left on their own and they are having a tremendously difficult time. The gap in

policy is becoming more visible the more rural farmers are coming into this. They feel abandoned. What are we going to do to address this increasing gap?

Deputy Martin Heydon: Whether it is farmers with particular issues that are leading to environmental issues or issues with structures that need to be replaced, we are very lucky to have capital support in agriculture. I really believe in our TAMS structure. For me, the targeted agriculture modernisation scheme gets to the heart of generation renewal and hits the issues of climate, environment and animal welfare. The scheme is demand-led and entirely voluntary for farmers but the measures provide grants for capital investment in physical assets to assist the Irish agriculture sector to respond to a range of policy challenges and measures. Grant aid is available for qualified applicants. There are 11 different headings for TAMS. This is what exists at the minute. As I said, the scheme is greatly oversubscribed and there is massive demand for it. It has been secured for the period from 2023 to 2027, with €370 million available under 11 different headings - I will not list them as time is up - under which capital investment can be made on farms. This is available to all farmers, including farmers in Donegal.

Deputy Charles Ward: During the Celtic tiger construction boom, Ireland experienced unprecedented building activity. Rural development schemes, farm modernisation grants and many co-funded EU agricultural and rural development programmes supported investment in farm infrastructure. The funding itself was legitimate and well-intentioned but the materials used in these construction projects on farms were defective concrete materials. We are talking about thousands of buildings potentially affected. What is clear is that the State is now facing long-term liability for construction decisions made during this period of weak regulation and no oversight. Rapidly developing issues are constantly coming forward.

Will the Minister ask the Minister for housing to include agricultural buildings in the remediation scheme? Are any EU grants available to remediate these buildings?

Deputy Martin Heydon: The answer to the second question is that I am not aware of them, if they do exist. I am happy to talk to the Minister for housing, who regularly brings updates on the defective blocks scheme to Cabinet. The Government is using billions of euro of taxpayers' money to support the very people the Deputy is talking about in terms of their family homes and the awful blight that has happened to people because of defective blocks. While the issue first arose in Donegal, Mayo and the wider west, we are now seeing memos come to Cabinet about Carlow, Meath and places like that, and the challenge this has caused for people's homes.

As I said, I am happy to discuss this with Deputy Browne, as the Minister with responsibility in that area, and on the construction side of things. From my perspective, I stand here as the Minister for agriculture and our Department is investing very heavily in supporting farmers to improve, enhance and invest in capital infrastructure for a variety of very good reasons, from farm safety to supporting farmers. Obviously, that will also aid and impact the climate and environment and future-proof our farms.

Bord Bia

5. **Deputy Martin Kenny** asked the Minister for Agriculture, Food and the Marine if he has engaged with the board of Bord Bia in relation to the report on the review of governance procedures at Bord Bia; and if he will make a statement on the matter. [52241/26]

Deputy Martin Kenny: What engagement has the Minister had with Bord Bia in relation to the report on the review of governance procedures in that organisation? Farmers and farmer organisations are still saying very clearly that this report is not adequate, that farmers do not have confidence in the chair of Bord Bia and that as long as he remains there, they will find it very difficult to have confidence in Bord Bia as an organisation that implements the quality assurance scheme. How can we finally resolve this ongoing situation?

Deputy Martin Heydon: I thank Deputy Kenny for raising this issue, which was discussed many times in this House earlier in the year.

I welcome the report following the completion of the independent governance review into the board of Bord Bia. My Department met with Governance Ireland, which carried out the independent review, and the board of Bord Bia on the day the report was published to discuss its findings and recommendations. The review made 22 recommendations, as the Deputy will be aware, many of which were aimed at strengthening Bord Bia's governance framework, identified through normal working practices and beyond. The recommendations for improvement in the report are directed at governance processes generally and board members' understanding of these processes, and not at the chair or any board member personally.

Following the publication of the report, I wrote to the chairperson of the board on 22 June 2026, requesting that the board develop a timely and effective action plan to address the recommendations in the report, and I will be seeking regular updates on its progress. I want to see these recommendations implemented and progressed. I am confident that the implementation of the recommendations from this independent review will help to further strengthen the board of Bord Bia in fulfilling its important mandate.

From the chair's perspective, the report found that, in the view of the board members, he chairs the organisation very positively. It was noted that he provides clear leadership of the board and maintains an appropriate focus on governance and strategy. Bord Bia is doing extremely important work on farmers' behalf.

The other element that came out of this issue over the last six months has been the establishment of the Bord Bia farmers forum, which had its first meeting last Monday week. One hundred quality-assured farmers were in a room discussing, debating and listening, in a two-way fashion, to Bord Bia officials regarding Origin Green and quality assurance, which delivers so much for them. All the feedback I got from that meeting, from the farmers who were at it and others, was that it was a very positive event. It is an addition to farmers' two-way engagement with Bord Bia around quality assurance, which is very much in farmers' interest.

Deputy Martin Kenny: I appreciate all that and the farmers forum is a positive advancement on things, but we are back to the problem at the very core of this issue, which is that the chair of Bord Bia has been using imported beef from Brazil as part of his mix to sell product. This is at the same time that Irish farmers, Irish consumers and European consumers have serious

difficulties with that product. The European Commission has gone so far as to ban the importation of Brazilian beef, notwithstanding the Mercosur trade agreement, and it did that because the product simply cannot meet the standards. That huge problem remains. The report does not deal with that, and that is the difficulty that farmers have here. The report has the 22 recommendations in regard to governance, but this is not actually about the governance. That was very clear from the beginning. The problem is that the chair of the organisation that is marketing Irish food globally is also using a product that flies in the face of the quality standards we have in Ireland and, indeed, he was not even a member of Origin Green.

Deputy Martin Heydon: The issues in this area have been well aired, and I am on the record of the House as having clearly outlined the facts as they are. I am not going to rehash them, but the Deputy talks about things at the heart of the matter. I will tell him what is at the heart of the matter. It is the price that farmers get for their beef, lamb, dairy produce and beyond. It is about how we can best, as a country that exports 90% of the food and drink we produce, give the best income back to our farmers.

We will discuss a range of topics here over the next hour and a half including generational renewal, supporting the sustainable income of our farmers and more. The work of Bord Bia and Origin Green is integral to that. That is what matters to farmers. We see the income volatility across our areas. We see Teagasc's farm survey reports of exceptional prices and income for most sectors last year. We saw the pressure on beef finishers at the start of this year. We now see this price strengthening and coming back great. This is directly linked to international markets. I am happy to talk about the pressure we are coming under in the British market, which is our key export market for beef and more. These are the things that matter.

Deputy Martin Kenny: Agreed.

Deputy Martin Heydon: The work of Origin Green and Bord Bia is integral to that.

Deputy Martin Kenny: Of course.

Deputy Martin Heydon: The work of the governance review has helped to strengthen that position and that work can continue.

Deputy Martin Kenny: I am not in dispute with the Minister in that respect. Nobody is. Nobody is saying that is not the situation. The problem is that credibility and authenticity are also central to people's confidence and the chair of Bord Bia has lost that confidence because of the situation whereby his companies are not part of Origin Green, a programme that the board he chairs was saying all companies that produce food in Ireland should be part of. It is part of the system we are trying to put in place, yet his company was not part of it.

Furthermore, his company was using beef imported from Brazil, which the European Commission is now saying will not even be allowed into Europe from 1 September. The argument that the chair had was that he could not market his product if he did not use Brazilian beef. Now he will not be able to use Brazilian beef because it is going to be banned. What is going to do now, not market any of the product? Nobody believed that story, and that is the

problem. It is about the authenticity of the person at the head of Bord Bia. It is not about the work that Bord Bia does, and the more the Minister keeps referring to the work Bord Bia does, how it is managing, how it is working and the good work it is doing for Irish farmers and Irish agriculture, the more he is avoiding the central point.

Deputy Martin Heydon: I am not.

Deputy Martin Kenny: You are.

Deputy Martin Heydon: I am at the heart of the central point that matters to farmers, which is the income from their produce and the structures we have in place as a State to support them and get the best return for our market value.

Deputy Martin Kenny: Deal with the point I made.

Deputy Martin Heydon: How does the Deputy think we doubled the value of Irish farmers' exports and produce, from about €10 billion in 2010 to €20.8 billion last year? We did that through the work of Origin Green, the work of our farmers and others, and the work of Bord Bia in promoting and supporting Irish agrifood businesses that are selling Irish farmers' produce and giving that best possible price return to our farmers.

We also have to look at the threats in the future. My job is not just to sit here and have Deputy Kenny tell me what the priorities are, with which I disagree. He tells me that confidence is gone, whereas the report says the vast majority of the board are very satisfied with the chair's position.

Deputy Martin Kenny: The report did not look at what it was meant to look at.

Deputy Martin Heydon: I also have to look at the threats here, which include the UK post Brexit, the deals it has done with Australia and New Zealand and the price pressure that is going to put on our market sales in a country where over 50% of our beef goes. The reason we have such a strong and dominant position in the British market-----

Deputy Martin Kenny: So, the confidence of farmers does not matter.

Deputy Martin Heydon: -----is the equivalence in food standards with the Red Tractor quality assurance scheme. I will not stand for us drifting away from that and allowing the undermining of our quality assurance scheme, which has served us so well. I will not let that happen on my watch.

Food Industry

6. **Deputy Barry Heneghan** asked the Minister for Agriculture, Food and the Marine if he will outline the current policy governing the production and sale of raw milk in Ireland; whether

his Department is considering any changes to the regulatory framework relating to its sale to consumers; and if he will make a statement on the matter. [52569/26]

Deputy Barry Heneghan: On my way into the Dáil today, I walked into my local shop and I could buy an apple-flavoured vape. I could inhale it. I could also buy 20 cigarettes. I cannot, however, go in and buy raw milk easily. I know I am out of my depth as a Dublin TD asking this question, but why is it not possible to get raw milk in a Dublin shop? Why do my constituents sometimes have to travel to the North to get raw milk when adults should be able to make decisions on what we want to consume? I understand that the Minister is going to give me a logical answer about the dangers, but if there is a healthy herd, has the Minister looked at allowing farmers to sell raw milk?

Deputy Martin Heydon: I thank the Deputy for raising this important point. I enjoy his engagement on all things agriculture. I am not sure how many farmers there are in his constituency but there are a lot of consumers, and I have no doubt they appreciate and enjoy the produce of our farmers.

In Ireland, the sale of raw milk for direct consumption is governed by legislation commonly known as the hygiene package. Regulation EC Nos. 852 and 853 of 2004 are particularly relevant. These regulations set out detailed rules for the production and sale of raw milk including hygiene requirements for production on farm and the hygiene standards required when bottling milk. There is also a specific rule for labelling, which requires the milk to be labelled as raw milk. All producers selling raw milk must register with my Department and are subject to risk-based official controls that include inspection, audit and sampling. A derogation in EU and Irish legislation exempts producers selling small quantities of raw milk directly to consumers, that is, sales of less than 30 litres and within a radius of 20 km, from these regulatory requirements. However, these producers are still bound by the general food law provision and they must only put safe food on the market. The advice of the Food Safety Authority of Ireland, FSAI, is that the public should not drink raw milk without boiling it first. This is based on advice from the authority's scientific committee as there is a risk of illness associated with drinking raw milk. There is a reason we pasteurise the milk the vast majority of people use.

In 2018, the industry representative body Raw Milk Ireland published guidelines on the sale of raw milk. The guide was developed in conjunction with my Department and the FSAI with the objective of helping producers understand the legal requirements and provide additional information to food business operators with a view to reducing the risks associated with raw milk.

Deputy Barry Heneghan: My granny drank raw milk and she lived to 98. We need to look into alternative ways to have locally sourced food. In that regard, I will point to what is happening at EU level and how it ties into this. Brussels is trying to harmonise the upper limits of food supplements such that parents or adults should be allowed to decide what they have. Individual needs are, as they say, individual. If vitamin D is harmonised, that is unfair to stores in Ireland because someone in the south of Spain will not need as much additional vitamin D as we do. I ask that the Department speak to health and shop staff and nutritional therapists who are preventing people from getting sick. This is the same thing as raw milk. We should

regulate the choice of a trusted national product rather than regulate for safety, and let the people decide.

Deputy Martin Heydon: We are getting plenty of vitamin D at the minute, which is well received. Our safety standards are beyond reproach in Ireland. When I go on international trade missions - I have just been discussing the value of our trade exports - the first thing discussed in places like Asia and beyond is how trusted our food safety standards are. That is really important. It is not something we will ever be complacent about. It is a unique selling point for us that people know our systems are beyond reproach. Where we have products with a higher level of risk for certain cohorts like infants, pregnant women or people who are immunosuppressed, it is incumbent on us to highlight that so that, to the very point the Deputy made, people can make informed choices. We produce safe food that is nutrient dense. I have drunk raw milk myself and I quite enjoy it but it is an informed decision, no more than eating steak tartare. It is an informed decision that comes with a risk that people are aware of. The reason we cook our food and pasteurise our milk is to take away the risk of microbial problems.

Deputy Barry Heneghan: I appreciate that. I look forward to having some tartare and raw milk with the Minister some day.

A lot of people these days are getting very sick and very obese. We allow multinationals to come here and sell us cans of carbonated drinks with 40 g of sugar but we do not allow someone to get a glass of raw milk. There is something fundamentally wrong in that sense. I am very grateful for Irish food standards. They are world renowned. I had not known about the increase in value from €10 billion to €20 billion, which the Minister mentioned earlier. There are not many farms in my constituency. The only fields we have are GAA pitches.

On the supplements issue, the EU is trying to reduce the maximum levels of vitamin B6 from 25 mg a day to 12 mg and hold vitamin D at 100 µg per day. This is the same regulatory instinct. The Department should listen to healthcare officials who are worried about not being able to provide these vitamins to people in Ireland who need them at a high level.

Deputy Martin Heydon: Thankfully, Irish farmers' food produce is really nutrient dense and protein rich. There is a question scheduled for later today about the threat and impact of GLP-1s on our food-producing nation. These new drugs make people consume 30% less food and drink. I see this as a massive opportunity. If you are on a GLP-1, you are more aware of the additives. People are becoming more aware all the time of vitamins B and D, as the Deputy outlined, and their importance to us. As people take in less on a GLP-1, they become more aware of how important it is not to lose muscle density and to have a protein-high diet. Our pasture-based system for dairy, beef, lamb and beyond produces nutrient-rich food. Our fisheries produce fish full of omega-3 and all the best nutrients. From that perspective, we have a great story to tell here. We have great opportunities from a business perspective to sell that nutrient-rich, protein-dense food, which is really important.

Ceisteanna Eile - Other Questions

Food Industry

7. **Deputy Tony McCormack** asked the Minister for Agriculture, Food and the Marine the measures being taken to support the growth and international expansion of Irish-owned food and agrifood businesses; and if he will make a statement on the matter. [52234/26]

Deputy Tony McCormack: We all know the importance of the agri sector and in particular the agrifood sector. In the ever-changing geopolitical world we live in today, food safety is becoming even more important, while we must also focus on our economy and growing our exports. What that in mind, what measures are being taken to support the growth and international expansion of Irish-owned food and agrifood businesses?

Deputy Martin Heydon: I thank the Deputy for raising this important point. A key focus of Food Vision 2030, the shared stakeholder-led strategy for the agrifood sector, is to grow the value of Irish agrifood exports in international markets, which, as I outlined earlier, we have been very successful at in recent years. In 2025, Irish exports were recorded at €20.8 billion, with exports to over 180 countries worldwide.

Given the dependence of the sector on exports, trade and market diversification are a priority for my Department. Food Vision 2030 reflects the importance of diversifying and developing new markets and new market segments for Irish food and drink products in the UK, the EU and wider international markets. Food Vision also aims to increase the value of exports of sustainably produced and high-quality Irish food and beverages globally. Bord Bia works to promote Ireland's outstanding food, drink and horticulture produce around the world. Its activities include participation at food exhibitions and trade shows and the running of digital campaigns, retail and restaurant promotions as well as a range of other trade promotions and events including campaigns around the St. Patrick's Day global celebrations. Bord Bia also hosts inward buyer visits on an ongoing basis as well as meetings with key international companies.

Ministerial trade missions are led by me and the Ministers of State, Deputies Dooley, Collins and Grealish, over the range of our different responsibilities. They are a key element of the strategy to deliver on the Food Vision priorities to develop and diversify markets and to increase the value of Irish agrifood exports. They also present opportunities to expand Ireland's trade and investment profile and to promote Ireland's strong international reputation as a producer of safe, nutritious and sustainable food and drink, for example through extensive business-to-business engagement, networking opportunities and high-level political discussions.

The destinations and markets targeted by my Department for trade missions focus on the best opportunities to develop new markets and to promote our agrifood products in collaboration with our stakeholders, which include Bord Bia, Sustainable Food Systems Ireland and Enterprise Ireland. Once market access is in place, which can be a lengthy process, Bord Bia in particular will work to promote Irish produce and assist companies in maximising those opportunities to export.

Deputy Tony McCormack: I welcome the continued success of the agrifood sector. It is one of Ireland's greatest national success stories, supporting thousands of jobs, sustaining rural communities and making an enormous contribution to our economy. We are really proud of our Offaly food companies like Glenisk, Tullamore Dew and others. Irish food has earned an outstanding reputation around the world because of its quality and the commitment of our farmers and food producers. The success of our agrifood sector should give us confidence to be even more ambitious.

We should be helping more Irish-owned food businesses to innovate, expand into new markets, create more high quality jobs and compete successfully around the world. That is how to build stronger rural economies and ensure the next generation sees real opportunities in the food industry. Will the Minister outline the long-term vision for achieving that ambition and the next steps his Department and Bord Bia will take to help Irish-owned food businesses to grow, innovate and succeed internationally?

Deputy Martin Heydon: I completely agree with the Deputy. This is a great success story. It is important and we are ambitious. The company the Deputy described from his constituency in County Offaly is a great example, as are many more in the Deputy's county, of the strength of our food companies. The strength of their products and their innovation is that they take farmers' produce to the market place and they are supported by the State through Enterprise Ireland and Bord Bia.

There are 13 or 14 agricultural attachés, off the top of my head, who are members of staff of the Department of agriculture, based in our embassies in key markets around the world. That is the level of investment by my Department in growing, emerging markets in south east Asia and beyond, where there are great opportunities. We do that in consultation with food companies because the food companies can identify market opportunities. Bord Bia can also do so. The Department works with the relevant authority to gain market access, which is a lengthy process, and when we get it, I and colleagues go on ministerial trade missions to try to open those markets, create opportunities and make connections for companies.

Deputy Tony McCormack: Ireland's reputation as one of the world's leading food producing nations has been built over generations through quality, innovation and unwavering commitment to high standards. However, it cannot be taken for granted. Around the world, our competitors are investing heavily in research, technology, productivity and new product development and the pace of change is accelerating. If Ireland is to remain a global leader in the next decade, we must continue to invest in innovation, improve productivity and support farmers and food producers to adapt to changing markets and consumer demand.

Food Vision 2030, which the Minister mentioned earlier, provides a strong roadmap but ambition must always be matched by action. Will the Minister outline what new initiatives his Department is bringing forward, working with the likes of Teagasc, Bord Bia and industry, to ensure Ireland remains among the world's most competitive, innovative and trusted food producing nations for the next generation?

Deputy Martin Heydon: A fair indication of what we will do in the future is what we have done recently. We went on trade missions such as to Seoul Food in Korea, Japan Expo, China,

Germany, London and United Arab Emirates, where we went to Gulfood. Every Minister takes the opportunity of the St. Patrick's Day missions to promote the work, with Bord Bia and Enterprise Ireland, of our food and drinks companies. It can be Irish whiskey, dairy produce, beef or other things because we are exporting to more than 180 countries around the world. It is a collaboration.

Getting market access is slow. However, when companies come to us about a niche market, such as duck - they can tell us where there is a huge opportunity and they need to get market access - we reflect on it and if the economic return is there, we will put huge effort into engaging with the relevant authorities to get it. That process is slow but when we get it, we have the opportunity to build relationships, like we did when we gained access to Korea for beef.

Agriculture Schemes

8. **Deputy Joe Cooney** asked the Minister for Agriculture, Food and the Marine his plans to review the valuation ceilings applied to reactors under the bovine TB eradication scheme, to ensure farmers are compensated for the full market value for animals removed as reactors; and if he will make a statement on the matter. [52213/26]

Deputy Joe Cooney: The scheme designed to compensate farmers for animals lost to TB is simply not fit for purpose. The market value caps are totally out of step with the real world and farmers are being left thousands of euro out of profit. The Minister has publicly stated that he is monitoring and reviewing these caps. A review without an end date provides farmers with no commitment. When will the review be completed? Can we expect the caps to be increased?

Deputy Martin Heydon: I thank the Deputy for raising this important matter. We have discussed the bovine TB plan a lot in this House, this year and last year, because bovine TB is an ongoing challenge, as the Deputy is aware, for farmers in Clare and all over the country. I am acutely aware of the emotional and financial impacts bovine TB has on farmers, their families and rural Ireland. That is why I am absolutely determined to drive down the number of farm families affected by this and who have to experience the awful trauma of having a reactor and a locked up herd.

I secured an increased budget allocation of €85 million for bovine TB in budget 2026, providing a total budget of €157 million for this year. I am confident that this increased budget will allow the revamped bovine TB programme to focus on tackling disease levels through the implementation of the measures laid out in the new bovine TB action plan. It will support and enable farm families who are currently dealing with the stress of a TB outbreak to navigate a way out of a TB restriction and protect herds that are currently free from TB from the stress of a TB outbreak in the future. The objective of the new measures in the bovine TB action plan is to reduce the number of farms affected by bovine TB and decrease costs for farmers and the taxpayer.

My Department provides a range of financial supports that focus on compensating farmers for direct and indirect losses incurred as a result of a TB breakdown on the farm. The primary support scheme is the on farm market valuation scheme under which animals removed as reactors receive compensation subject to scheme ceilings equivalent to their market value in

the event they had not been disclosed as TB reactors. To the end of May 2026, of the 11,476 animals valued under the on farm market valuation scheme, just over 85% of animals were valued below the scheme ceilings.

Deputy Joe Cooney: The Minister said that budget 2026 money is tied to reducing disease and I commend him on that. It is having a positive effect. Reactor numbers are down significantly year on year to June and the herd incidence rate is also down. That is welcome. However, this disease reduction policy does absolutely nothing for farmers who have animals who are reactors. The Minister can clearly accept there is a problem with the scheme. The farmers I represent are already carrying a heavy burden. Asking them to accept compensation based on valuations that are years out of date is neither fair nor sustainable. Engagement with farmers and organisations is fine but the talking must stop and a decision must be made. Farmers now need clarity and something concrete they can take to the bank, not an endless review.

Deputy Martin Heydon: In addition to the compensation package for eligible reactor animals that are removed during a TB breakdown, my Department operates three supplementary schemes that assist farmers with the indirect losses incurred as a result of a TB breakdown on their farm. They are the income supplement scheme, depopulation grant scheme and hardship grant scheme. As part of the work of the TB forum, a dedicated financial working group was established to review the financial modelling of various elements of the bovine TB eradication programme. As a result of the agreement reached in this group, over the past two years, there were rate enhancements to the income supplement scheme, the hardship grant and the depopulation grant, as well as enhanced ceilings for select animals being removed as part of the on farm market valuation scheme.

Seeing a reduction in numbers in the past year is positive. It has been directly linked to our open discussions about risk categorisation of animals and buyers being more aware of that. We know we will see an increase in bovine TB levels so we cannot be complacent. The focus at present is on reducing the levels of disease, which will reduce the very significant impact of bovine TB on Irish farm families, and also reduce the overall cost of the programme.

Deputy Joe Cooney: I compliment the Minister on the great work he is doing. With respect, farmers battling with this disease cannot live on engagement or reviews with no end date. Every month this drags on, more and more reactors are being removed at values set three years ago, while cattle prices continue to climb, which is good. The scheme also has a significant negative impact on farmers who are producing the best animals. I ask the Minister to consider a modest allocation from his existing budget now to increase the cap to demonstrate to farmers that he has been listening to them; and for a commitment that he will seek a special allocation for compensation from Common Agricultural Policy, CAP, reform in budget 2027. Farmers are entitled to that. Fairness delayed is fairness denied. I ask him to back farmers with action for these people who work hard to make a living.

Deputy Martin Heydon: I thank the Deputy for articulating the points as clearly as he did and with passion.

I understand the points the Deputy is making but as a senior Cabinet Minister, I also need to have full cognisance of the overall cost of the TB programme. Farmers may think that putting €157 million into a TB programme does not impinge on my ability to spend in other areas of the Department where the Ministers of State, Deputies Dooley, Collins and Grealish, would like to spend, but that is not borne out in reality. In 2019, just seven short years ago, the entire cost to our Department was €37.5 million. It is now €157 million because of the scale of the challenge we are focused on. I came to last year's budget negotiations with a new plan and a very bold approach that I had spent the summer negotiating. In those negotiations, a clear and explicit determination was given to me, which was that this money was to be used to drive down the incidence of the disease. I understand the points the Deputy is making. We will now be having new budget negotiations. Engagement with officials in the Department of public expenditure will involve a detailed analysis of the trajectory of the disease, where the money is going and the impact it is having. I will also be making the points the Deputy has raised regarding compensation levels.

Agriculture Supports

9. Deputy Malcolm Byrne asked the Minister for Agriculture, Food and the Marine to provide an update on measures to support farm succession. [51677/26]

Deputy Malcolm Byrne: Given that one of the greatest challenges for Irish farming continues to be the ageing demographic and the low percentage of young people who are involved, will the Minister provide an update on measures to support farm succession and generational renewal?

Deputy Martin Heydon: I thank Deputy Byrne for raising this critical issue. It is one of the key issues of our time as regards our agricultural and fisheries sectors and beyond. It is not specific to Ireland or even to Europe. In Ireland, we have the extra challenge that farm families put huge store in educating their children very well, and are aided by the State in doing so, and those children then graduate into an economy at full employment with a lot of alternative options. That is all positive. It is a bit like the challenges the rising price of beef brings. These are positive challenges to have, but they are still very real challenges. We are trying to win the hearts and minds of young people who are considering a career in agriculture and farming in what is a very competitive space.

Farm succession is a key priority for the Government to ensure the long-term sustainability and competitiveness of Irish agriculture. A range of supports are in place to encourage timely succession, facilitate generational renewal and assist young farmers in establishing viable farm businesses.

Ireland's CAP strategic plan for 2023 to 2027 provides substantial resources to achieving generational renewal. Measures include: the complementary income support for young farmers; the national reserve scheme, which prioritises young farmers; and a higher grant rate of 60% for qualified young farmers under the TAMS capital investment measure. A collaborative farming grant scheme provides financial support to encourage farmers to form partnerships with young trained farmers and the succession planning advice grant provides

financial support towards the costs incurred in accessing independent legal and financial advice in respect of succession planning for older farmers.

Nationally, there are very strong taxation measures to facilitate succession and assist with land mobility. For succession, agricultural relief is a key measure. Along with 100% stamp duty relief, consanguinity stamp duty relief and long-term leasing income tax relief, it supports access to land for young farmers and provides a route to retirement for older farmers. A number of taxation measures already exist. I can go into more detail in my supplementary response.

Deputy Malcolm Byrne: I welcome the Minister's personal commitment to succession and generational renewal. He is right to say it is not just an Irish issue. He will know about the commission on generational renewal. He has been very strong on its recommendations. Some of them apply to the next round of CAP. The Minister will have to work with his fellow Ministers and with Commissioner Hansen to achieve some of those goals. Others are domestic, however. The Minister is correct about access to land and finance. These are key measures to support succession. Commissioner Hansen has spoken about guaranteeing that all member states invest at least 6% of their agricultural spending on measures to promote generational renewal. The Commission's report talks about 8%. Will we see a significant package dedicated to succession and generational renewal developed as part of the next CAP and, most importantly, here domestically?

Deputy Martin Heydon: That is absolutely the intention. On the funding element, we obviously cannot make any commitments as to what the next CAP will look like for us here in Ireland until we know how much money we have to play with. However, the Deputy is right about Commissioner Hansen's ambitions. The EU's vision for agriculture and food identified generational renewal as a priority. This is reflected in the proposals for a post-2027 Common Agricultural Policy, as the Deputy outlined. The European Commission has also presented a strategy for generational renewal in agriculture. The increased focus on generational renewal at EU level is welcome.

The EU strategy comes to many of the same conclusions as our own commission. The commission on generational renewal estimated that the total financial support for generational renewal in Ireland was €428 million in 2024. That is really significant. A lot of that goes unseen because it is provided through tax incentives. We have seen what happened in the UK when people just assumed tax incentives for the inheritance and transfer of land would always be there. When such measures are messed with, it absolutely devastates generational renewal. It can mean the loss or sale of land that a family member had intended to pass on to another family member. I never take this for granted. I know my party and the Deputy's party would never mess with these measures but people need to be aware of this because I am not as confident about what other parties would do.

Deputy Malcolm Byrne: I welcome that commitment. I certainly agree with the Minister. It is interesting that the European Commission's proposal aims for 24% of farmers to be new or young farmers by 2040. That is very ambitious. With regard to the strategies, we need to ensure that agriculture is sustainable. That is the kind of goal we need. I praise the work of Macra na Feirme. The Minister will be aware of how Macra operates in his own county. From regular engagements with Macra in Wicklow and Wexford, I know it is very active in this space.

We need a succession scheme that supports young farmers and older farmers as that managerial role transitions from one generation to the next. There are some measures in place to do that. We need certainty and legally binding ring-fencing of funding for young farmers under the next CAP to support generational renewal. The Minister is right that there are broader issues in respect of education and guaranteed stable incomes, which are challenges for agriculture more generally. However, to attract young people to stay in or come into the career, these measures are critical.

Deputy Martin Heydon: I agree that the goals are ambitious. They need to be because we have a very big problem here. The average age of a farmer is 57 or 58. That is far too high. It is creating a whole range of challenges from farm safety to delayed innovation and investment and beyond. These wider issues are a nut we really need to crack. I recognise the role of Macra. I guarantee the Deputy that its president, Josephine O'Neill, is very good at articulating Macra's position and desire for a succession scheme. I really want to be able to deliver such a scheme. The commission on generational renewal summed it up very well. It talked about all the barriers, including access to finance, access to land, gender balance and women in agriculture. It said that ultimately, no matter what supports were available, decisions around succession on a farm will still be made around the kitchen table when the family has that discussion. We need to aid and support all of that. I do not believe any one succession grant scheme alone will be the key determinant in that very big decision for the retiring farmer and the young farmer. A lot of things feed into it. Income is obviously a huge issue. The work I am doing on bovine TB, on securing the nitrates derogation and on supporting the tillage sector will all help with generational renewal, as will the very strong measures we are looking for in the next CAP.

Animal Breeding

10. **Deputy Aisling Dempsey** asked the Minister for Agriculture, Food and the Marine if he intends to improve the inspection regime of dog breeding establishments. [52127/26]

Deputy Aisling Dempsey: Does the Minister intend to improve the inspection regime for dog breeding establishments in the near future?

Deputy Martin Heydon: I thank Deputy Dempsey for raising this really important issue. It is something I am passionate about. In order to bring a coherent approach to dog control, policy and legislative responsibility under both the Control of Dogs Act 1986 and the Dog Breeding Establishments Act 2010 transferred to my Department last year. That was part of the agreement in the programme for Government. It was a wise move. I supported it during the talks on the programme for Government. Responsibility was spread across three Departments, which was challenging. As my Department has responsibility for animal welfare, also having responsibility for the control of dogs makes a lot of sense.

As the Deputy will be aware, in both cases, local authorities retain responsibility for all operational and enforcement matters. Inspections of dog breeding establishments are carried out by my Department and by local authority dog wardens. All registered dog breeding

establishments undergo an annual inspection. Additional inspections, which include unannounced inspections, are carried out according to a risk assessment.

My Department also introduced an updated dog breeding establishments inspection form to create uniformity when conducting an inspection of a dog breeding establishment. This updated form is used by both my Department and local authorities and will be kept under review in light of key developments in the areas of animal welfare and the law, having regard to the practical lessons learned from conducting inspections.

10 o'clock

On 19 May this year, I introduced draft legislation, the dog breeding establishments Bill 2026, to Cabinet to update the existing regulatory framework for dog breeding establishments in Ireland across three key areas: welfare and breeding; sales and record-keeping; and administration and enforcement. The Bill was approved for priority drafting and will be referred to the Oireachtas Joint Committee on Agriculture and Food for pre-legislative scrutiny. For the first time, dog breeding establishments will be legally required to employ a minimum of one full-time staff member for every 20 breeding bitches on the premises, ensuring animals receive proper daily care and attention. There are other measures in the Bill I am happy to expand on in my supplementary response.

Deputy Aisling Dempsey: I thank the Minister. I appreciate that answer and his commitment in this area. It is obvious it is something about which he is quite passionate. It would be really beneficial if we could get some kind of timeline on that now. We met with Dog Law Ireland and other advocates. I met a lady from my own constituency that day called Alma. It is not about people like that. There are excellent dog breeders out there. There really are. Alma spoke about bottle-feeding puppies through the night and nursing the bitches back to health when there were any issues. It is not those people I am talking about here today. It is the dog breeding establishments with which we have serious issues. The updates to that legislation cannot come quick enough for those dogs' physical and mental safety. I am delighted to hear there are annual inspections. In terms of the local authorities, I know there was €2 million in funding last year and perhaps a commitment, although I will not prejudge, in the upcoming budget for more dog wardens. Those teams will never be big enough. They have so much to police and so much to inspect. I would like to ask the Minister about that.

Deputy Martin Heydon: I thank Deputy Dempsey for those points. First of all, to reassure her, the constituents she has met and the dog breeders across the country who do dog breeding well have nothing to fear from this legislation. This is to stop bad practice by any bad actors who might be in this for monetary gain, who do not care about the dogs and who are doing it to exploit any vulnerability that is in the law at the minute. Our job as legislators is to make sure we have tight and robust measures here. It was definitely an area that I felt needed tightening up. I am sure good dog breeders like Alma, who the Deputy referenced, are not doing the kinds of practices we are talking about here. There are measures we are seeking to bring in.

In answer to the Deputy's question around timelines, it will be as soon as possible. I have asked for it to be listed as priority legislation for the next term. I have engaged with our colleague, Deputy Aindrias Moynihan, Chair of the Oireachtas Joint Committee on Agriculture

and Food, to deal with the pre-legislative scrutiny in tandem so that we try to get this Bill through as quickly as possible. It is really important that we do that.

As well as the point around staffing rates and beyond, the limit and the cap of one litter per year will prevent repeated breeding, which is obviously very bad practice. There will be a limit on how many Caesarean sections a breeding dog can have and a cap on the number of litters in her lifetime as well. These are all really important measures.

Deputy Aisling Dempsey: I thank the Minister for his commitment to getting this through as a priority. I am really delighted. I am sure many people will be delighted to hear that today. The caps he talks about are all very welcome. They are more or less in line with what people like Dog Law Ireland and advocates like my constituent Alma want. The one concern is around the number of bitches that can be in any one of these breeding establishments. We heard stories about 300 bitches being in one establishment with staff having to wear ear defenders because of the noise. The effect that has on dogs is very worrying to really trustworthy and good dog breeders. That might be considered as well.

Deputy Martin Heydon: We will get an opportunity to discuss all elements of this through the five Stages of the legislation when I introduce it to the House and get it cleared. I have not made a decision on the cap yet. I still have an open mind. I have advice from the Attorney General. There are challenges around it that we will get to discuss through the detailed phases of the legislation. Are we comparing like with like in terms of the sizes of premises, such as the difference between a garage and a warehouse? There are challenges and there could be complexities in the law in that regard. However, measures are being proposed in the heads of the Bill. We have 17 heads already, so it is quite a detailed draft Bill. We have measures in there that will naturally limit how many dogs somebody can have, as well as the capping in terms of staffing and how many litters the dog can have. These are all measures we will work through.

The Deputy mentioned funding. Obviously, I work closely with the Minister, Deputy Browne, with his responsibility over local authorities and the dog wardens. However, through my Department, I fund animal welfare charities to the tune of over €6 million, which is a huge increase on the €2.4 million that was paid out to them in 2020. We have continuously invested more in the area of animal welfare and in this area.

Agriculture Supports

11. **Deputy Colm Burke** asked the Minister for Agriculture, Food and the Marine the additional measures he is considering to support farm incomes in light of rising input costs and challenges facing the agricultural sector; and if he will make a statement on the matter. [52226/26]

Deputy Colm Burke: What additional measures is the Minister considering to support farm incomes in light of rising input costs and challenges facing the agricultural sector, and will he make a statement on the matter? I know recent publications showed an increase in farm incomes but that was for the previous 12 months. The big challenge now is in relation to the

cost of fertilisers, fuel and electricity. There is a really difficult challenge ahead for the farming community.

Deputy Martin Heydon: I thank Deputy Burke very much for raising what is no doubt a key point. From early 2021, the Central Statistics Office, CSO, agricultural price indices, which measure the level of input costs and output prices paid and received by farmers, saw significant growth and volatility relative to previous years. Unprecedented shocks including Brexit, the Covid-19 pandemic and Russia's illegal invasion of Ukraine contributed to these trends. The conflict in the Middle East renewed pressure on global supply chains and has emphasised our vulnerability to changes in the availability and price of fuel and fertiliser both in Ireland and the EU. Input cost increases have serious implications across all sectors in our economy, including the agrifood sector, adversely affecting farmer incomes and food affordability. Furthermore, the elevated cost base of the sector is a risk to its overall competitiveness.

While 2025 was a strong year for farm incomes, with average family farm income estimated to be up by about 49% in the national farm survey, 2026 has seen higher input costs and lower output prices. The CSO reports on output prices and input costs on a monthly basis and my Department will continue to monitor their effects on farm income and viability. The Government recognises the exceptional pressures rising fuel costs place on farmers, contractors and fishermen and fisherwomen. A substantial support package has been put in place, with the full removal of all non-carbon excise on green diesel. The recent Government announcement of the further extension of the full excise rate until the end of August will provide reassurance and certainty to farm families and businesses.

In addition, I introduced the fuel income support scheme as a targeted income support to assist farmers and agricultural and forestry contractors facing unprecedented increases in fuel costs. I also put separate targeted schemes in place to support the fishery sector, which the Minister of State, Deputy Dooley, has been administering, and the specialist horticultural grower sector, which the Minister of State, Deputy Collins, has been overseeing. In total, €100 million funding has been made available to support these agrifood and marine sectors and I expect payments under these schemes to commence in the coming weeks.

Deputy Colm Burke: I thank the Minister. I fully accept that a huge amount of work has been done over the last three to four months, especially in relation to fuel costs. The issue we are now looking at over the next 12 months is the fertiliser cost increase in view of the conflict in Ukraine and also the fact that while on the one hand, we thought the conflict in the Middle East was at an end, it now appears to be resurrecting itself again and, therefore, there is concern about increased costs in relation to fuel, electricity and fertilisers. In relation to fertilisers, in particular, we have the carbon border adjustment mechanism, which applies to a carbon-related charge in imported carbon-intensive products, including fertilisers. There are going to be additional costs for the farming community over the next 12 months. The question is about how we need to plan for that. I know it changes day by day and I fully accept that. The challenges are there and, as the Minister said already, there is a substantial decrease in relation to incomes and consistency in production. That needs to be taken into account as well.

Deputy Martin Heydon: Deputy Burke's points are well made. I can assure him and the House of one thing, which is that there will be no complacency from me or my colleagues in

the Department of Agriculture, Food and the Marine in terms of the price pressures this has on all of our sectors. Our sectors are very vulnerable. As I pointed out in my earlier answer, we had a good year, by and large, in terms of commodity prices for our products last year, but it is the input costs that can really get people when something like this happens. We saw it with the illegal invasion of Ukraine by Russia back in 2022 and the knock-on impact that had on energy costs and input costs for farmers, which was significant.

Commissioner Hansen has put forward a support package on the fertiliser side. The fuel impact was real and immediate. The fertiliser impact was real too; it is just that there is a lag with that. In allowing for that impact and not knowing where we will be in the autumn as well, there will be an allocation of €15 million under the fertiliser support scheme from the Commission. I am working through the opportunities to try to add to that and how we would do that with a mechanism that would be real for farmers. I reassure the Deputy that I am in no way complacent and absolutely determined to support farmers through this very challenging time.

Deputy Colm Burke: Another area of real concern is tillage, where there is a decrease in those involved. It is very intensive. This is again an issue with costs, especially for vegetables. For instance, about three years ago I heard of carrots being imported from Israel, yet we cannot produce them here in a cost-effective way while giving a return to the growers. One area we have let slip completely is vegetable production in this country. We are now reliant on vegetables being imported from outside of Ireland. Only a very small number of people are in it now. We need to look at how to keep them in it and increase the number of people who are producing vegetables here.

Deputy Martin Heydon: I was delighted to be able to introduce the tillage sustainability support scheme earlier this year. I have not been found wanting in standing up and supporting a tillage sector that has been under pressure in recent times. The same applies to horticulture. It is gravely concerning that the vegetable and fruit crops element has been greatly narrowed down. We have lost businesses in that sector such as the tight margins. In terms of that market here in Ireland and what Irish consumers consume, a key reason Government set up the Agri-Food Regulator, and why I gave additional funding and additional powers to that regulator last year, is to support it in ensuring equity in the relationship between the primary producer, the processor and the retailer. Any sharp practices on the retail side need to be examined and rooted out. In that sector in particular we see products being sold at very low prices, demeaning the value of Irish vegetables, which is not in any of our interests as an island nation.

Common Agricultural Policy

12. **Deputy Louis O'Hara** asked the Minister for Agriculture, Food and the Marine for an update on the progress of CAP negotiations; and if he will make a statement on the matter. [50992/26]

Deputy Louis O'Hara: I ask the Minister to provide an update on the progress of CAP negotiations. The future of CAP will be critical for the farming sector and there are significant concerns about the European Commission's proposals.

Deputy Martin Heydon: I thank Deputy O'Hara for his question. Negotiations on the post-2027 Common Agricultural Policy have progressed since the European Commission published its proposals last year. As President of the Council of the European Union, Ireland is now building on the progress made under the Danish and Cypriot Presidencies. Our priority is to facilitate discussions on the remaining political and technical issues, on the CAP-specific provisions transferred into the CAP regulation from the national and regional partnership plan regulation, and on the appropriate balance that must be struck between maintaining the common nature of the Common Agricultural Policy and providing member states with sufficient flexibility to design and implement interventions that reflect their national farming systems and circumstances. That is a challenge we are going to have to try to navigate in these discussions.

It sounds nearly contradictory that on the one hand we want protect the commonality of the Common Agricultural Policy - our farmers have greatly benefited from being part of the Common Market of over 450 million people - but at the same time in designing a new scheme, if every measure is mandatory and if it is one-size-fits-all for every member state, it takes no account of the fact that we farm differently in Ireland than they do another member states, and we need that flexibility. I have been warned to be careful about how much flexibility I ask for because I might just get it and then have to own every decision. However, I would prefer that to having a system where every rule is the same for us as it is in Slovenia, France, Spain or Italy because we farm differently. We have to strike that balance.

To support this work, Ireland is engaging bilaterally with all member states to better understand their priorities, identify the issues that are of greatest concern to them and clarify areas of the legislative proposals where further work is required. We have also invited member states to submit written comments on the legislative proposals. This engagement will inform the preparation of Presidency compromise texts, with the aim of building consensus, resolving outstanding issues and advancing negotiations.

Our objective is to advance negotiations towards a partial general approach on the CAP regulation, which essentially means to agree all elements that do not have a financial or budgetary component that is still to be resolved by the negotiations on the post-2027 EU budget, which will be finalised at Head of State and Government level in the European Commission.

Deputy Louis O'Hara: There are significant concerns about the reform that is being proposed to have CAP sit alongside a range of other policy areas. In particular under the Commission's proposal, CAP funding for Ireland would be cut by over 20%. This would mean our indicative CAP allocation reducing by €2.5 billion, endangering the delivery of many payment schemes which family farms depend on. Of course, this comes at a time when farmers are facing higher input costs, increased volatility, rising obligations and increased competition from low-standard imports, including from the Mercosur countries. We need the Government to be categorical in its opposition to cuts. Ireland's Presidency of the EU Council must be used as an opportunity to set the agenda that threats to CAP funding will not be accepted. Will the Minister outline what actions he will take to oppose the Commission's proposals and ensure that CAP funding is protected?

Deputy Martin Heydon: What is fairly clear from all utterances in the 17-odd months I have been in this job is my strong desire to protect the CAP budget, building alliances with member state colleagues in the AGRIFISH Council but also here in government and at Cabinet, articulating exactly why the CAP is so important to us. Ireland is a net contributor to the EU; we pay in more than we get back. That is something we should be proud of as a nation. We took the structural funds in the early years of being members of the EEC and we built an economy, a country and a society here that can be prosperous enough for us to be a net contributor. It is something we should be proud of. Those in certain other member states tell me they strive for that and look forward to the day their economies have such success that that is where they are at. We obviously want to maximise our return from being members of the European Union. There are huge benefits from being a member of that Common Market with over 450 million people.

On the financial return, 75% of our receipts come back through the CAP. This is not just a matter for us here discussing agriculture and for people in rural areas. This matters to the whole economy because if we see a reduction in CAP, it will reduce the amount of money available to come back to the economy from Europe.

Deputy Louis O'Hara: Absolutely, and that is why it is critical we get a fair allocation. In particular, the future of CAP will have a significant influence on how EU member states can support young farmers. Last year, the Department of agriculture published a report from the commission on generational renewal in farming. Have any actions have taken since the publication of those recommendations? I will focus on two recommendations: the introduction of the young farmer establishment payment and a generational renewal payment of up to €25,000 for older farmers. Both those recommendations would have a significant effect in encouraging more young people to become involved in farming. They provide an incentive for families to create succession plans. I ask the Minister for an update on any actions he has taken to progress these recommendations and more generally in terms of supporting younger farmers.

Deputy Martin Heydon: It is important to point out that we are talking about the Commission's proposals. Commissioner Hansen put forward the Commission's position last year as to how he would like to see the next CAP going. He has a lot of recommendations in that. My job, as part of the Presidency, is to progress the Council's position on the AGRIFISH Council for next six months. The Council is the 27 ministers for agriculture and fisheries across the EU and we will progress what our agreed position is. Our goal is to get a partial general approach agreed - the bits that do not involve the budget. If we do not have the budget agreed globally, we cannot agree the budget elements in that. However, if we have a partial general approach, we have a fair set on what the Council of Ministers say their proposals should be.

We have had the discussion on pension proposals and generation renewal. That was looking to mandatorily take the single farm payment from farmers who receive the State pension. It is not an issue for France because France does not pay it to them already. It is a huge issue for us because we have many farmers who do not have an identified successor and we would be taking a single farm payment from them. That has been moved from being mandatory. Our position is that we are going to have that as a voluntary position to be offered but not mandatory.

Greyhound Industry

13. **Deputy Shónagh Ní Raghallaigh** asked the Minister for Agriculture, Food and the Marine if he will consider decoupling funding for greyhound and horseracing industries; if he will commission a report on the economic viability of the greyhound racing industry; and if he will make a statement on the matter. [52289/26]

Deputy Martin Heydon: I thank Deputy Ní Raghallaigh for being in for agriculture questions today. It is great to see her here for this.

A very important pillar of Government policy is to ensure the horse and greyhound racing industries achieve their maximum potential, and in so doing, contribute to economic and social development over a wide geographic distribution. The Deputy is well aware that our own constituency of Kildare South benefits greatly from employment levels and economic activity in this regard.

Government funding, in addition to supporting these key industries, presents an excellent opportunity to yield a high return for its investment, leading to a flow of income right through the economy, thereby providing widespread benefits for our society. For the horse and greyhound fund, this is economic activity that generally tends to happen in rural areas where there are not the same other employment opportunities as there are in the larger cities and beyond. The horse and greyhound racing industries, via Horse Racing Ireland, HRI, and Rásaíocht Con Éireann, RCE, receive financial support from the State through the Horse and Greyhound Racing Fund. In budget 2026, €99.1 million was allocated to the fund, of which €79.3 million will be allocated to HRI and €19.8 million to RCE. The allocation is subject to Oireachtas approval and is split 80:20 between HRI and RCE, respectively, as set out under section 12(6) of the Horse and Greyhound Racing Act 2001. I have no plans to introduce legislation to provide a separate Exchequer funding mechanism for HRI and RCE and the industries they support.

An independent review of my Department's governance of the fund, which included consideration of the efficacy of the fund in ensuring the highest standards of greyhound and equine welfare, has now been completed and a copy of the final report has been sent to the public accounts committee. One of the report's key recommendations is to increase over the medium term the share of the fund ringfenced for welfare purposes. My Department will work with the bodies to implement this and other recommendations contained in the report over the coming months. A copy of the report is available on my Department's website, under review of governance of horse and greyhound racing fund Ireland.

In July 2021, Jim Power Economics produced a report on the economic and financial significance of the Irish greyhound racing industry, which was also commissioned by RCE.

Deputy Shónagh Ní Raghallaigh: Public funding should be earned through transparency, and given the evidence on welfare, declining attendance and serious questions about the industry's economic case, that transparency is clearly lacking. The figures repeatedly cited by Government that greyhound racing contributes €132 million annually are at best unclear, and at worst, misleading. The figure includes hare coursing, which Government states is now said to account for €70 million. Presenting them together creates confusion and inflates the value

of the greyhound industry itself. We need clarity. What does the greyhound racing industry bring in on its own, what does it actually contribute, what does it cost the State each year and how exactly are those figures being calculated?

The lack of transparency is mirrored in welfare outcomes. Of the 12,766 greyhounds born between 2021 and 2024 that are no longer racing or trialling and remain on this island, 66% of those are dead and only 22% have been rehomed. For every dog homed, three are dead. There is also the hidden cost of the volunteers across this State that are rescuing and rehoming these dogs. How many thousands of unpaid hours is this, and where is that accounted for?

Deputy Martin Heydon: I thank the Deputy. As regards the economic and employment impact and benefit of the greyhound racing industry, this is outlined in the economic and financial significance of the Irish greyhound racing industry report.

I concur on the importance of care and welfare. A strong commitment to improve animal welfare in the greyhound racing industry is set out in the programme for Government, which requires Rásaíocht Con Éireann to continue to provide financial support for the Irish Retired Greyhound Trust, IRGT, and to contribute to rehoming greyhounds. Since 2020, my Department has ringfenced 10% of the fund allocation to RCE for welfare, including integrity. A key priority of the board of RCE is the continued expansion of the welfare and care initiatives, which include a range of measures. In its approved budget for 2026, RCE allocated €5.6 million to regulatory care and welfare expenditure. The RCE allocation to traceability, care and welfare matters for quarter 1 of 2026, was €1.1 million.

Deputy Shónagh Ní Raghallaigh: We have heard over and over about where the funding is going, the measures in place and the traceability system but I would like to focus on whether the level of public spending is justified by clear independent evidence. At present, I do not see that is, with over €20 million allocated each year on the basis of unclear figures and an economic case that does not stand up to proper scrutiny.

The Minister mentioned the Jim Power report. That report is now outdated and methodologically flawed, which only reinforces the concern. The problem is compounded by the fact greyhound racing figures are embedded within the wider horse racing structure, making genuine scrutiny difficult. At a time when the public expects strong governance and real transparency, I do not feel this is good enough. It comes down to the very straightforward point that if the funding is justified, how can we prove it? Will the Aire commit to commissioning an independent report on the true cost and value of this industry?

Deputy Martin Heydon: The Deputy answered her own question in a way at the start by saying we have heard all these things about traceability and beyond. I can outline what is there, the fact we have undertaken a review of the fund and how it is done. That report is there for all to be seen.

Rásaíocht Con Éireann operates a range of welfare initiatives to ensure the high standards of greyhound welfare are maintained within the industry. These initiatives include greyhound care centres, which provide high quality accommodation and training to help greyhounds to adapt to a range of different home environments and foster care centres, which provide care and welfare for retired greyhounds awaiting transportation to their forever homes in the United

States or other locations. Foster care centres are also used where RCE forms the view that the care and welfare of greyhounds in a person's control is not of the required standard. We also have a traceability system, the RCETS, which is operational and provides traceability for all microchipped racing greyhounds from 1 January 2021, together with all active greyhounds in the racing management system. Data from the RCETS at the end of quarter 1 of 2026 indicated a total of 64,486 greyhounds were subject to traceability. This data is constantly being updated and captured.

Ceisteanna ar Sonraíodh Uain Dóibh - Priority Questions

Hospital Services

85. **Deputy David Cullinane** asked the Minister for Health the data collected on private practice in public hospitals; the level of private activity occurring in public hospitals; her plan for removing this in its entirety; and if she will make a statement on the matter. [52167/26]

Minister for Health (Deputy Jennifer Carroll MacNeill): I thank the Deputy for raising this matter. It is my view and his view that care in our public hospitals must be based on clinical need, not ability to pay. He will also be aware of - and shares - our commitment to ensuring full compliance with the terms of the public only consultant contract, POCC. The position regarding consultants on the POCC is unequivocal: they are not permitted to engage in private practice within public hospitals. There can be no local discretion, exemptions or deviation from the terms of the contract without express written permission from both me and the HSE, which is imagined in certain circumstances of great emergency to give us that flexibility. Where issues have arisen, such as in the Rotunda Hospital, I have been very clear that immediate action must be taken to ensure full compliance.

There has been clear instruction from my Department and the HSE since early 2025, setting out the requirement for compliance. This includes HSE CEO circulars of 14 February, 21 July and 25 September 2025, which required implementation of the POCC rostering provisions, extended consultant-led services and the completion of consultant work schedules. I also established regular workshops with regional and hospital senior management teams to monitor implementation of the contract and rollout of extended working. I met with each region in September 2025 and again in early 2026, as well as online in April 2026. While progress has been made, it has not moved quick enough. However, that is on the implementation of the contract. The HSE CEO wrote again to all regional executive officers on 15 June 2026, making clear that regions must ensure compliance and address any additional issues.

This was then followed by letters from the HSE chief clinical officer, Dr. Colm Henry, on 24 and 30 June, to all regional executive officers and regional clinical directors, stating that POCC consultants could not carry out private work in public facilities, and we have asked for formal assurance on its implementation. Crucially, we have also asked for formal assurances on the implementation of the type B contracts to ensure that does not exceed 20% of workload, as per their contract, and that extended-hours rostering is being fully implemented. Responses are due by 10 July, with a further rostering return due by 31 July. I have more to say but I have run out of time.

Deputy David Cullinane: I acknowledge all that work. Data is important in this area because it allows us all to hold hospitals and consultants to account and to ensure that the terms of the contracts that people have entered are being honoured. As the Minister knows, the Oireachtas health committee met recently and had witnesses in from the Rotunda hospital, the Department and the HSE. I have been asking questions for the last number of weeks. I asked the Minister parliamentary questions, which were answered by officials or by whom the information was gathered, about private activity in public hospitals and seeking a breakdown on the level of that activity. I am not getting any answers. The same answer comes back which simply has the number of consultants on type B contracts, as opposed to activity. I also asked the Rotunda about whether it can provide data about those consultants on type B contracts who are going beyond the 20%. The hospital said it was not happening or that it had no evidence that it was happening, and that the Department was collecting data on it. However, there does not seem to be information or, if there is, it was not shared with members of the health committee and, by extension, the public. I am asking what information the Minister may have that we do not have.

Deputy Jennifer Carroll MacNeill: As I said to the Deputy privately and am happy to say to him on the floor of the House, we did a productivity analysis in the Department of the actual activity being carried out in each of the four big maternity hospitals to try to determine what the level of private and public activity was. It certainly showed instances of type B contract holders going way beyond the 20% that would be implied in their contract, but it is not information that I felt was of a sufficient standard to be able to publish, share and stand over with the committee. On that basis, I have been a little reticent. However, it is certainly more than enough for me to have done the following. I have written to all the hospitals, asking that the clinical directors confirm compliance with the type B contracts. It is my intention, once I know there is compliance or issues to work on, to initiate a broader audit of how that is done. I have also cross-referenced the admitting rights of public-only consultant contract holders with private hospitals. None of this is enough for me to be able to publish and stand over, but I want the Deputy to be aware that I am doing this work and am trying to do it in a way that is verifiable and robust. It will lead to a much more significant analysis of what is happening in different hospitals.

Deputy David Cullinane: That is a sensible approach. I do not disagree with it. I welcome the fact that there will be an audit because data is rich when it comes to allowing all of us to see what is happening under the bonnet of hospitals and the level of private activity. I am not against private healthcare, by the way, but it needs to happen in private hospitals. Where it happens in public hospitals, it has to be within the rules.

The Minister and I might disagree on many different issues, but where we do agree is that we need to send a message to the healthcare system in its totality that Sláintecare is not up for reconsideration. Removing private healthcare from public hospitals is supported, I hope, by every party in this Dáil. Making sure that contracts that were signed in good faith are honoured is something that we all have to get behind. It is also about making sure that if there is any pushback at all, or any attempt to undermine any of that work, then all of us have a responsibility to watch what is happening and play our respective roles in that. This is one of those important issues in healthcare. I know the Minister is active and vocal with regard to it, but this House and the health committee have a role to play in it as well.

Deputy Jennifer Carroll MacNeill: I could not agree more. I thank the health committee for its robust engagement. This is a shared project, making sure that this contract and structure that we have all agreed are implemented. I have concerns about the operation on a hospital by hospital basis, for example, how intensive care facilities might be used between private and public and what the reimbursement structure is. I do not have robust answers to questions about the use of diagnostics, for example, if I am in a private hospital in a region and suddenly need intensive care facilities, and how that transfers. I do not believe those things have ever really been delineated or tested in different ways. It will be quite the challenge to do that. The first step in that is that it is the responsibility of clinical directors, both hospitals and in regions, to make sure that if work is being done outside the public-only consultant contract in a private hospital, it does not impact the public and it does not create disincentives and that, crucially from a patient safety perspective, not too much of it is being done. It is crucial that a type B contract holder has a maximum of 20%. I do not want to see any instance where a type B contract holder has been doing more than that in a public hospital.

Mental Health Services

86. **Deputy Liam Quaide** asked the Minister for Health her views on whether child and adolescent mental health services in intellectual disability, CAMHS-ID, services remain significantly underdeveloped nationally; the current number of approved CAMHS-ID posts, broken down by discipline and team; the number of new CAMHS-ID posts approved in 2026; the shortfall between current approved posts and the staffing levels recommended in the HSE model of care for CAMHS-ID, broken down by discipline and team; and the timeline for ensuring that every CAMHS-ID team has the multidisciplinary staffing required to meet the needs of children and young people with an intellectual disability and mental health difficulty. [52212/26]

Deputy Liam Quaide: I ask about CAMHS-ID services, which are specialist teams for children and adolescents with a moderate to profound intellectual disability and coexisting mental health difficulties. According to the HSE, and by its own admission, no CAMHS-ID team nationally is staffed to the level recommended in its own model of care. Will the Minister of State set out the current number of approved CAMHS-ID posts, broken down by discipline and team, the number of new posts approved in 2026, the shortfall against the model of care, and the timeline for ensuring that every CAMHS-ID team is fully staffed?

Minister of State at the Department of Health (Deputy Mary Butler): Like every Deputy in this House, I want every child and young person with an intellectual disability to get timely and appropriate mental health supports. I launched the new CAMHS mental health with intellectual disability model of care in 2022, and I am fully committed to the phased roll-out of CAMHS-ID teams to provide nationwide access to dedicated services for young people. Supporting children and young people with intellectual disabilities and mental health conditions requires input from a range of disciplines, as detailed in the model of care. The Deputy will know well that baseline teams comprising core disciplines, including a consultant psychiatrist, a senior psychologist and a clinical nurse specialist, for the service have been

established across the country, in recognition of the importance of achieving national coverage quickly.

Under budget 2026, I secured over €11 million to enhance youth mental health services, including funding for 11 new CAMHS-ID posts to establish two new CAMHS mental health with intellectual disability teams and uplift existing services. There are now ten CAMHS-ID baseline teams nationally, out of the 16 recommended by the model of care, with a total of 77.6 funded whole-time equivalent posts.

I was reflecting last week that I have been Minister of State with responsibility for mental health for six years. I was appointed six years ago last week. In that time, I have grown the number of teams for mental health from 220 to 285. That is 65 new teams across the country. We have seen the roll-out of 11 adult teams for ADHD and 16 teams funded for eating disorders. The point I am trying to make is that I am concentrating on every single definition and I am trying to grow them all incrementally. If I was to go through each post and where they are located, it would take up the whole hour here, but I will provide the Deputy with that information afterwards, through my office.

Deputy Liam Quaide: I already established, earlier this year, that the staffing levels of CAMHS-ID teams across the country are abysmal. These are children and teenagers with very complex needs. They experience major challenges across all aspects of their daily lives, including with communication and learning. Some have physical and sensory needs, as well as significant mental health difficulties. Yet, the specialist service meant to support them has been funded at less than half of what the HSE says is required. We need to be clear that the under-resourcing of these teams is not a question of vacancies or difficulty recruiting clinicians. It is a clear case of the Government not even funding the service to anywhere near the level that is required. That pattern of under-resourcing is pervasive across mental health services. This is a particularly vulnerable cohort of young people, and the lack of investment is particularly stark. The Minister of State should not look at me with an expression of incredulity because we have seen this across primary care and in child, adult and older adult mental health services. This is all out in the public domain. Unless there is sustained public and media focus on this, I fear these children and families will continue to be left waiting because the Government responds to pressure, not need.

Deputy Mary Butler: I find the Deputy's negative narrative so disappointing. He called it abysmal. There are 77.6 clinicians working with the most vulnerable children in the country. Is that abysmal? The recommendation is that we would have 16 teams. Since 2023, we have put ten teams in place. They are not fully staffed according to the full definition, but we all know that with a child with a mental health intellectual disability, who is non-verbal or might be falling between the cracks, from a children's disability network team to primary care psychology, the consultant psychiatrist will make the initial diagnosis. We have made sure we have a consultant psychiatrist in place in all our starter teams. I would much prefer to see two starter teams, one in Waterford and one in Kilkenny, with three or four staff, than just one team in, for example, Cork. I want to make sure that the postcode lottery is addressed.

I will continue to roll out teams on an incremental basis, but the Deputy is completely wrong when he says that it is not a staffing issue. It certainly is a staffing issue in some areas of the country.

Deputy Liam Quaide: The Department is not funding the teams. That is the main issue. There is a stark double standard here. In mainstream CAMHS, multidisciplinary staffing is treated as basic good practice. In CAMHS, there is meant to be consultant psychiatry, psychology, social work, occupational therapy and speech and language therapy, but we know the CAMHS-ID services are patchy and understaffed. In some areas, they are non-existent. Some services are operating with little more than a psychiatrist, with limited or no access to occupational therapy, speech and language therapy, social work, psychology, nursing and family supports. The north Kerry CAMHS review showed the devastating consequences when children with intellectual disabilities are left exposed to an over-medicalised model of care. These are among the most vulnerable children in the State. Their needs are often more complex than those of young people attending standard CAMHS. I am asking the Minister of State for a clear commitment. When will the Government move beyond small, incremental additions year by year and fully fund CAMHS-ID teams in every region? When will that happen?

Deputy Mary Butler: I am sure the ten teams working today with the most vulnerable children in the country and their parents will welcome the Deputy's negative narrative in relation to those 77.6 posts that are in place. There are more posts funded. Recruitment is under way in relation to those, as I secured the funding for 11 additional staff for budget 2026. We will do more next year. How the Deputy can say that funding for CAMHS is not-----

Deputy Liam Quaide: It is less than half of what it is meant to be.

Deputy Mary Butler: Excuse me, Deputy. You will get your opportunity to respond. A total of €190 million has been provided from the mental health budget this year for CAMHS across all definitions. Is the Deputy trying to tell me that he does not want to see a roll-out of ADHD teams, perinatal mental health services or eating disorders services in order to fund mental health services for people with intellectual disabilities? We have six different clinical programmes. It is my job as Minister of State to make sure I build each and every one of the services incrementally. That is exactly what we will continue to do.

Health Services Waiting Lists

87. **Deputy David Cullinane** asked the Minister for Health her plan for tackling primary and community care waiting lists; and if she will make a statement on the matter. [52168/26]

Deputy David Cullinane: This question is in relation to community care waiting lists, which I have been tracking for some time. There are now 280,000 people, unfortunately, on community waiting lists, with many of them waiting far too long. I know the Minister has talked about new initiatives to reduce community waiting lists, which I respect and want to see implemented, but, unfortunately, the numbers have been going in the wrong direction for some time. This important area of healthcare needs more attention.

Deputy Jennifer Carroll MacNeill: I agree that too many people are waiting too long to access primary care and community services. A total of 1.3 million patients were seen by primary care therapists in 2025, which is significant. There is no question, however, that there

is rising demand and increasing complexity, particularly for children's services. This is placing sustained pressure on services nationally. As the Deputy has referenced, that is why my Department and the HSE are driving forward a joint programme to reduce these waiting lists. This includes detailed analysis of therapy activity, productivity and workforce capacity to identify opportunities to improve service delivery and develop a much better therapy waiting list management protocol. As the Deputy is aware, last year I approved a national waiting list initiative across physiotherapy, occupational therapy and speech and language therapy, targeting the removal or treatment of over 80,000 people by year end. To date, over 21,000 removals have been recorded, of which 13,000 were by validation and 8,000 by treatment.

While this work is advancing across several integrated healthcare areas, IHAs, we are not where we want it to be at this point. A number of discrete industrial action issues are holding up implementation, but they are, I hope, nearly resolved. The HSE is engaging with unions to address these issues, and we are determined that progress must now accelerate. Where the initiative is being fully implemented, it is showing results, including reductions of 80% to 90% in long waiters. We can see the beginnings of real system reform, including much better scheduling and much better use of digital supports, as appropriate. Obviously, those improvements benefit patients, but they also benefit therapists and primary care teams delivering these services by easing some of the burden in managing the different lists and enabling them to focus on timely, patient-centred care. We want to see that progress replicated nationally.

Furthermore, alongside that, we are building capacity through the recruitment of 200 additional primary care posts this year. We are increasing the student training places for health to ensure the pipeline going forward.

Deputy David Cullinane: As I said, 280,000 people are on primary and community care waiting lists. Of those, 86,000 people are waiting for physiotherapy, 60,000 people are waiting for occupational therapy, 34,000 people are waiting for psychology, 32,000 people are waiting for speech and language therapy, 24,000 people are waiting for audiology, 22,000 people are waiting for dietetics, 20,000 people are waiting for ophthalmology and 8,000 people are waiting for podiatry. I submitted a parliamentary question on how long people are waiting because waiting lists are bad enough as it is, but the real test is how long people are waiting. There were some incredible responses. A person in Longford-Westmeath has been on a waiting list for dietetics for 709 weeks. Someone in Louth has been waiting for ophthalmology for 617 weeks. There were several cases in Dublin of people waiting 500 weeks for psychology and a person in Galway has been waiting 534 weeks for occupational therapy. There is a lot to be done in this area. I do not doubt everything the Minister has said in terms of the additional staff and so on, but if Sláintecare is to be delivered and if we are to live up to the potential of the health regions, primary and community care have to be better supported.

Deputy Jennifer Carroll MacNeill: I agree with the Deputy. As I look at the actual numbers on the lists, not only is there regional variation but there is variation by specialty as well. To be very transparent, if I look at the waiting lists from May 2025 to 2026, for example, there has been a reduction of nearly 7,000 people on the audiology list. There has been, however, an increase of nearly 3,000 people on the occupational therapy list. There is an inconsistency there. There has been some progress in some areas, which is great, but none in others. If I look

at the number of people waiting more than 39 weeks for audiology compared with May 2025, there has been a considerable reduction. In occupational therapy and psychology, there have been significant increases, while in physiotherapy, there has been a decrease. It is not just the postcode that matters but the specialism as well. That speaks, in some way, to the number of professionals who are available and trying to get them into place. As the Deputy knows, we are trying to make it easier for physiotherapists across Europe to work here. The profession has been too restricted. Similarly, with psychology, it should be the case that people with master's degrees are able to do much more than they have been able to do thus far. We are trying to expand the workforce, but we are also trying to expand the range of qualifications where people can deliver services.

Deputy David Cullinane: I accept all of that. In my constituency of Waterford, I deal with these issues all the time.

Deputy Jennifer Carroll MacNeill: Of course the Deputy does.

Deputy David Cullinane: We receive representations from people who have been waiting far too long for an occupational therapist or a speech and language therapist. The Minister mentioned children. Very often, children are on these waiting lists. A number of weeks ago, we had a debate in the House on dental services. The number of children waiting for orthodontic treatment and dental treatment is shocking. So much more needs to be done in that area. The Minister of State, Deputy Murnane O'Connor, took the debate on that occasion.

One of the benefits of Sláintecare, if it is realised, and the health regions is that it will end the silos and, potentially, the bias of investment in the acute system and recognise that if we have alternatives in primary and community care, we can take real pressure away from our acute hospitals, which is also better for prevention and catching ailments earlier. There is lots of positive stuff happening, for example, enhanced community care and the integrated care programme for older persons. I recognise all of that, but there are still far too many people waiting. As the Minister said, in some specialties, they are waiting far too long. We need to keep the focus on it.

Deputy Jennifer Carroll MacNeill: We are trying to end the practice of the money moving from community to acute care and make sure that this does not happen. I will name some additional waiting list initiatives that are important. In budget 2025, we had base funding of €8 million for community-based waiting lists, particularly for psychology and audiology which had previously only received once-off funding. That is more embedded now. I totally agree with the Deputy in relation to the number of people waiting. We will have a dedicated programme over two years to address orthodontic waiting lists. We are just not quite there yet in terms of the negotiations with the Irish Dental Association. Nevertheless, €20 million has been invested in that initiative, resulting in more than 5,500 removals from waiting lists. The Deputy and I are not in any sort of disagreement here. We need to invest more in the community. We need these services to be available in the community. That also means applying the outpatient toolkit, once we are finished with the acute hospitals, to the community lists and the management and scheduling of those. It also means extended hours for all of those therapeutic services in primary care centres, as much as it will mean in the acute. The Deputy

can understand why we focus on the acute services first. Nevertheless, that is where we need to get to.

Oireachtas Committees

88. **Deputy Marie Sherlock** asked the Minister for Health to commit to setting out a written detailed response and implementation plan to each of the 161 recommendations of the Joint Oireachtas Committee on Drugs Use policy reform. [52314/26]

Deputy Marie Sherlock: As the Minister of State knows, the Joint Oireachtas Committee on Drugs Use published a report two weeks ago. It is a detailed report, with 161 detailed recommendations set out over 134 pages. I have to convey to the Minister of State the deep dismay and disappointment caused by her comments in response to the report some 24 hours after its publication.

Will the Department of Health issue a detailed response to each of the recommendations?

Minister of State at the Department of Health (Deputy Jennifer Murnane O'Connor): I thank the Deputy for highlighting this very important issue and the 161 recommendations. First, I thank the Joint Committee on Drug Use for its work. I welcomed the report and I am in agreement with many of its recommendations. As the Deputy will be aware, earlier this year I published a draft of the national drugs strategy. I delayed it because I wanted to work with the committee. Three things happened and this was why it was delayed, by the way. It was not that we went ahead and did the drugs strategy. I delayed it because of this. The three things were: first, public consultation to ensure everything could be shared; and, second, a stakeholder engagement process on the future shape of the structure under the HSE. As the Deputy knows, we have six health regions. We were very mindful in the new drugs strategy we involved every region. The third thing was the Joint Committee on Drugs Use. We waited until the Deputy's committee had its recommendations, so we could work with it. That needs to be clarified.

The committee's report sets out its consideration of the 36 recommendations of Citizens' Assembly on Drug Use. The views of the committee will contribute to the development of an integrated and evidence-informed health-led response to drug use. I acknowledge the 161 recommendations made by the committee, several of which relate to the national drugs strategy. I have asked that these recommendations are taken into account in the finalisation of the strategy. I hope it will be finalised by 1 September.

It is important to say to the Deputy and the committee, which has done great work, that many of the 161 recommendations are relevant to several Departments, so it is not just my own one. They fall between different Departments. I requested that consideration is given to these by my Government colleagues. I am now working with my Government colleagues on these.

Deputy Marie Sherlock: I thank the Minister of State. That is certainly very welcome. I say genuinely to the Minister of State and the senior Minister in the Department that there is a real opportunity to show leadership and to prove their credentials by getting things done with regard to this particular issue. Our committee heard hundreds of hours of evidence from 82 witnesses since April last year. It was an incredibly extensive look at all the issues. The reality

is that the Minister of State outright rejected our recommendation of decriminalisation. There was an apparent misrepresentation of what the citizens' assembly actually said and she conflated decriminalisation with legalisation.

Deputy Jennifer Murnane O'Connor: No.

Deputy Marie Sherlock: That to me is wrong. The reality is the issues are way too serious for that. There were 343 drug-induced deaths in our country in 2022. That is the latest available data. Over 80% of those in our prisons have addiction. Look at our communities. We need to change how we do things on drugs. To be honest, the Minister of State rejecting one of the recommendations less than 24 hours after publication is frankly not good enough. It is a knee-jerk response and it is anti-evidence.

Deputy Jennifer Murnane O'Connor: No.

I thank the Deputy again for her work on the drugs committee. The vast majority of the 161 recommendations will be in the new drugs strategy but one of the recommendations was on the Misuse of Drugs Act 1977. It falls under section 3. That legalises drugs. It is important we tell the people of the concern. The programme for Government reaffirms the Government's commitment to a health-led approach to drug use and to divert those found in possession of drugs for personal use to health services. I, and the Minister for justice and the Minister for Health, Deputy Carroll MacNeill, have agreed a health referral scheme, which will commence in September. The Minister and I, working with the Minister for justice, Deputy O'Callaghan, are looking at 1 September for the new drugs strategy and the new health referral scheme working together.

As the Deputy said, this is about the most vulnerable in our society. I have visited most services around the country. I see the affect drugs have on people and their families. It is so important that we get this right. I assure the Deputy that the Minister and I are 100% committed to this.

Deputy Marie Sherlock: A health referral and health diversion scheme was promised back in 2017, so we are almost ten years waiting for that. The reality is the Minister of State is fundamentally misunderstanding why we have recommended decriminalisation. It is not an end in itself. Depenalisation is to ensure that we breakdown the stigma and shame of addiction in this country. It is to ensure that people can access services and that we end the war on drugs that has not worked. The Minister of State can walk around her community or my community – it has not worked. If we are serious about a comprehensive health-led approach, and the citizens' assembly was very clear on this, it means dissuasion, diversion and decriminalisation. It cannot be cherry-picking one or two out of the three. It is a fundamental disappointment that the Minister of State is just looking at some of the recommendations and not looking at them in the round. It is a whole-of-government approach. My appeal to both the Minister of State and the Minister is that they bring this to the Cabinet and the rest of the Ministers. The Taoiseach's response that we have had a health scheme in place for the past number of years and that it is working does not cut the mustard. It is not working.

Deputy Jennifer Murnane O'Connor: Again, I have to disagree with the Deputy on that. We had a total of 15,422 cases in treatment, so we are doing work and that message needs to get out there. I visit the services around the country. I know we need to do more. The Minister and I are very mindful that we always need to put more funding into services but there are services there. As I said, there are challenges too but we are providing services. This is about everyone working together and about a health referral scheme that will give people the option to look at that. We have nine SAOR HSE workers who have been appointed across the country who will be working with this. So much work is being done on this. While this particular recommendation was the focus, I went through most of the 161 recommendations with my Department. As I said, some of the recommendations relate to other Departments. There is work being done, we are working with the committee's recommendations and we are working with other services. My Department, the Minister and I waited so we could work with everybody. We will not get everything but at least we are working on health referral scheme. That is the way it will be.

Departmental Data

89. **Deputy Peadar Tóibín** asked the Minister for Health the number of persons who have presented to accident and emergency departments with injuries arising from incidents involving e-scooters, whether as riders or pedestrians; and whether these incidents occurred on public roads, footpaths, or other locations, where such data is available. [52614/26]

Deputy Peadar Tóibín: There has been a big increase in the numbers of deaths and serious injuries caused by the use and misuse of e-scooters. E-scooters are now the biggest cause of traumatic brain injuries among children. Children are being killed and gardaí working in the area have been injured. CHI has reported that six children have been admitted to intensive care in Temple Street with traumatic brain injuries, following accidents involving e-scooters in just two weeks. What steps is the Government taking to prevent these injuries and then to ensure the necessary resources are there to treat those injuries?

Deputy Jennifer Carroll MacNeill: I agree this is a very serious issue for paediatric trauma cases and potentially acquired brain injuries. In light of the recent series of cases and the position paper published by the faculty of paediatrics, the deputy chief medical officer has formally written to the HSE's national director of public health seeking an initial public health report on e-scooter related injuries in children and young people. That report is intended to clarify the scale of the issue, the impact on health services and whether any recent public health assessment has been undertaken. The deputy chief medical officer has requested that initial report be provided by the end of July or in a proposed timeline if additional data is required in relation to it.

I can also confirm my Department is in ongoing engagement with the Minister, Deputy Darragh O'Brien, and his officials in the Department of Transport to ensure that health, transport and road safety policy remain aligned as micro mobility usage continues to grow.

The Deputy's question asked about the number of people who present to emergency departments with injuries arising from e-scooters. Emergency departments do not track that data. They certainly do not track the location of an incident outside the hospital. Their job is

to treat the child that has come in with a severe trauma. Nevertheless, the Road Safety Authority, RSA, has statutory responsibility for the promotion of public awareness, including the advancement of education and the safe use of roads. Therefore, I have referred the Deputy's question to the RSA for direct response as best it can.

However, as to the Deputy's question on the numbers presenting with injuries arising from incidents with e-scooters, whether as riders or pedestrians, emergency departments are in the business of treating people and not recording the nature or source of the injury or the location. Nevertheless, the public health assessment is an extremely important part of this and while I do not want to pre-empt it, I imagine it will give weight to any further actions to be taken by the Department of Transport.

11 o'clock

Deputy Peadar Tóibín: I appreciate that it is the job of the accident and emergency departments to treat patients, but I also believe that you cannot manage if you cannot measure. The collection of data on public health issues is a key element to track the development of a public health crisis through society. I also understand that some of the issues around this are not necessarily under the Minister's Department's direct responsibility, but we do have a crisis in this country. I myself have seen children as young as ten or 11 whizzing around in gangs, oblivious to the directions of the roads and roundabouts, flying on paths in public parks. These vehicles are being misused around the country and it is leading to a public health crisis.

Parents need to take responsibility. There is a massive lack of responsibility being taken by parents of pre-teen children. There should be fines involved in this, and gardaí need the ability to pursue scramblers and scooters to make sure they can actually bring them to a halt.

Deputy Jennifer Carroll MacNeill: As the Deputy and I are in broad agreement on this issue, I will simply use this opportunity to reiterate the potential impact of an acquired brain injury on a child or a teenager. Acquiring a brain injury is a lifelong and potentially life-limiting condition. It can impact their ability to walk, to think, to speak, to eat. It is important that we say these things in the Dáil. The impact of an acquired brain injury can be devastating, not just for the individual but for everybody around them. To acquire a brain injury, whether as a rider, a pedestrian or any person, as a consequence of the misuse of these micro-mobility scooters, or whatever we want to call them, is such a tragedy and such a catastrophe.

The Deputy is right that we need data. That public health assessment that is being done between the deputy chief medical officer, who was a clinician in Temple Street and who is very well linked into the paediatric system, and the HSE is the sort of basis on which we need to take other steps in other Departments to try to regulate and restrict usage.

Deputy Peadar Tóibín: I agree that it is important to focus on the outcomes of these tragic and serious accidents and the fact that many of these injuries are brought to the grave and are lifelong injuries that completely negatively impact the development of these children through their lives. It is time we looked at the registration of these vehicles. These are powered vehicles that can travel at speed. They should be registered in the same way motorbikes are registered. Nobody would think a person should be able to get on a motorbike without training, without being able to use the vehicle, without being at the right age and without registration and

insurance. We know that prevention is better than cure. If we can prevent young kids getting onto these vehicles and driving them in a manner that is so dangerous, we can make sure that people can live positive, full lives and that the pressure does not come on the health service. If the Minister could use her influence at Cabinet to look for the registration of these vehicles, that would make a significant difference.

Deputy Jennifer Carroll MacNeill: I have spoken to the Minister of State, Seán Canney, specifically on this in recent days and gave him a copy of the letter as to what is happening in relation to the public health assessment. I know that he, like the Minister, Deputy O'Brien, is very exercised by this, as is the Minister for justice. Not one of us in this House wants to enable or perpetuate a situation where children are acquiring injuries of this kind. They are devastating. At the same time, not one of us can go around and police every incident either. We therefore have to try to take the policy steps that will be appropriate, including supporting the Garda in making sure that it can pursue these cases and take the steps it needs to take to stop them.

I thank the Deputy for raising this very serious issue. If any child were to see the impact of an acquired brain injury on what their life would look like for the future, I wonder if they might reflect on their use of these vehicles.

Hospital Facilities

90. **Deputy Seán Kyne** asked the Minister for Health to provide an update on the progression of the master plan for the redevelopment of University Hospital Galway; the timelines for the first phase; and if she will make a statement on the matter. [52389/26]

Deputy Seán Kyne: In University Hospital Galway over recent years we have seen investment in a 75-bed en suite ward, a temporary emergency department and the new radiation oncology building, but so much more is needed. The master plan, including the 300-bed ward blocks, the oncology centre, new laboratories and a new emergency department, is hugely important to the future. I am looking for a timeline for progression of this project.

Deputy Jennifer Carroll MacNeill: It is wonderful to have this conversation with Deputy Kyne in the Dáil because I recall visiting this hospital with Senator Kyne, as he was then, now Deputy Kyne, representing Galway and a continual advocate for University Hospital Galway. He and I were there in May 2025, when we launched the completed master plan, setting out a clear vision for a modern model 4 hospital serving Galway and the west and north-west region. I commend University Hospital Galway and the REO, Tony Canavan, on the way in which they got to that master plan because it took them some time and there were different iterations of it. The way they developed a master plan and a sequential plan for delivery is an exemplar for many other hospitals around the country that might take a leaf out of their book as to how to plan for this.

I am happy to say that significant progress has been made in advancing phase 1 of this plan. A major milestone has now been reached with the appointment of design teams for two new ward blocks and associated enabling works. Together, those ward blocks will provide 300 additional beds and represent an important step in moving the master plan from being on paper

to being in real life for the benefit of patients. The additional beds will help ease pressure generally on the emergency department, reduce waiting times and improve services generally. I thank the management of University Hospital Galway, who at the beginning of March, alongside the region and the excellent Grace Rothwell, initiated a full reset of the hospital because its trolley situation had been so bad for so long, with 50 or 60 people on trolleys every day. The reset of the hospital was difficult for everyone to do, but they did it and they have managed to sustain it. They have had a few blips going backwards, but you can see and feel a different culture around the management of patient flow in University Hospital Galway. That is hugely important for patients and the Deputy's constituents, the people he represents, and I acknowledge the work they have done.

Furthermore, enabling works are under way to, among other things, clear the site for ward block A. That will maintain momentum on site while we undertake the necessary designs and statutory approval processes.

The planned relocation of the helipad is vital. I might pick that up in my further response.

Deputy Seán Kyne: I thank the Minister for that response. Certainly, the appointment of the design team is hugely welcome and a positive step. She will be aware of the Mater Hospital during the Covid pandemic and the 98-bed block that was built in two years. These things can be done where there is urgency. We have lost a lot of time in Galway, through no fault of the Minister's, because we have debated for too long whether we will redevelop UHG or move to Merlin Park. We have lost years, unfortunately, as well as money.

There is a strong case for the Minister, the HSE and the Department of public expenditure to look at seeking a derogation from the standard HSE design process by combining stages 1 to 3 into a single integrated activity. There is a strong and defensible basis for this approach. Both blocks A and B are primarily bed-based accommodation, supported by well-established HSE guidance and standard approval layouts. Considering the loss of a number of years in Galway, would the Minister see merit in engaging with the Department of public expenditure and reform on fast-tracking these design stages?

Deputy Jennifer Carroll MacNeill: I certainly will. In the first instance, I will discuss that with HSE estates. The Minister, Jack Chambers, and the Department of public expenditure and reform are as keen to develop health infrastructure as I am. The accelerated infrastructure report and the work in that is a very significant advancement in that regard. Already we are seeing different areas where we are making quicker progress than we otherwise would have done, so it is very important, and I will certainly do that.

It is also important that I highlight the relocation of the helipad. This is important for everybody in Galway and is a matter that sits with Galway City Council. The relocation of the helipad is vital to enabling delivery of the master plan. There is no other way of doing that. It is in the master plan. It is essential. It will ensure there is a clear flight path for emergency landings away from the future development areas while supporting timely transfer of patients to the emergency department. I understand that the transfer of land is due for consideration by Galway City Council in the coming days.

I know there are always concerns among local residents - we all understand that as public representatives - but this is critical to the development of proper emergency services for the people of the north west and enabling the development of the hospital master plan more broadly. I understand that further public engagement by the HSE is taking place this week.

Deputy Seán Kyne: Yes, there will be public engagement later today and again tomorrow. Residents in the Shantalla area hope to be able to pop in there tomorrow as well, and councillors will be engaging. I will certainly pass on the Minister's strong view on pushing on with a decision on the transfer of land in relation to the helipad project.

Block A and block B comprise 150 beds and the bed shortage is critical to this project. There are other very important projects, including the new laboratories, which have been in poor facilities for a long time dating back to 1953 or something like that. There also needs to be a cancer centre for the region. Professor Michael Kerin has done tremendous work advocating for cancer treatment in the west of Ireland. However, we need to do everything we can to fast-track the beds. In many cases we are talking about standard designs, which are copied from other places. We are not reinventing the wheel. There are processes in place. It was done in the Mater. It can be done here with engagement.

Deputy Jennifer Carroll MacNeill: Not only was it done in the Mater but it was done successfully in Limerick. As the Deputy says, we have this standardised design that can be replicated and has been in other places. I will take that up with the Department of public expenditure and reform and HSE estates to try to advance it as quickly as humanly possible. There is no question but that the additional beds are necessary for Galway. They still have to manage their demand and do all the other things, but they need more beds. It is an area of rising population, which is a good thing, but no matter how well demand is managed there, that pressure is coming in the future and there is no question but that it is necessary. I take the opportunity to ask all Deputies and political parties in the House to do everything they can to take any step in terms of public persuasion and public support. Without the transfer of land for the helipad, we cannot progress this plan in a major way. I ask that everyone take what steps they can to advance critical infrastructure, which is what we all need and what Deputies will rightly come in here and ask me about a different day. We want to deliver this, and this is a critical for moment for everybody in the west and north west.

Ceisteanna Eile - Other Questions

Hospital Waiting Lists

91. **Deputy Paul Murphy** asked the Minister for Health if children who are private patients have been prioritised over public patients for surgery in our public hospitals; and if she will make a statement on the matter. [52178/26]

Deputy Paul Murphy: The Minister has said she believes in equality for every baby born in our public maternity hospitals and I absolutely agree. However, the EY report into CHI shows that children whose parents can afford to go private are being prioritised for essential surgery in our public hospitals. Surely the same equality should apply to children as well.

Deputy Jennifer Carroll MacNeill: I was very concerned about this and specifically about the management of waiting lists, particularly for spinal surgeries. Because of that, along with the former HSE CEO, I undertook an audit into equity of access and waiting list management in CHI. Recognising the challenges families have faced regarding paediatric services, we also undertook a separate qualitative piece of work to try to capture their experiences away from the strict terms of the counting audit and to ensure their voices inform the development of services. The audit took much longer than I wanted it to and much longer than anticipated - I was correctly questioned about that in the House - but that time was essential to ensure that the findings, conclusions and overall report were accurate and robust. The report found no clear evidence of inequity between public and private patients, but it did outline important findings in governance, including recurring delays against clinical recommended timeframes and inconsistent documentation in relation to waiting list management, neither of which is acceptable.

Importantly, the patient and family feedback revealed dissatisfaction with waiting list management with significant emotional and health impacts, although it did not need revealing to anybody here as we were already aware. These impacts was not just for the children but also for the parents. Parents and families want to be informed, involved and treated with empathy and respect. Those findings were capable of being anticipated - I would not have initiated the report had we not had shared concerns - but nevertheless they are disappointing. We need to provide a better experience for children and their families. I have met with the HSE and CHI and I am more satisfied than I would have been 12 months ago that there is a different attitude in senior management in CHI in its responsiveness and care around this. I am not saying everything situation is perfect - I certainly would not say that - but I can see a real change in the reaction and response of senior CHI management to this audit and qualitative report, which I think is important.

Deputy Paul Murphy: I thought there was some incredible spin, and some sections of the media absolutely fell for it, suggesting that this report proves there is no evidence of inequity in access. The Minister has echoed that. That is the first finding, but the full sentence states, "No evidence of inequity ... was identified; however, this conclusion is constrained by significant limitations in data availability, classification, and sample size." It is essentially exploiting perhaps deliberately poor record keeping, to claim that preferential access cannot be proved, but it does not change the fact that preferential access was found in the report. It is there in black and white on page 109 in the context of urology. Urology consultant 2 had 20 public patients with an average wait time of 12.4 months and ten private patients with an average wait time of 1.84 months. The other consultants are not as bad but there is a discrepancy between private and public. The same applies when you go into orthopaedics. Consultant 6 has 12 public patients with an average waiting time of 1.7 months and three private patients with average waiting times of zero. There are other examples.

Deputy Jennifer Carroll MacNeill: I reject the question of trying to present this in any particular way. I commissioned the audit because of my concerns about this. There is no question but that I was uncomfortable with what was being found overall, but specifically when I drill into those a bit more there is not a systemic problem I can see. What I did see and what I was concerned about was that less complex procedures were being too easily moved to private

facilities, resulting in the more complex procedures remaining. I think what the Deputy describes with those figures reflects some of that. There is a bigger complexity than what he has presented.

This is why I initiated it. This was my concern. My concern in particular was that this was more endemic than the report ultimately gives credit for. The Deputy is right that there is a limitation in data, but there is no question but that this audit was done with the best of intent and in good faith. We see more real experiences in the qualitative piece that Lily Collison did. That was an important piece of work that really speaks to the experience children had. It is improving but is not perfect.

Deputy Paul Murphy: There is often an attempt to suggest that discrimination between private and public patients does not have an impact on safety or patient care. That happened in the debate on the Rotunda. The Minister was involved and was on the correct side of that debate. I again quote the report, which states, "For Spinal patients, only 41% (9 out of 22) were treated within the Clinical Recommended Timeframes (CRTs), meaning 59% faced delays, sometimes for several months." In terms of urology, "Of the 73 patients reviewed, 30 (41%) were treated outside the Clinical Recommended Timeframes." The median delay was 152 days. There was one case where a child waited seven years for routine surgery. The report points out that "children may wait longer than clinically recommended for assessment, investigation or treatment, with potential consequences for clinical outcomes, disease progression, and quality of life." Does the Minister agree that just as private healthcare has no place in our public maternity hospitals, it similarly has no place in CHI? We should not be building private suites in the national children's hospital. We should not be building inequality into our health system.

Deputy Jennifer Carroll MacNeill: Yes, I am a firm supporter of the public system. There is no question about that. Some 71% of our consultants in CHI are on the public-only consultant contract. However, there is also a contractual requirement to continue to provide private space for those old, type B contract holders. It is anticipated that fewer than half of the eight planned consultancy rooms will have any private clinics. The rest of the rooms are dedicated for public clinics. More important, they will be private clinics winding down over time and that will all move to public because only be public consultants will be hired in. We are still committed to the rule of law and to upholding contracts. If I say contracts have to be upheld, I have to uphold them on the other side and we have to make that space, as the Deputy is aware. We have a very strong commitment to public service. I do not believe there is space for private work in the same way. I am in agreement with the Deputy, but there are still contract holders who have a contractual entitlement to a certain number of private rooms. I see in the new hospital that will be wound down and down, as we get from 71% to 80% and 85%. That will happen over time.

Hospital Waiting Lists

92. **Deputy Paula Butterly** asked the Minister for Health the number of patients awaiting elective surgery at Our Lady of Lourdes Hospital, broken down by specialty and waiting time

bands; the measures being taken to reduce these waiting lists; and if she will make a statement on the matter. [52249/26]

Deputy Jennifer Carroll MacNeill: At a time when many waiting lists have been impacted by the ongoing trend of higher demand and increased referrals, it is wonderful to be able to report some positive progress. In Our Lady of Lourdes, at the end of May, 939 patients were waiting for an inpatient day case procedure, which is a decrease of 17% when compared with May 2025 and a 14% decrease from the start of January.

More importantly again, 90% of those patients were waiting twelve months or less and the number waiting over 12 months has decreased by 46% since May last year. That is a sign of real activity in the hospital. I am very pleased with it and congratulate the manager, Priya, for her excellent work on that and in managing urgent and emergency care as well. Some 47% of patients in Our Lady of Lourdes are waiting within the Sláintecare target of 12 weeks. The interim target in the national service plan and waiting time action plan is 50%, so we really are getting there in Drogheda.

Significant improvements can also be seen in individual specialities. Gynaecology inpatient day cases are down 25% on May last year and 18% since January of this year. Ear, nose and throat lists have decreased by 48% since last year and 14% since January. Against a trend of rising referrals and increased demands, waiting list reductions of that kind are very significant. Overall elective surgery increased by 19% to the end of May 2026, which is positive. I have to sit that against continued good management of its emergency department and patient demand overall. You cannot bring patients into an unsafe hospitals. Drogheda is not doing that and it is still getting the lists down. With two slots per fortnight in the new surgical hub in Swords, I expect those figures to further improve in Our Lady of Lourdes and across the Dublin and north-east region as the hub gets up to speed. I intend to monitor the activity in the surgical hub and the corresponding activity in the theatres in the original hospital to make sure activity is being increased everywhere.

Deputy Paula Butterly: I thank the Minister for that information and join her in congratulating the Lourdes hospital for getting on top of the issue of waiting lists and for the good work all the staff are doing, led by the new general manager. It goes to show that when there is good management, will and the ability to reduce waiting lists, we can make progress. As the Minister pointed out, they are doing nearly 20% more elective surgeries than last year but the level of staffing is the same. While this is a great success story, I wonder if it is sustainable in the long term. It shows two things clearly. First, they are very efficient but, second, the need in the region is significantly higher than the current model accounts for. Lourdes hospital is a model 3, yet it is performing as if it were a model 4 hospital.

Deputy Jennifer Carroll MacNeill: Yes, I know. It really is excellent. I am not saying everything and every experience are perfect but it is doing enormously well. It is not just in terms of elective surgery; it has also increased its outpatient capacity by 23% and is at 100% of its endoscopy priority 1 target. That is significant activity, good management of a hospital and an enormous progression for that hospital on 18 months ago, or maybe slightly more, when it was in a different situation.

More staff have gone into the surgical hub for the region and that benefits everybody. About half of the staff in the surgical hub will be dedicated to the hub and different hospitals will move in with their own teams. We have organised it such that, over a two-week period, access to the hub will be shared between Beaumont, the Mater, Our Lady of Lourdes, Cavan-Monaghan, Connolly - all of the hospitals in the region - to ensure equity of access for everybody there. The increase in staff for the hub is an increase in staff for everybody because it can take scheduled activity away from Drogheda.

Deputy Paula Butterly: Our Lady of Lourdes serves about 360,000 people in its catchment area at the moment and I believe that is growing rapidly. Going back to the idea that it is effectively a model 4 hospital while being classed as model 3, there is a case for looking at and expanding the services in Our Lady of Lourdes and making it a model 4 hospital. Looking at a map of where model 4 hospitals are in the country, we have them in Dublin, Cork, Galway, Limerick, Waterford, and Kilkenny for some services. There is a gap in the north east, considering the catchment of 360,000 people and growing. We are in a position to expand on those services. Staff and management are proving they are up to the task. Will the Minister consider this?

Deputy Jennifer Carroll MacNeill: I have asked the regional executive officer, Sara Long, and the regional clinical director, Eamon Dolan, to do a piece of work that considers the whole region. The region is performing exceptionally well in the overall management of demand, although there is more in the community that needs to happen. In that region there is Beaumont, which is a neurology specialist centre; the Mater, which is a cardiac specialist centre; Connolly, which is a position for the future for elective work; the hub; and Drogheda. There is an interesting matrix of hospitals and division of work and specialities there. I have asked them to come up with what the future of the region looks like. How do we best allocate resources? How do we think about where services should be delivered and the concentration of specialist centres? It is a region that is already demonstrating that. As we move forward with the elective hospital in Connolly, we have done the preliminary work of putting in the high-dependency unit beds. It is really interesting. I have asked them to think about the region in an ambitious way and come back to me with a plan for the future. Perhaps a model 4 is possible. I do not know. Let us see what Eamon and Sara come back with.

Health Services Staff

93. **Deputy David Cullinane** asked the Minister for Health her plans to increase clinical training capacity across health professions in the south east; and if she will make a statement on the matter. [52161/26]

Deputy David Cullinane: Workforce planning is an important component of planning for health services. This question is about the south east. What additional clinical training capacity is being looked at for the coming years across the south east?

Deputy Jennifer Carroll MacNeill: I thank the Deputy. The Government is investing €28.5 million to expand healthcare education and training nationally, supporting over 1,100 additional training places by 2028. That includes 461 additional health and social care

professions, HSCP, places across nine priority disciplines. Further expansion opportunities are being considered through the Higher Education Authority's expressions of interest process, informed by workforce needs, regional demand and clinical placement capacity.

Clinical placement opportunities are fundamental to development of the future workforce. We are trying very hard to ensure that happens in community settings as well as acute settings, recognising that is where we want people to be able to work. We are also targeting the recruitment of Irish-trained graduates into permanent roles but, although I raised this with the HSE in September and October, we are not in a place I am comfortable with in relation to that for this year. I expect recruitment to be faster and to be co-ordinated with the terms our HSCPs and other students have. It is very obvious they are about to graduate at this time of year. There is a better way of organising that than is currently happening.

In relation to the Deputy's region, the HSE Dublin and South East region conducted entry-level HSCP recruitment campaigns in 2026 to support the recruitment of newly qualified graduates. In 2025, 33 HSCP graduates were recruited into the region: six occupational therapy, ten physiotherapy, five speech and language, six social work and six dietetics. Recruitment of the 2026 graduate cohort is progressing. Three occupational therapy graduates have accepted employment offers to date. This is expected to increase as graduates complete the CORU registration process which comes after their graduation. Recruitment for other disciplines is ongoing.

Deputy David Cullinane: Recruitment is important and every additional staff member recruited in acute primary or community settings in the health service is to be welcomed. My question, though, was on increasing clinical training capacity. I know that also falls under the Minister for higher education.

I think the Minister, Deputy Carroll MacNeill, was in the Chamber this week when I raised issues in relation to South East Technological University, SETU. It has plans for a new pharmaceutical, a new veterinary and a new one health building. All of that, if funded, will be important for more graduates, research and development. I spoke to the manager of the hospital a number of times. The glassworks site in Waterford is iconic because it is the former home of Waterford Crystal in Kilbarry. Now it provides opportunities to enhance SETU. I know from talking to the local hospital manager that they see the potential for a new medical school. I think I raised this with the Minister in the Oireachtas health committee in the past. I know it straddles other Departments but there is an excitement about the site that can be realised. It could be a good opportunity to increase training capacity for doctors and other healthcare professionals if it were supported.

Deputy Jennifer Carroll MacNeill: I thank Deputy Cullinane. That does sound like a plan of work but I am afraid it is a plan of work for my excellent colleague, the Minister, Deputy Lawless, and the Department of higher education. I do not wish to step across him but I can say in relation to clinical placements and training that I have met the HSE. The Minister, Deputy Lawless, and I have been working on this together, with some frustration that the placements have been too limited to acute settings and they need to be in community settings. We are trying to work on this, although I am still not satisfied it is happening at the scale that is necessary.

I am glad Deputy Cullinane mentioned the hospital. We had a very good week this week with the commencement of 24-7 cardiac care in Waterford and I thank Ben O'Sullivan for all of the work he has done to get ready for it. I know another two consultants are yet to come into post and everyone else did extra work to make sure we met the deadline we set of 6 July. This is very good news. Of course, we will have our surgical hub by the end of the year. As to the medical school, I do not wish to step across my colleague, Deputy Lawless, on that, if Deputy Cullinane will forgive me.

Deputy David Cullinane: Obviously, there has to be an element of cross-departmental and cross-ministerial work on workforce planning. The health service cannot recruit quickly enough if we are not training and training capacity is very important. I imagine a lot of collaborative work is being done between the Ministers and the Departments. What I am saying is that I will raise this with the Minister for higher education-----

Deputy Jennifer Carroll MacNeill: Yes, and I will too.

Deputy David Cullinane: -----but I am raising it with the Minister for Health also. We could also have more training capacity in the south east and get the benefit from SETU and its plans. The hospital manager, whom the Minister has praised for other matters, sees this as an exciting opportunity.

The 24-7 cardiology care was a big day for Waterford and is a big step forward for health in the south east. I commend the Minister on the fact she ensured this happened. There was a campaign over a long number of years. I also commend people in Waterford and the south east, including in Carlow, Kilkenny, Wexford and Tipperary, who came out in big numbers on a number of occasions to demand equality of access. The fact it is now there is good news for everybody in the south east.

Deputy Jennifer Carroll MacNeill: I thank Deputy Cullinane and I acknowledge all of the people involved. The impact of it means people can rest easier knowing they will have the care they need at any time they need it. Of course I will discuss it with the Minister, Deputy Lawless, and of course it is collaborative. The more I think about the co-location of hospitals and medical schools, what we are trying to do in medical devices and pharmaceuticals, and the opportunity for research and innovation, it is driving health not just for the benefit of patients but to make sure it is a driver for the economy as well. We have such an opportunity and we have such a talented workforce. We have such a medical clinical profession that is dedicated to research and innovation. All of these opportunities present and I am so glad Deputy Cullinane has raised SETU in this context as well.

Nursing Homes

94. **Deputy Marie Sherlock** asked the Minister for Health the action she is taking to address the dearth of nursing home beds and increase the number of step-down facilities in response to the crisis in delayed transfers of care in our acute hospital system; and if she will make a statement on the matter. [52270/26]

Deputy Marie Sherlock: My question relates to delayed transfers of care and nursing home capacity. I understand that yesterday marked the highest number of delayed transfers of care across our acute hospitals in the year to date, with 555 patients who should have been discharged and were not. This marks 86 continuous days of over 500 delayed transfers of care in our hospitals. For the first four months of this year, almost 50% of those waiting to leave hospital were waiting for a nursing home place. What is the response to this crisis?

Deputy Jennifer Carroll MacNeill: I thank Deputy Sherlock, who is quite right to highlight delayed transfer of care, DTOC. As she said, it has been well over 500 variously for the last period, which is essentially a hospital. This is why the use of every bed is so very important. Deputy Sherlock is correct to identify nursing home beds, community nursing units and all of the appropriate step-down facilities that are, can and should be in the system to make sure we do not have people staying in acute hospitals longer than is necessary.

In this context, the national service plan commits to the delivery of 352 community beds in residential settings for older people in this period. The community nursing unit capital programme is ongoing and will have 90 public community nursing units and community hospital beds refurbished or replaced so they meet all of the regulatory requirements. It was a big problem for us that we had beds that were closed because of HIQA standards. This is correct because we have to bring them up to standard but it is a body of work to do this. The public-private partnership project will deliver 528 residential care beds on seven sites in 2026. The programme for Government commits to building more public nursing home beds, including dementia-specific provision, which is a huge issue in the delayed transfer of care.

We are developing a new long-term residential care additional capacity plan, which will be published in the later part of this year. There is a complexity to many of the DTOCs. There is an increase in complexity, particularly on the dementia side. There are other cases where there is a clear pathway out of hospital. I have highlighted the south west a number of times because of my frustration with the use and non-use of Mallow. There are patients in hospital today who could be discharged to virtual beds that are not being used. I do not need to conflate these different issues but it speaks to efficiency and the management of every bed and seeing every bed as being so very important.

Deputy Marie Sherlock: The average waiting time in DTOC is 24.8 days across all acute hospitals and in the midlands and north-east Dublin it is more than 30 days. This is a huge cause for alarm in terms of risk to the patients themselves and their prospects of recovery but also the cost to the hospital. We know that nursing home demand is the biggest driver of this, with more than 1,500 people waiting for a nursing home space, but I have to ask about the urgency with regard to the Government's response. In 2022, ESRI research identified that we would need somewhere between 54,000 and 60,000 nursing home beds. We had 33,000 beds back in 2022. We have gone backwards and in 2025 we had fewer beds at 32,408. We are not even running to stand still. I am glad to hear a capacity expansion plan will be put in place but, like the acute hospital expansion plan, it has been sitting there for a number of years and I am not hearing urgency with regard to this problem.

Deputy Jennifer Carroll MacNeill: Going back a couple of days, on 6 July there were 526 delayed transfers of care. Of these, 68 involved legal complexity, 35 involved basic housing

needs, 90 involved very complex clinical needs, 61 were about access to rehab facilities of various kinds, home support packages were involved in 42 cases, residential care in 217 cases and non-compliance in 13 cases. It is not just about nursing home support; it is also about support at home. For example, it is important to mention the expansion of the enhanced community care teams, which are the multidisciplinary teams supporting earlier discharge from hospital closer to home. There is also extended service availability in the evenings and at weekends, including discharge planning, community supports and decision makers addressing avoidable non-clinical delays to discharge where it is possible.

I have mentioned the virtual wards. I do not suggest that everybody would move onto a virtual ward but there are people for whom it is clinically appropriate to do so. Crucially, the SAFER patient flow bundle and the plan for every patient are now in place across most sites, supported by seven-day and 14-day length-of-stay reviews.

Deputy Marie Sherlock: Obviously, there are a whole range of issues as to why people do not leave hospital. Almost 70% of the cases relate to a need for residential care or complex care such as dementia. The big issue is the cost. We know the HSE is running a significant deficit at the moment. It will not even make the savings it is supposed to make at the end of this year. We know the cost of an acute daybed is about €1,300, which is almost five times the cost of a community nursing unit bed. This has a very real financial implication for hospitals. The question being asked of me is about the tolerance and particularly the very long average waiting times across our acute hospitals. We need to see a much greater urgency with regard to a nursing home capacity plan, which would be a public nursing home capacity plan.

Deputy Jennifer Carroll MacNeill: I agree with Deputy Sherlock. I recall speaking with one of the hospital managers where this is a most acute issue with regard to what is going on, what the experience is and what conversations are happening. Again, there is a question of dementia and advanced decision-making. Some of these issues are very complex and that is its own bundle. As Deputy Sherlock said, there is also the need to access nursing homes and public nursing home support. Within this, it is important to say we will not be able to facilitate every request for every patient to be in the exact location they need to be. There are some questions. I do not wish to overstate it or amplify it but I am saying we will be able to provide supports but we will not be able to provide the perfect support for every person either. A measure of flexibility will have to come into that too.

There are also cases, and again it is hospital managers describing this to me, where families do not want to have a particular outcome and the hospital needs to move the patient, who is no longer an acute model 4 hospital patient but requires a different type of care.

It is important that everybody understands that model 4 beds are for the most acutely unwell and people cannot stay.

Hospital Facilities

95. **Deputy Shay Brennan** asked the Minister for Health for an update on the plan to increase capacity by between 4,000 and 4,500 new and refurbished inpatient hospital beds across the country; and if she will make a statement on the matter. [48058/26]

Deputy Martin Daly: I ask the Minister for an update on the plan to increase the capacity of inpatient beds by 4,000 or 4,500 across the country and if she will make a statement on the matter. We know we currently have 12,000 public beds and 2,500 private beds, which is about 2.9 beds per thousand of the population. We also know that the ESRI has predicted a need for a 40% increase in inpatient beds by 2040 and that the plan in 2024 was to provide 3,352 new beds.

Deputy Jennifer Carroll MacNeill: I thank the Deputy. The programme for Government, as the Deputy said, sets out a commitment to increase bed capacity by between 4,000 and 4,500 new and refurbished inpatient hospital beds across the country. This will be achieved through a regionally balanced capacity expansion plan. The substantially enhanced national development plan, NDP, provision for the health sector of €9.25 billion will support the delivery of those beds.

To give the Deputy a much more specific update, 292 new acute inpatient beds have now opened across the country since the programme for Government was agreed, between January 2025 and June 2026, including 128 beds in University Hospital Limerick, 18 beds in Cork University Hospital, 15 beds in Our Lady of Lourdes Hospital, Drogheda, 20 beds in Beaumont Hospital and 24 beds in Mallow General Hospital. The HSE anticipates opening 108 more new beds over the course of quarter 3 and quarter 4 of 2026 and quarter 1 of 2027.

Some 259 inpatient beds are currently under construction, including 97 beds at Wexford General Hospital, 42 beds at Sligo University Hospital and 30 beds in University Hospital Kerry. It is intended to open those beds as soon as possible once constructed. In fact, as the Deputy is aware, we are recruiting ahead of the beds being delivered to make sure the staff are there. A further 185 beds are at tender stage and another 152 beds are now at the detailed design stage. We are now seeing this bed-by-bed, significant pipeline of projects progressing through earlier stages of planning, design and approvals. Rather than giving the Deputy broad figures, I thought I would be very specific as to the progress being achieved.

Deputy Martin Daly: I thank the Minister very much. We had the excellent Professor Rose Anne Kenny, co-ordinator of The Irish Longitudinal Study on Ageing, TILDA, in recently with the health committee. She pointed out the demographic challenge we are facing in health. We are going to have 1 million people over the age of 65 by 2030 and a doubling of the number of those aged over 65 by 2057, to 1.6 million people. We have already seen this trend happening from 2013, with an increase from 569,000 to 806,000.

I bring these figures up because this challenge is looming. Obviously, beds are not a silver bullet, but they are going to be part of the overall way we manage health in future. We will probably start with proper screening programmes at the age of 50, with the whole population moving into better-resourced primary care, step-down beds and rehabilitation beds. I also support Deputy Seán Kyne's call for the Minister to press for the 300 additional beds in UHG. This is a level 4 hospital operating with level 3 capacity.

Deputy Jennifer Carroll MacNeill: I thank the Deputy. He will not hear any complaint from me about people pressing me to deliver more health infrastructure or to spend more capital moneys. I am doing my very best to spend my entire capital allocation as quickly as possible

and I run the risk of spending other people's capital allocation, if I can be so lucky or so bold. This is because, as the Deputy said, this infrastructure investment is essential for the future.

While I do not wish to be flippant about it and, of course, we must achieve value for money and we must take the correct decisions through the right processes, we really have to aggressively spend on health infrastructure in the right way to make sure we are going to meet the very excellent challenge of having not just a growing population but an ageing population. Some of my European health colleagues do not have that same wonderful situation. Nevertheless, it creates a significant infrastructure challenge for us for the future.

Deputy Martin Daly: I accept that answer and I thank the Minister very much for that update. It is important because people sometimes equate healthcare with hospital beds, but that is not reality. In isolation, beds cannot provide for the healthcare needs of the public. We will never develop enough capacity in beds unless we change the way we manage healthcare, both in preventative and in primary care. We really do have to step up the number of rehabilitation beds, step-down beds, home care packages, primary care therapies and nursing home beds in the community. We also need to think more strategically about how we manage the health of the population from the age of 50 onwards. Professor Rose Anne Kenny made that very point to the health committee. Deputy Sherlock already pointed out this challenge because we both listened to Professor Kenny's excellent presentation at the health committee last week.

Deputy Jennifer Carroll MacNeill: I agree, particularly concerning rehab beds, step-down beds and neurorehab beds. I was in Blarney with Deputy Colm Burke to look at the neurorehab step-down beds in Mercy University Hospital. It was quite creatively done. It was a former hotel on a golf course that was acquired and redesigned for this purpose.

We really are trying to be imaginative and innovative about where we can acquire space to be able to provide beds of every kind. I was in Tallaght University Hospital yesterday, where existing space has been found within the hospital to be repurposed for beds. I have been in hospitals where there are plans to turn records rooms, where patient records have been stored, into beds. Hospital managers are being creative where they can be at the moment, but none of those things are going to equate to the scale of the number of beds we need. We need this significant capital programme, which I hope I have outlined. I do really recognise the challenge.

EU Directives

96. **Deputy Shane Moynihan** asked the Minister for Health the steps her Department is taking to address delays in processing reimbursement applications submitted under the cross-border directive; and if she will make a statement on the matter. [52045/26]

98. **Deputy Shane Moynihan** asked the Minister for Health whether reimbursement under the Cross-Border Directive will include interest costs incurred on bank loans or credit facilities used by patients to fund upfront medical treatment abroad, particularly in circumstances where reimbursement delays significantly exceed indicative processing timelines; and if she will make a statement on the matter. [52044/26]

Deputy Shane Moynihan: These questions are to ask the Minister for Health what steps her Department is taking to address the delays in processing reimbursement applications submitted under the cross-border directive. Will reimbursement under the cross-border directive include interest costs incurred on bank loans or credit facilities used by patients to fund upfront medical treatment abroad, particularly in those circumstances where the reimbursement delays significantly exceed indicative processing timelines?

Deputy Jennifer Carroll MacNeill: I propose to take Questions Nos. 96 and 98 together.

The cross-border directive allows public patients to access healthcare, which they would have been entitled to access in the public healthcare service in Ireland, in another EU or EEA country. As the Deputy is aware, patients pay upfront for the treatment and are reimbursed upon their return to Ireland. We want to support patients in this way and I do not want them to have additional administrative or any form of burden because of the operation of this scheme.

The HSE is responsible for the operation of the cross-border directive and has a dedicated office for that purpose. There has been continued growth in use of the scheme. The HSE tells me that this has placed additional demands on the HSE cross-border directive, CBD, office and given rise to a build-up of applications. The increased activity is evidenced by the number of treatments reimbursed increasing by approximately 75% between 2020 and 2024.

Nevertheless, it is important this service operates in a responsive way and that reimbursement applications are processed within a reasonable timeframe. The HSE advises that it usually aims to repay patients within 30 days of receipt of all completed documents. However, the HSE also advises that it is currently processing applications received in mid-January 2026. A six-month delay for reimbursement is absolutely unacceptable. It is not fair to patients to have an additional financial burden placed on them that is occasioned simply because of administrative delay, notwithstanding the increase in applications.

Accordingly, the HSE has advised my Department that additional resources are being assigned to manage this increase in demand with the aim of restoring processing times back to expected and more acceptable levels. I have, however, set the HSE a very specific target of getting back to the 30-day target by the end of 2026. It will need to sort this issue out between now and then and get back to that 30-day target. It is not reasonable to put administrative stress, financial stress or other burdens on people in addition to their healthcare issues.

As the Deputy knows, the reimbursement amount is the cost of the treatment in Ireland or the cost of it abroad, whichever is the lesser. Reimbursement is confined to the costs of the care itself and does not include any additional costs incurred by the patient. This is not the Deputy's question, however. His question is about the timeline, and I hope I have given him some confidence that this will be changed by the HSE.

Deputy Shane Moynihan: I thank the Minister for that very comprehensive answer. I welcome her support and proactiveness in getting the HSE to commit to that timeline.

I have a few follow-up questions. This is around confidence-building. It is a very useful directive and gives us additional capacity in getting people the treatment they need. From my understanding of how the scheme operates, it centres on a small number of providers and hospitals because of the specific procedures that are there. As the Minister said, waiting six

months for reimbursement is onerous, especially if it is an older relative or someone who has been waiting for a long time.

Could the Minister say a bit more about whether any consideration can be given to a situation where a family, not of substantial means, has had to take a loan to pay for the overall cost of the treatment and because they have not been able to repay that loan, or because the reimbursement has been delayed, this has led to interest being accrued on the credit facility they took?

Is the HSE considering providing alleviation for families who find themselves in those circumstances through, as the Minister said, no fault of their own? It is unacceptable they should have to wait that duration of time to receive the reimbursement due to them and they then have to pay an additional interest or credit charge on top of that. There is a question of fairness. I fully appreciate and am grateful to the Minister for driving the HSE to get back to a 30-day target by the end of 2026. How confident is the Minister that it will do that? Is it allocating additional staff? What exactly does additional resource look like? Will the HSE report to the Minister with an interim progress report before the end of the year to see how this is tracking? Has the HSE made any substantial progress in addressing that target in the meantime?

It is a good directive and scheme. From a political point of view, we are very supportive of this but it is also about making sure patients relying on it get the reimbursement they are due. As I am sure the Minister will agree, we do not want to cause more hardship to or place onerous pressure on people who may have been through a procedure or have had a loved one go through a procedure. Will the Minister share her thoughts on the staffing, her confidence that the HSE will reach the target and the refund of interest on credit facilities?

Deputy Jennifer Carroll MacNeill: I cannot speak to the specific staff numbers. I generally find it is about process change as much as staff increases, so I think it is a measure of both. I will look for an interim report, probably in October, as to how the work is going. I made the point that it is possible to change processes. For example, this time last year, I gave the Medical Council a significant challenge to sort out its backlog of people applying to be doctors in this country. It was a patient safety issue not to have had them. By September, it had that done. These things can be done with a measure of focus, and I expect it to be done in this case.

In relation to the specific question about interest and bank loans, there is a difficulty with this. The reimbursement is limited to the eligible healthcare costs that would have been met by the public health service. There is no provision for the reimbursement of interest charges, borrowing costs or other consequential financial costs. Reimbursement under the cross-border directive is governed by European and national legislation. Reimbursement of additional costs is not envisaged by the directive because it was never expected people would be waiting in that period. I appreciate the unfairness point the Deputy made. That is why I am saying these delays are absolutely unacceptable and we need to get back but there is not provision in that scheme. We have no flexibility to change a European scheme of that kind in relation to additional costs beyond the healthcare costs.

Deputy Shane Moynihan: I thank the Minister for her response, in particular on the process change. If possible, will the Minister tell us if there are particular processes the HSE has

identified which it thinks could be changed to speed this up? I am always reluctant to say we need to throw more staff at a problem, especially when it is administrative, because, as the Minister said, more often than not a system change is needed or there are unnecessary barriers in processing which cause delays.

I fully accept the Minister's point that the directive is European legislation but the European legislation did not envisage it would take six months to reimburse an application. In that vein, is there any consideration that can be given internally for the HSE to look at what it might do to remediate and compensate the people who, through no fault of their own, are left to pay large amounts of interest they did not envisage when they took out the loans? That was not an expectation of the scheme when it was set up. It certainly was not the expectation of the patients when they applied for the scheme but, with all due respect to all involved, the HSE is the one at fault for the delay. There should be some indication or signal from it about how it might compensate or at least take account of the fact that the interest accrued or credit facilities people took have given rise to additional bank charges on the fees.

From a human point of view, families who have gone through the stress of having to travel abroad to get a procedure are expecting reimbursement. Six months down the line, they have not been reimbursed and are hit with extra interest or bank charges. This was not envisaged by the European legislation. I fully accept the point on flexibility and the parameters but given that this is a process issue related to the administering of this scheme, will the HSE look at compensating for or taking account of that in the reimbursement process?

Deputy Jennifer Carroll MacNeill: I appreciate the point the Deputy is making but I am not going to make any commitments or policy on the floor of the House. I am also operating without information on the specific patients, the duration or the interest costs. I do not have any of that information but if the Deputy wants to speak to me about the matter privately, I will be happy to look at it. However, I will not make promises I cannot deliver as it would not be right for me to do so. I appreciate the Deputy's point and his reasoning.

Question No. 97 taken with Written Answers.

Question No. 98 taken with Question No. 96.

Healthcare Policy

99. **Deputy Marie Sherlock** asked the Minister for Health the reason the national lipoedema working group is proposing to exclude surgical intervention from its guidelines on the management of lipoedema; and if she will make a statement on the matter. [52269/26]

108. **Deputy Maeve O'Connell** asked the Minister for Health for an update regarding the work her Department has undertaken to improve access to care for people living with lipoedema. [47296/26]

Deputy Marie Sherlock: My question concerns lipoedema. It is a condition experienced by an estimated 11% of women in this country. We understand a working group was set up in 2023 and was due to report in the second quarter of this year. We have not seen it yet. When will we see that report? I raise significant concern about the outcome of the report, in that the

HSE has indicated it relates only to diagnosis and non-surgical management, when we understand surgery should be an important part of the care of these women.

Deputy Jennifer Carroll MacNeill: I propose to take Questions Nos. 98 and 108 together.

I recognise that lipoedema is a chronic and often very painful condition, which can significantly affect physical health, mobility, quality of life and psychological well-being. It is frequently under-recognised or misdiagnosed. I am very aware of the distress many women experience in seeking recognition, diagnosis and appropriate support. Diagnosis remains challenging as there is no specific diagnostic test. It is based on clinical history and examination by an experienced clinician, with investigations used to exclude other conditions or contributing factors. There is currently no medication or cure as such that we are aware of. Management that appears to be the approach, requiring a holistic, multidisciplinary and person-centred approach.

In relation to surgery, the HSE's chief clinical officer has tasked the national clinical programme for plastic surgery with reviewing the evidence. I understand the clinical programme has provided its advice to the chief clinical officer for consideration. I would like to have the opportunity to discuss this with the chief clinical officer in greater detail. I have not had that opportunity in the context of the parliamentary questions and everything else going on. International research continues to evolve, including the LIPLEG trial in Germany examining whether liposuction can provide greater long-term improvements in pain and symptoms compared with complex decongestive therapy alone. That evidence will be important to inform any future updates to the guidance. A working group was established in 2023 to develop a standardised, evidence-based approach for health services but I really want to discuss the matter with the chief clinical officer, recognising the evolving evidence.

Deputy Marie Sherlock: Many in the medical community with expertise in this area are of the view that specialised sparing liposuction surgery - there is big distinction from other types of cosmetic liposuction - is the only intervention that can directly address the pathological adipose tissue issues. Many women have to travel to Cyprus and other countries to access those surgical interventions. Serious consideration has to be given to that surgical intervention in Ireland. Some women who believe they have this condition are seeking liposuction in a setting not specific to lipoedema, which is very worrying. We need to make sure we can provide for these women in this country.

Deputy Maeve O'Connell: I take this opportunity to raise awareness about lipoedema. As Deputy Sherlock said, one in 11 women or girls has it. That is one member of your camogie or football team or two in your leaving certificate class, at least. That is how significant this is. I know the Minister is a huge advocate for women's healthcare. I joined her yesterday in Tallaght hospital for the national women's strategy. We really need to see a strategy and path forward for how we will raise awareness among the public and medical professionals, specifically for early diagnosis, which is so important for early treatment and in preventing this condition from becoming a more severe chronic disease. There are also psychological issues associated with chronic disease, in particular one like lipoedema, which is a physically debilitating and visual disease that women and young girls in particular are very sensitive to.

Deputy Jennifer Carroll MacNeill: I thank both Deputies. It is wonderful that so many other Deputies have joined us to hear that lipoedema affects 11% of women. It is a serious chronic disease and, as with many other conditions for women, we have to think carefully about the research available. Yesterday, we launched the third iteration of the women's health action plan. In that we talk about so many conditions that present differently for women. For example, heart failure in women has different symptoms, has been under-researched and under-diagnosed and treatment outcomes have not been as good because of that.

12 o'clock

We put €2 million in funding this year specifically into women's health research, precisely to identify areas that have been under-researched. Many colleagues here have talked about endometriosis. Lipoedema is just as important. It affects 10% or 11% of women and the impact on lymphedema - the crossover that can happen - is also a significant risk with serious health implications.

Women's health has been under-researched and under-diagnosed and there has been a bias in research against understanding women's health as something distinct, important and separate from health generally. We have seen that consistently in the research. It is important we take the opportunity to consider the most contemporary research on lipoedema and that it has the opportunity to feed in at every level. I will discuss it with the chief clinical officer to make sure we have all the best evidence about this condition.

Like the Deputies, I know women with lipoedema. There are many of them. Like the Deputies, I want to advocate loudly for women's health generally. I thank them for joining us at the women's health action plan launch yesterday. We must continue to advocate separately and differently against the bias that has existed against women's health and women's health research for so long. I thank Deputies Sherlock and O'Connell for raising the important issue of lipoedema in front of all Deputies today.

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Written Answers are published on the Oireachtas website.

Ceisteanna ó Cheannairí - Leaders' Questions

Deputy Eoin Ó Broin: The abuse and trauma suffered by women and children at Bessborough Mother and Baby Home in Cork city is not a matter of history. That suffering is hardwired into the present day lives of survivors and their families. It also echoes in the memory of those who never made it beyond the high walls and wrought iron gates.

The decision to grant planning permission to a private developer to build apartments on the site of the home was appalling, utterly disgraceful. Understandably, it was met with real anger, disgust and hurt by survivors, their families and the public at large, not least because 829 children who died in Bessborough are unaccounted for to this day. We still do not know where they are buried or what happened to them and there has been no proper investigation of the

land. It goes against basic decency and compassion to pave over the Bessborough site for any reason, especially while those questions remain unanswered.

Campaign groups have made it clear that they will fight against this decision tooth and nail. It was no surprise that appeals were lodged by survivors to stop the development going ahead. In that time, they have repeatedly called on the Government to buy the Bessborough site to ensure a proper excavation and investigation of the land takes place and, crucially, to preserve Bessborough as a site of national conscience.

Last week, the Taoiseach told the Dáil the Government would await An Coimisiún Pleanála's decision on the appeals. That day has arrived. Today, having already wrongly refused demands for an oral hearing, An Coimisiún Pleanála has now decided to allow the development to proceed, almost in its entirety. As we stand here, Bessborough is to be turned into a construction site, paved over for this development. It is a shameful decision and the Government should simply never have allowed it to get to this point. This is a site whose soil holds many secrets and much trauma and which is potentially the final resting place of hundreds of children. An Coimisiún Pleanála has now made its decision so the question is: what will the Government do? Will it stand back and allow the site, which possibly holds the remains of these children, to be destroyed? Will it try to remove survivors when they chain themselves to the gates in protest, as they have said they will, or will it finally listen to them and hear their calls for respect, justice and truth? Will it buy the Bessborough site and stop this outrage from happening?

The children and women of Bessborough deserved more in life and they were failed, abused in the most horrific fashion. The least the Government should do now is protect what is possibly the final resting place of so many; protect the site so survivors can get the answers, truth and justice they desperately need and deserve; and give these children and women the dignity in death that was stolen from them in life. Those who suffered so much at Bessborough mattered. The women mattered, the children mattered, those who died mattered and the survivors continue to matter.

Will the Minister show survivors and their families that they matter to his Government? Will he give them a clear commitment today that the Government will buy the site, facilitate proper investigation of the land and preserve Bessborough as a site of national conscience?

Minister for Enterprise, Tourism and Employment (Deputy Peter Burke): I thank Deputy Ó Broin for raising this important matter. I cannot imagine the trauma many families are going through right now as a result of the conclusion of An Coimisiún Pleanála on this file. This was a dark time in our past. Many families were affected by institutions in our State at a time when the State turned a blind eye to vulnerable families - those who needed support at key junctures and crisis points in their lives.

The Government can now engage with survivors and people in the vicinity directly affected by this decision. There is a huge body of work in doing that and we have to do it respectfully and with dignity. In terms of the planning authority and the coimisiún, we know these are independent processes and they have to run their course. The coimisiún came forward with its determination, which was announced this morning.

This is a 60-acre site on a wider 200-acre site where the estate was originally. The Deputy raised a number of items and, as a Government Minister, I cannot respond with precision about what the State will do about a CPO, which the Deputy has proposed, and collectively in terms of a monument for the future. What I would say is it should be victim-centred. Those who have been affected by this trauma and the families who carry this grief to this day need to be front and centre in the determination of the future of that site. I believe that, having spoken to many families about their experiences of this difficult trauma in many different parts of the country. It was horrific and they live consistently with the scars of it.

The Government has done a number of things to try to respond to the challenge of the past - the neglect by the State in the past. We set out in our action plan for survivors and former residents of mother and baby home institutions a number of actions. In November 2022, the then Minister for housing wrote to local authorities, including Cork City Council, requesting adequate consideration be brought to bear in development plan processes and consideration be given to very sensitive sites such as this one. That is key here. At a time when people are vulnerable, people are being reminded of, and consistently endure, the scars of the past. That needs to be brought to bear and brought to the forefront. The Government needs to give them a compassionate hand and work with them to try to get agreement about the future of the site. Notwithstanding that, two independent processes have taken place but I hope the Government will now engage proactively with the victims.

As a father of two young children and as a husband, my heart is absolutely with victims and survivors who had backs turned on them at a hard and dark time in our State. Now we are in a different place.

We are a more compassionate Government. We are an understanding Government. We are a Government that wants to hold out the hand of friendship to try to rectify the scars of the past.

Deputy Eoin Ó Broin: I welcome the Minister's acceptance that the survivors and their families need compassion. However, what they need more urgently is a decision from Government. They have waited long enough and have fought far too hard to get where they are. Their ask is very clear. There is no ambiguity as to what they want. They do not want this building to go ahead. They want the State to acquire the site. They want a proper investigation and excavation of the land. Crucially, they want the site preserved as a site of national conscience. When will the Taoiseach, the Tánaiste and the Government meet the survivors to discuss these issues? When is the Government going to make a decision? Can the Minister at least tell us today that it is the Government's view that this development should not proceed and that the interests of the survivors, their families and those whose bodies may lie in this land should be put before any development, any developer or any profit? When will that meeting take place? When will a decision be made? Should the building not now proceed?

Deputy Peter Burke: This is a time to listen. It is a time to listen to the victims, to understand their trauma, to give them the hand of friendship and to work with them on the future of this site. I do not want to say anything or talk about independent reports or authorities that would exacerbate their trauma. We have to work with victims and survivors. The Government will compassionately engage with survivors in the area. I have not spoken with the Taoiseach or the Tánaiste subsequent to the issuing of the decision by An Coimisiún Pleanála. That work will commence across government. The Government has been very much aware of this issue.

It is aware of the processes that were going on. It is obviously very difficult to engage when independent institutions are making a determination as part of a legal process. We now have that opportunity. We will engage proactively with victims and survivors. I say that genuinely as someone who really understands the trauma that many families have experienced at the hands of the institutions of this State going back decades.

Deputy Ged Nash: Another week has gone by and there is still no sign of the report on Aughinish Alumina from the Minister's Department. It is now over three months since *The Irish Times* published its investigation on 24 March. It is a month since Deputy Bacik asked the Taoiseach to bring forward a solution to protect jobs and to put in place a ban on exports to Russia. It is eight days since President Zelenskyy delivered a hard truth, which is that every tonne of raw materials that ends up in Russia is used in the war against Ukraine.

The evidence in the public domain is damning. The report in *The Irish Times* clearly showed that, based on official national statistics, over 80% of alumina from Ireland was being shipped to Russia and turned into weapons. The Minister's Department has disputed this. It says the percentage is less than 50%. Even 1% is 1% too much. Let us remember Zelenskyy's words. He said that every tonne is being used against Ukraine. That alumina is killing innocent Ukrainians every single day. Apartment blocks are being indiscriminately hit by Russian missiles and drones made with Irish materials. This is seriously damaging to our international reputation. We are complicit.

Yesterday, the European Parliament voted in favour of a proposal to ban alumina exports to Russia. This amendment was put forward by the Labour Party's S and D group colleagues and the Minister's party's own grouping, the European People's Party. We welcome Fine Gael and Sinn Féin's support for an export ban. It is disturbing that Independent Ireland's MEP voted in support of the continued export of materials of murder. After all of their strong words of support for Ukraine over many years, it is deeply concerning that Fianna Fáil MEPs abstained on a non-binding motion. The Minister's party's MEP took the morally correct position that we need a ban on these exports to Russia. Does the Minister support them? It looks to me as if Fine Gael and Fianna Fáil are divided on this critical issue.

As Labour has said for months, there are options open to us to stop these lethal exports while also protecting jobs. The plant must be nationalised. We will support the Government in taking strong action that sends out an important message internationally as to where we stand. However, the Tánaiste said last week that he had not been part of any discussions about a possible nationalisation of the refinery. That is an astonishing statement to make. We are constantly being told that this operation is important to Ireland as an employer and an energy supplier and that it is vital to the EU industry supply chain. If that is the case, it is an absolute dereliction of duty if the Taoiseach, the Tánaiste and the Minister's Department are not preparing plans with the European Commission to temporarily take over ownership of this facility, especially when Sweden has determined that the parent company is still controlled by a sanctioned Russian billionaire.

I have three simple questions for the Minister. When will the investigation be completed and the report published? Is there political division between the Government parties over Aughinish Alumina? Has the Minister's Department drawn up any plans, contingency or otherwise, to nationalise the Aughinish refinery?

Deputy Peter Burke: I thank Deputy Nash for his question on this very important issue. I will say clearly and unambiguously that I share his concerns in relation to ensuring that no product produced in Ireland ends up in the Russian military complex. We are very firm in that belief. Critically, I say that in the context of a Government that has been unwavering in its support for the people of Ukraine. It has provided almost €500 million in aid and supports Ukraine at the coalface when it needs spare parts for its grid or humanitarian aid and support. The Government has fought for Ukraine in every international forum at which we have speaking rights. Critically, Ireland has provided a home for many Ukrainian citizens and provided 14,000 school places for Ukrainian children in the space of a number of months. Irish society really responded to that challenge.

In connection with the report my Department is preparing, there are three competent authorities licensed to carry out these investigations: the Central Bank, the Department of Foreign Affairs and Trade and the Department itself. My Department has operational responsibility for policy in relation to the EU, along with the Department of Foreign Affairs and Trade. We are preparing this report on foot of that responsibility.

I will put one thing very clearly on record in response to something I have heard repeated on a number of occasions. During the negotiations on the 20 sanctions packages introduced since the war in Ukraine began, our Government has never asked for any sanctions not to be imposed on Aughinish Alumina. We have never asked for any leeway. We have never lobbied on the company's behalf. I have heard suggestions in some outlets that the Irish Government was in that company's corner at key European forums. That is not true. The European Commission has brought forward 20 sanctions packages and Ireland has supported them all 100%. It is very important to put that on the record.

I expect to have the report within the next ten days. At this point in time, we are working on a number of clarifications with the Ukrainian authorities. I met with the Ukrainian ambassador earlier this week. We have also been engaged with the Swedish authorities in connection with their investigations. We need some clarifications. We have to reach a certain evidential threshold before going to the European Commission. That is very challenging. I have been honest and open about that. It will be challenging to get evidence that meets that threshold. I have also said that the Revenue Commissioners are reassessing their figures because the management of Aughinish Alumina has advised that an error was made in recording the trade flows to the EU versus the trade flows to Russia. As I have pointed out in the House previously, it is my understanding that, in 2025, about 44% of exports went to Russia. I absolutely agree that it is unacceptable for any amount to get into the wrong hands. However, I must also be clear that we have to put the facts on the record. I have to meet an evidential threshold. My Department has to stress-test what is in front of it. I am hopeful that it will come to me with the final results of the investigation within the next ten days.

Deputy Ged Nash: The Russians are not using alumina from Aughinish to make Ladas. It is as simple as that. If it is 1%, that is 1% too much. We can argue whether the data says 80% or 50% but, if any scintilla of material from Aughinish is going to the Russian war effort in its illegal war on Ukraine, Ireland needs to stand up. We cannot be selective in the kind of solidarity we show to Ukraine and its civilian population. We need to back Ukraine 100%.

The Minister recently said on "Morning Ireland" that he had no information showing that exports from Aughinish are being used to kill Ukrainian civilians. At this point in time, given that the investigation has been up and running a number of weeks or so now, it is hard to accept that there is no evidence that the Minister is prepared to put on the public record that Aughinish Alumina is, in fact, exporting materials to Russia that are being used for the military effort and to assist the Russian military complex.

It is a little bit hard to take and accept at this point in time, given that the investigation has been up and running for a number of weeks or so now, that there is not any evidence the Minister is prepared to put on the public record that Aughinish Alumina is, in fact, exporting materials to Russia that are being used for the military effort and to assist the Russian military complex. The Minister needs to lay that out here and this report needs to be published before the Dáil rises next Thursday so we can properly debate the report and ensure we are showing the type of real practical support to the people of Ukraine that we ought to be providing.

Deputy Peter Burke: First of all, I was very clear that any amount of alumina getting into the wrong hands is unacceptable. Second, this is an independent report being carried out by my officials. I am not going to go and tell them, when they tell me they are not finished and that they need more time to stress-test the evidence that is in front of them, that they have to finish that report tomorrow. That is interference and I do not want to interfere or prejudice a report on which they are doing their due diligence. They are a competent authority designated under the European Commission and they are experienced to do that work. That work must be completed and then the report will be presented to me. I and the Government have been very clear that our support for Ukraine is unwavering, but we have to get our evidence together. I said that and I was very honest about that. The reporters from the Organized Crime and Corruption Reporting Project, OCCRP, were also very honest when they stated in their report that there is no direct evidence that alumina is getting into Russian military items. We are working so hard to get the direct evidence to ascertain that, but it is challenging. I would be dishonest if I were to say this was going to be a simple solution. This is going to be very complex and, critically, the European Commission will have to stand up and take the lead on this. I have said that we will back it. We have backed the European Commission on every single sanctions package that has come forward. Contrary to reports, we have not lobbied on behalf of Aughinish Alumina, nor have I ever done so as a Minister. I mean to support international rules-based order and the vulnerable people in Ukraine.

Deputy Ruth Coppinger: There have been two femicides this week in Ireland, a femicide being the killing of a woman because she is a woman. The femicide count in this country has officially surpassed the total of last year and it is only July. We send our solidarity to the loved ones of Adina Constantin and Jamey Carney.

Yesterday, the Taoiseach said that figures on violence against women are going in the wrong direction, but what has the Government actually done about them? The most basic thing the Government could do is properly fund the organisations that deal with violence against women. Instead, they are charities. These charities have seen rocketing calls. Women's Aid saw an 11.5% rise last year. There were 62,275 disclosures. It got €1.3 million from the Government. It had to raise €2.7 million in donations. Dublin Rape Crisis Centre, DRCC, had the highest number of calls since its foundation. It got €3.3 million and had to fundraise €1.8 million itself.

Does that really strike the Minister as taking gender-based violence seriously when people have to rely on 5 km runs and bag packs to function? If we compare this with the hospitality VAT cut of €680 million or the €25 million for the greyhound industry, it speaks volumes.

The UN has said about gender-related killings, "Initiatives that focus on ... prevention, changing social norms, and engaging whole communities to create zero tolerance for violence against women, work best". This society has a very high tolerance for violence against women: rape allegations against multiple footballers playing in the World Cup, and they play on; the US ambassador going to Conor McGregor's pub, somebody found liable in a civil case for rape; the Taoiseach honouring Trump, a predator, and not listening to survivors when they ask about legislative change.

When is the Minister going to tackle the violent misogyny being spread by Internet companies? The rise in violent misogyny has run parallel to the rise in the statistics for violence against women. Will the Government contact mainstream media outlets that yesterday irresponsibly stoked up the flames of racism by reporting that an asylum seeker was being sought for the murder? The common denominator in violence against women is men, not a nationality. Since Women's Aid has been tracking femicide, it has found that 88% of women were killed by somebody known to them. That includes sons and grandsons. There is a figure from the UK - a mother is more likely to be killed by her own son than by a stranger. Violence against women rocketed during Covid. Why? Because women were stuck in their own homes with their own partners. That disputes any notion that this is anything to do with strangers, asylum seekers or whatever. It became known as a shadow pandemic. What is this Government doing about the pandemic of gender-based violence? It does not strike me that it is treating it as the public health emergency that it is.

Deputy Conor Sheehan: Hear, hear.

Deputy Peter Burke: Absolutely, I concur with the Deputy on the serious nature of femicide and sexual and gender-based violence. That is why the Government does treat this issue with the utmost seriousness. My sympathies go out to any family who have been affected by this. The pain and trauma of victims who have to live with the scars of the actions of others is unimaginable.

First, I will put on the record that there is about €80 million under budget 2026 to support this sector. We have really worked to increase the number of domestic violence units, which is up 30% from 2022, and the number of safe houses, which really needs a huge amount of additional work. I would accept that there are a lot of gaps right across the country that we have to fill. The Minister, Deputy McEntee, took a huge leadership role in this area in the previous Government, which is being carried on by the Minister, Deputy O'Callaghan, in the current Government.

If we look at the actions that have happened, we have our third national zero-tolerance strategy, which now has an implementation group. The implementation group published its report recently. We established Cuan, which is the domestic, sexual and gender-based violence agency taking leadership and accountability in this area. We have very significant evidence from the Central Statistics Office, CSO, Sexual Violence Survey 2022 and we are planning for a second one next year. We have delivered a huge number of awareness campaigns as well.

More importantly, we might look at the legislative change the Government has embarked upon. We have enacted the Family Courts Bill, establishing a dedicated family court to look at very sensitive items for victims. We have introduced an offence for non-fatal strangulation, reflecting the seriousness of the abuse and the stress and harm it causes. The Guardianship of Infants and Child Care (Amendment) Bill 2026 will allow for the removal of guardianship rights from individuals convicted of killing their intimate partner, ensuring stronger protection for children. The Criminal Law (Sexual Offences, Domestic Violence and International Instruments) Bill 2025 will strengthen the legislation around consent and the Criminal Law, Civil Law and Defence (Miscellaneous Provisions) Bill 2026 will restrict the disclosure of counselling records in sexual offence trials and criminalise exploitative practices of sex in lieu of rent. These are key reforms we have embarked upon, as well as the Domestic Violence (Judgments) Register Bill 2026, which will set up a domestic violence register of judgments, ensuring that relevant convictions for serious domestic violence offences are made public as part of the conviction process.

That demonstrates a Government that really treats this issue with the utmost seriousness. More resources need to go into this sector - I absolutely appreciate that - with more support for victims, but the work we are doing demonstrates the Government's commitment to this sector.

Deputy Ruth Coppinger: The Minister said there should be more resources. Why are there not? There is a budget surplus of €10 billion to €12 billion and the Minister is boasting, or saying, that it is sufficient to give €18 million to Cuan, which is the same as the racehorse industry gets. We have seen that this is a public health emergency. The rape crisis services should not be charities. They should be public services in our health service. Why should people have to go bag packing for a 24-hour helpline or whatever it is? The Too Into You campaign, for example, something I used myself when I was teaching, is funded as part of that €1.3 million. Why is that not being rolled out in every single workplace and school, educating people about toxic relationships? We could prevent femicide happening if we did that. Recently, the topic of counselling notes was a massive issue for survivors of gender violence. The Minister for justice utterly failed to talk to the rape crisis centre about its proposals or to listen to what survivors had to say. It did not reflect very well at all. It was a very upsetting experience for those people. The latest victim of femicide is being victim-blamed for her own death thanks to media outlets that irresponsibly stoke racism. That should be tackled by this Government as well.

Deputy Peter Burke: I would be careful about comparing such a serious issue with other sectors of the economy that are getting money.

This is a really serious issue that deserves the utmost attention of Government. I have demonstrated through three strategies and through the increase in resources to €80 million under budget 2026 the acceleration of the number of refuges for women and of safe houses. I acknowledge we do not have enough.

Deputy Ruth Coppinger: It is terrible.

Deputy Peter Burke: I am being very honest about that but we are we are putting more resources into it. I also pointed out the legislative reform we have seen, critically increasing

maximum sentences for assault causing harm to ten years and defending the rights of children who are left behind in very horrific circumstances through femicide or where someone kills their spouse or partner. Those areas are key parts of our reforms. We are demonstrating that we take this very seriously. We want to support women and that is why Cuan was established working together with Government and the CSO to get the data to establish what we can best do over the years ahead. We have an implementation group for that strategy. We want to be there as a compassionate Government to stand by women and to stand by victims of domestic, sexual and gender-based violence.

Deputy Michael Fitzmaurice: Reference was made earlier to Independent Ireland and a vote in the European Parliament. I want to put on the record that Independent Ireland issued a statement to make it very clear that we stand with the people in Limerick and surrounding areas who have large mortgages and young families. The facts are not out yet on the percentages one way or the other. I want that on the record rather than innuendo being spread.

Every one of us here has probably had contact with the National Rehabilitation Hospital. It does great work to bring people, who were involved in accidents, suffer strokes or have different illnesses, back to full health. It is to be commended on what it has done down through the years for many families. Phase 1 of its project was finished in 2020. It was actually brought in on budget and has been a huge success. Phase 2 is to bring add-on parts of it all together in a new build. Phase 3 will increase the number of beds from something like 125 to 220 or 230.

One of the Minister's party colleagues announced in 2018 that Roscommon would get a specialised 20-bed unit to cover the west and north west. There are satellite units in Mayo, Galway and other counties throughout the country. While the huge work being done there is acknowledged, it is widely known that there is basically a waiting list of a minimum of six months, which, for people who need the help and the expertise the National Rehabilitation Hospital gives, can be a long time waiting. In some cases if people do not get in in time, it may have an adverse effect. When will the Government put the capital into phase 2 and phase 3? For the specialised unit to cover the west and the north west, which was announced eight years ago, where are we at in making sure that it will complement the National Rehabilitation Hospital here in Dublin and take pressure off it? When will the beds be supplied in phase 3 here in Dublin?

Deputy Peter Burke: I thank Deputy Fitzmaurice for a very important and timely question on the National Rehabilitation Hospital. From our constituency clinics and working in our community, we all know how important a piece in the jigsaw of rehabilitation the National Rehabilitation Hospital is. Critically what really stands out is the work that can be carried out for patients with early intervention after accidents, acquired brain injuries or traumatic experiences. We are all very aware phase 1 was opened three years after construction commenced in October 2017. The facility represented a €129 million investment on behalf of the State. Phase 2 will provide 120 new beds and provide additional outreach to Deputy Fitzmaurice's constituency and other constituencies around the country, which will be very welcome and very much supported.

I understand that phase 2 proposals are estimated to cost more than €200 million. A strategic assessment is currently being prepared in accordance with the Government's infrastructure guidelines. The Deputy will know of decisions taken over the past number of weeks to speed

up capital infrastructure. We will deliver €175 billion in infrastructure over the next decade. It is critical that the Government can carry out the assessments that underpin that delivery on a timely basis. The assessment is being prepared under the revised infrastructure guidelines. I am not aware that the Department of Health has received the final assessment to give it the go-ahead as of yet. I am very much aware of this and I will bring the Deputy's comments to the Minister for Health. The National Rehabilitation Hospital has been an important piece in the jigsaw for so many patients who find themselves there as a result of an accident, illness, injury, or physical or cognitive disability. It has been critical in their rehabilitation and in many cases bringing them back to functioning in society again, which is so important.

Under the investment plan, the Department of Health has a record capital allocation to deliver a world-class health system, supporting citizens right across the country. We have a lot of work to do and the NRH would be very much to the forefront of my mind. I will make the Minister, Deputy Carroll MacNeill, aware of the Deputy's concerns. I hope that under the new revised infrastructure guidelines the report will be delivered in a timely manner and critically that we can get on with delivering phase 2 of this much-needed facility.

Deputy Michael Fitzmaurice: I thank the Minister. However, there is one thing we need to know. It is important the Department of Health and indeed the Department of public expenditure engage with the people involved in the National Rehabilitation Hospital. We frequently hear about assessments. As the Minister is aware, the reality that it takes six months for some people to get in the door to get on the road to recovery. While initially they may be in step-down services trying to help them as best they can, they need the expertise of the National Rehabilitation Hospital. When will phase 2 be funded and started? I think all the parts of it are done, bar funding. When will the specialised unit be put in place in Roscommon to serve the people in the west and the north west?

Deputy Peter Burke: I would see that as a matter of urgency. In tandem, the Department of Health is currently preparing a business case, which has to be done through the infrastructure guidelines. As the Deputy quite rightly points out, the improvements that the facility can make for people with early intervention have been demonstrated. That is critical. I have seen the work the hospital does, particularly for those who have been involved in very traumatic experiences. I will raise the Deputy's concern in relation to outreach in Roscommon with the Minister for Health. I would be confident that this decision will be made quickly. It should not be about funding. We have a very significant war chest of €175 billion over the next decade to deliver public infrastructure. The critical thing - the Government has experienced this - is getting the money spent, getting it into the bricks and mortar and ensuring that we can get it through the process quickly. One thing we have learned over the past number of years is that we have to get a lot better at delivering public infrastructure. We have set the guide rails to do that. We will spend about €19.1 billion this year, an increase of 54% in two years, which demonstrates the real ambition of the Government.

Ceisteanna ó na Comhaltaí Eile - Other Members' Questions

Deputy Michael Murphy: I am immensely proud to represent the constituency of Tipperary South, a constituency blessed with extraordinary strengths, great history, strong employment,

great outdoors, an outstanding tourism offering, wonderful retail and hospitality businesses, and above all extraordinary community spirit. Of course, like every constituency we have our challenges. We continue to tackle vacancy and dereliction. We continue to fight for investment particularly in our water and wastewater infrastructure.

However, today I want to raise what many constituents tell me is their greatest concern, the growing feeling that law and order is slipping away.

Across many of our key towns, including Clonmel, Tipperary, Carrick, Cahir, Fethard and Cashel, people are telling me they no longer feel safe. Businesses are witnessing open drug dealing in prime retail areas, families are increasingly concerned about antisocial behaviour and criminal gangs operate with increased confidence. At the same time, Garda visibility has reduced dramatically. Response times are far too long and in some instances people struggle to even make contact with their local Garda station. One constituent recently attempted to contact Clonmel Garda station more than 20 times during a serious incident without receiving an answer. Increasingly, people believe the only way of getting assistance is by dialling 999. I want to be absolutely clear: this is not a criticism of the men and women of An Garda Síochána serving on the ground in my constituency. Every interaction I have with them tells me they are working tirelessly, but under enormous pressure.

The problem is numbers. The programme for Government rightly speaks about balanced regional development, yet when it comes to Garda resources, there is nothing balanced about the current approach. This year, 356 recruits graduated from Templemore over two intakes, and just two came to the entire county of Tipperary. By comparison, 245, or more than 70%, went to the Dublin metropolitan region. When retirements and transfers are taken into account, Tipperary has effectively experienced a net loss. Since the division restructuring was introduced in 2020, Garda numbers across the Tipperary-Clare division have fallen from 725 to 660. Having the chief superintendent based in Ennis is simply not delivering for the communities I represent.

Will the Government commit to urgently reviewing Garda allocations for counties like Tipperary? Does the Minister support the review of the Clare-Tipperary divisional structure to ensure policing resources genuinely reflect the need of our communities?

Minister for Enterprise, Tourism and Employment (Deputy Peter Burke): I thank Deputy Murphy for his very important question, articulating the challenges to his constituency and standing up for his constituents.

The resource base the Government has allocated to An Garda Síochána in 2026, particularly through the justice budget, is €2.74 million, which is up 22% since 2020. There has been a significant increase in capital that we have deployed to ensure all corners of our country are supported in the context of justice and law and order, which is very close to all our hearts.

The increase in civilian staff within An Garda Síochána has freed up about 900 front-line gardaí. That should act as an accelerant to ensure front-line gardaí are freed up to work and be on the beat on the streets, while civilian staff can fill the gaps in other areas. If we keep going at this rate of recruits being attested through Templemore, we will be on target to surpass the all-time record number of gardaí, which will be very important. This is a strong demonstration of how that commitment needs to be held in communities right across our country.

The overall Garda workforce had increased from 15,980 in 2016 to 18,577 as of 31 May. Critically, the Government has made significant changes to recruitment, including the age limit, the training allowance, the shortening of recruitment timeframes, reform of the physical competency test and the introduction of an assessment of care approach to elements of the recruitment process. Two recruitment drives were launched in 2025. There were over 11,000 applications for the first round and in excess of 4,000 for the second. That shows we have a very strong pipeline to get recruits attested through Templemore, which is very important. Obviously, there was a significant lag to get the Government to build that up again and get going in shortening the process. However, getting Templemore operating at maximum capacity with a much shorter process will assist significantly with this.

As regards the Clare-Tipperary division, as the Deputy quite rightly pointed out, there has been a challenge. About 660 gardaí are assigned to that division and, obviously, for the record, it is the Commissioner who has operational responsibility for deciding where gardaí serve in particular districts. However, there are significant incentives for gardaí to move, which is facilitated through the new rules and should help people to return close to their areas. This should help rural communities like the Deputy's.

We will absolutely bring the Deputy's concerns to the attention of the Minister for justice and continue to work with the Deputy in fighting for his constituents and standing up for Tipperary.

Deputy Michael Murphy: This is about fairness. Just two gardaí have been allocated to Tipperary this year, with 245 going to the Dublin metropolitan region. Criminal gangs are operating with increased confidence in my constituency. Our gardaí on the ground in south Tipperary deserve reinforcement. Our communities deserve reassurance and our businesses deserve to operate without open criminality undermining our town centres. The reputation of south Tipperary is only as strong as the people's sense of safety. Once that begins to disappear, everything else is put at risk.

Will the Minister commit to organising a meeting for all Oireachtas Members in south Tipperary - I note Deputy Healy is in the room, as well as Deputy McGrath - in order to review the allocation model, particularly as it applies to south Tipperary, and more importantly, to explore a review of the Clare-Tipperary divisional structure, which is not serving the people I represent?

Deputy Peter Burke: I thank Deputy Murphy for being proactive and bringing forward a solution to try to operationalise a group of the Oireachtas and showing leadership to do that for Tipperary. I will absolutely bring that to the attention of the Minister for justice, particularly considering the cross-party aspect. This is very important and shows leadership. Essentially, the Deputy is trying to deliver for his community.

Retail crime has been a big challenge and is an area on which my colleague the Minister of State, Deputy Dillon, has done a huge amount of work to support retailers, which has been very challenging over the last number of years. Critically, as the Deputy pointed out, the increase in the recruitment model is not enough for Tipperary. We will do everything we can as a Government to support and ensure rural communities are safe. One thing I am very clear on as a member of Government is that you cannot tell people they feel safe; they must feel it

themselves. They must be very much aware of the resources being put in and see their gardaí as active. The Government is doing everything to increase that pipeline to ensure it is responding at a time when we have the resources to protect local communities like the Deputy's, so I will absolutely carry forward his request.

Ceisteanna ar Pholasáí nó ar Reachtaíocht - Questions on Policy or Legislation

Deputy Matt Carthy: There is chaos in our courts as a result of the justice Minister's mishandling of the criminal legal aid scheme review. We now see solicitors resigning from the criminal legal aid panel, increasing numbers of cases being adjourned, people going without legal representation and others with no legal expertise attempting to represent themselves. This is a criminal justice system on the brink of collapse, and the justice Minister seems entirely satisfied to let this continue.

Will the Government allow this to continue or will it intervene to ensure the complexity of this issue is recognised? Will it suspend the changes made by the Minister, engage in real consultation with all stakeholders and deliver a criminal legal aid scheme that is efficient for court services, prudent with public finances and has the confidence of the Irish people?

Minister for Enterprise, Tourism and Employment (Deputy Peter Burke): I am very much aware of how important solicitors are to our criminal justice system and our constitutional right to representation, which is the undercurrent of any constitutional democracy. Every Government has to reform, however, and it is key that in working with the Minister for justice and having dialogue with the parties concerned, we get an agreement here. The Government has to be very clear. If we look at the data over the last number of years, there has been a 115% increase in fees in the criminal justice system, yet the number of cases has reduced.

We have to tackle the issues with reform in that regard. I am sure the Deputy would support that when he sees data like that. Critically, we have countered the current offer-----

Deputy Matt Carthy: The engagement has not taken place.

Deputy Peter Burke: -----of it equating to five appearances in the District Court plus an additional 8%. We need to have a landing zone for this as a Government. We need to ensure that gardaí and solicitors can do their jobs and that the criminal justice system can function but a Government has to reform and we cannot be held back from doing that.

Deputy Matt Carthy: Will engagement take place?

Deputy Jen Cummins: I am heartbroken to be standing here today having learned of the disgraceful decision to continue with the plans to build in Bessborough. For 923 children, being born in Bessborough was a death sentence, and the burial sites of 859 of those children have never been found. If this development goes ahead, their remains could be lost forever. I pay tribute to Councillor Noelle Brown and everyone who has been advocating to prevent this from happening. This decision is unfathomable and we need the Government to step up on

this. Last week, Deputy Cairns asked the Taoiseach what would happen if it was granted and if it should be compulsorily purchased. He said a decision would be made afterwards. What is that decision? What will the Government do? A decision has been made to grant that permission. Will the Government issue a compulsory purchase order to buy it? I know the Minister said earlier that his heart is broken. We can say that but we have to have action, and we need to make sure that something happens. There needs to be full understanding of what will happen now and how the Government can step in to prevent this from happening.

Deputy Peter Burke: I thank Deputy Cummins for her important question. As I said earlier, this is an important time to support and work with victims. Obviously a legal process was under way with the competent authority, which was An Coimisiún Pleanála, making its determination. Now we need the space to liaise with victims, and to support survivors, which is very important. It would be a huge disservice to them if I was to make a decision on the hoof on the Dáil floor without having the imprimatur of my Government colleagues. It is not my responsibility to do so but I will absolutely raise the concern the Deputy has brought forward with the Taoiseach, the Tánaiste and the respective Minister.

Deputy Mark Wall: Today is No Wait Card Ireland Awareness Day. It is supported by Crohn's and Colitis Ireland, Spinal Injuries Ireland, the Irish Cancer Society and the Continence Foundation of Ireland. I thank Kildare woman Maria Crowe once again for raising the importance of this card. The Minister will know that, with the support of the Labour Part, I have a Bill on Second Stage to make this card widely available and recognised. I take the opportunity to thank the Minister's colleague, the Minister for Health, Deputy Jennifer Carroll MacNeill, for her continued support and advice on this card, and the Chief Medical Officer and her staff. Raising the awareness and acceptance of this card would be a life-changer for hundreds of thousands of Irish people who suffer from bowel and bladder diseases and medical conditions, of which I am one. It would give us all independence and freedom to plan our lives better. I ask the Minister and Government to continue to support the development of such a card and ensure the Minister for Health has all the supports that her Department needs to bring this life-changing card to the hands of those who need it most, giving hope to young and old and changing their lives for good.

Deputy Peter Burke: I thank Deputy Wall for his very important intervention. I heard part of the interview this morning, which was exceptional and very courageous, showing leadership in an area which affects so many people in our society. I know the Minister for Health is supportive of the Deputy's initiative and remains so. I hope that we can all work together to make society a better place for people who struggle with these life-limiting conditions and give them the opportunity to function as normally as they can, notwithstanding the challenges that they have, and make society a better place for us all. The Minister, Deputy Carroll MacNeill, is very supportive. I hope the Minister and Deputy Wall will continue to work together. I commend Deputy Wall on his work and leadership in this regard and the exceptional interview that we heard this morning.

Deputy Seamus Healy: Across Ireland, 624,000 people provide regular unpaid care to children and adults with additional needs. A recent 2026 report on care shows that 75% of carers never received respite, 49% cut back on essentials such as food and heating, and 48%

experienced severe loneliness. Of course, these carers saved the State millions of euro annually. I have a specific question arising from a family in my constituency. This family's severely disabled teenaged son passed away last year after a long and traumatic illness. The dad had to give up work but is now in a position to return to work. He is being penalised by way of a reduction of his working family payment because his wife's carer's allowance for another family member is assessed against him. This is deeply unfair and I would ask that the Minister ensure the carer's allowance payment is disregarded for purposes of assessment of the working family payment.

Minister of State at the Department of Children, Disability and Equality (Deputy Emer Higgins): I ask the Deputy to relay my condolences to his constituent at this very difficult time. As Minister of State with responsibility for disability, we are doing a huge amount of work to increase residential and indeed respite placements across the country. Just this week, the HSE announced funding for alternative respite to take place through the summer months.

The Deputy's particular query about carers is something that I will raise with the Minister for Social Protection, regarding payments and thresholds. The Deputy will know that, as of last week, carers' payments thresholds have increased, so more people are now eligible for this. If the Deputy wants to pass his case on to me, I can raise it with the Department of Social Protection or he can raise it directly with the Minister for Social Protection.

Deputy Peadar Tóibín: Adina Constantin, aged 50, was found dead in her home in Portlaoise on 5 July. Jamey Carney, aged 43, a mother of a teenaged girl, was found dead in her home in Killarney on 7 July. Masumeh Manojan, aged 31, was murdered in Clifden on 28 May. Eight women have been killed in this State so far this year. There has been a shocking increase in the rate of murder of women in Ireland and genuine alarm is taking hold. Boys are growing up on a diet of hardcore and violent pornography. The Government has the brains to stop the advertising of junk food because it knows that it leads to obesity but it does not seem to have the brains to stop the provision of hardcore violent pornography to young boys, despite the overwhelming evidence that it leads to violence against women. On one side of the debate, people are blaming toxic masculinity. On the other side of the debate, some people are blaming immigration. Will the Government create a speedy, detailed, evidence-based investigation into what is causing the surge in violence against women, one that is not ideologically predetermined but is based on facts and figures?

Deputy Peter Burke: I thank Deputy Tóibín for raising this important matter, which the Government takes with the utmost seriousness. I outlined the legal reform we are doing, with penalties and harder laws to ensure that those who perpetrate such heinous crimes face the maximum penalty, and, critically, that those victims and survivors who are left behind are supported. I know we supported the Private Members' Bill in the Seanad in connection with online activity and protecting young people in particular in that regard. We absolutely have much more work to do to protect them. I am to the forefront in calling for that to happen, particularly for a pan-European approach, which would be more structurally sound, to have the maximum impact.

Deputy James O'Connor: Given the fact that stamp duty went from 4% to 9% in the period between 2005 and 2007, and collapsed by over 80% when the crash happened in Ireland, we look now at multinationals paying corporation tax accounting for over 30% of Exchequer revenue. Does Government see a danger in this given that 90% of that corporation tax, paying 30% of Government's income in a year, is being paid by just 10% of companies of scale in this country? To me, this is an alarming risk over a three to four-year period. Is Government spending based on that assumption? Have we a contingency plan or is one being worked on in the event that something should happen if there is international disruption to the profits of multinational companies?

Deputy Peter Burke: Stamp duty was linked to construction, and construction is not as beneficial to revenue, because there is no export. We are doing three things to support and underwrite the vulnerability of the State. We have record capital expenditure, of €19 billion this year, which is up 54% in two years. We are paying down our debt, which is critical to keep our balance sheets strong. We have reduced it by 40 basis points since the pandemic. We are investing in our future. We have over €24 billion in two funds that are investing based on the fact that 1 million people in our country will be over the age of 65 by 2030. The capital infrastructure we have to put in will be transformational. If we keep doing those three things, that will make our value proposition very strong to attract investment.

I o'clock

Critically, it will improve the chances of our indigenous economy. I always point out that the top ten Irish-born firms in Ireland employ 450,000 people globally. Enterprise Ireland has had a record year with €38.86 billion in exports for the €3 billion spent in the economy. We are in a strong position in our indigenous economy. I welcome Deputy O'Connor, as Chairperson of the enterprise committee, and the ideas he has brought forward to do more and to support Startups Ireland, which will be critical, as well as the national acceleratory unit we will have next year, again ensuring that all our entrepreneurs, start-ups and high-performance units get the support they need.

Deputy Keira Keogh: A recent report from Barnardos shows that children are going without activities and sport due to a lack of money. A total of 44% of parents surveyed said that they are cutting back on social activities and entertainment, 19% are cutting back on local sport activity participation and 16% are cutting back on school activities and trips. We must close this participation gap. As Chair of the children and equality committee, we recently published a report on child poverty and deprivation that had 60 recommendations, six of which we outlined for priority implementation. One of those is an activity card to tackle play poverty and remove the cost barrier to children in learning to play a sport or an instrument. We must ensure our children in low-income families, IPAS facilities or emergency accommodation do not miss out on the opportunity for friendship, confidence and physical development that play and extracurricular activities bring. There is a programme for Government commitment on a culture card, but the activity card must go beyond arts and culture to capture sport, music and the right to play and participation.

Deputy Peter Burke: The Deputy quite rightly outlined the challenges in this regard and how important it is to get equality of access and opportunity, which is a key theme. I support

the Deputy's call to ensure that we have activity, regardless of age or socio-economic status. We must also progress the commitment in the sports for all approach, which is key on behalf of the Government. I will raise the Deputy's ideas in that regard with the Minister for sport. I commend her on driving this issue forward. This gives people opportunity. It is an investment in our children, our future, to be active and, essentially, bring them into the community, integrate them more and give them the best possibility of living a healthy life, which has huge additional benefits. We do not want any child to be held back by poverty. There is a poverty unit in the Department of the Taoiseach now. In relation to budget 2026, we focused on the child support payment and having a separate budget for child poverty, which we need to accelerate in the years ahead.

Deputy Ruairí Ó Murchú: The conversation on Irish unity is well under way, but there is no point saying this was not a disappointing week for those who have an interest in furthering that conversation and making sure the preparatory work is done. A considerable number of people in the North felt let down. We are talking about sensible preparations, a Green Paper and a citizens' assembly - a forum instructed by that Green Paper as a means to have the conversation on what a united Ireland would look like. At the end of the day, a united Ireland is about Irish freedom, self-determination and delivering on the promise of 1916. It is also about delivering sensible all-Ireland solutions on health, housing and every other issue that impacts on us. I cannot understand the position of the Taoiseach, Deputy Micheál Martin, and his implacable opposition to this. I have spoken to many across Government parties who are open to this conversation and who dislike the position that was taken. I listened to the Tánaiste who spoke about working across this House in relation to delivering on Irish unity. I want to know what that looks like. I welcome the fact that Fine Gael is working on a blueprint, but we need to do the preparatory work. The other thing is the British Government is not going to offer up a date on a referendum if an Irish government is not willing to have a conversation.

Minister of State at the Department of Foreign Affairs and Trade (Deputy Neale Richmond): I am grateful to Deputy Ó Murchú for raising this once again. I welcome the comments by his party leader this week when she declared that this is a great State and a great place to live in. It makes a welcome change from most other days of the week. There is a considerable amount of preparatory work going on from political parties across the spectrum. The Deputy referenced our own work in Fine Gael, but also the work of the Labour Party and the Social Democrats, who appeared at the SDLP conference last week. Crucially, that work is combined with the ongoing work of the shared island unit, which has delivered over €1 billion worth of investment through real reconciliation.

Another thing that must be looked at when discussing a united Ireland is that a lot of work has to be done to show example from political representatives on the base level of sectarianism that at least two other colleagues on these benches and I put up with every day. If the Deputy looks at the profiles of those who are putting that out there, who bedevilled Heather Humphreys when she ran for President, the emblems and the people they support, it would be welcome if all parties and all representatives in this Chamber made it clear that any sort of united or new Ireland cannot be delivered, but we will continue that work.

Deputy David Maxwell: Hear, hear. Well said.

Deputy Ruairí Ó Murchú: How about the Tánaiste working along with this House?

Deputy Aisling Dempsey: Our Lady's Hospital in Navan is extremely important to the people of Navan and County Meath generally. We are proud of the excellent staff who work there and the management team who run the hospital and work together every day to provide good outcomes for the patients in our county. The opening of the surgical hub in Swords was welcome news, not just for Dublin but for surrounding counties like Meath. It is a dedicated facility that will deal with high-volume, low-complexity elective procedures and day case surgeries. It has the potential to significantly reduce waiting lists and improve access to same-day planned procedures. This investment in Swords will complement and strengthen the role of Our Lady's Hospital in Navan. It may lead to the expansion of services in our county hospital. I ask the Minister and the Government for continued investment in Navan hospital. It is already a regional hub for rheumatology. Perhaps the Government might consider endoscopy services for expansion.

Deputy Peter Burke: I thank Deputy Dempsey for advocating on behalf of her constituents and, critically, calling out the work that the staff do in Our Lady's Hospital in Navan in supporting the community, often in challenging circumstances. I assure the Deputy, working with the Minister for Health, that we will support additional services to the hospital and, critically, support our community in the record budget that our health service now has. We expect significant delivery over the years ahead. I will bring the Deputy's comments to the Minister for Health as well.

Deputy Catherine Callaghan: Councillor Pat Dunphy and I visited O'Shea Farms in Piltown, County Kilkenny recently, alongside the Minister, Deputy Heydon. On their behalf and following extensive conversations with the Minister, Deputy Heydon, I have a proposal to put forward to help address labour shortages that are affecting businesses such as O'Shea Farms and others across horticulture, manufacturing and hospitality during their peak season. They cannot get the staff to work overtime. This is not because the staff do not want to do the work, but because overtime pushes them more often into the higher tax bracket and they end up with less money in their pockets rather than more. France has recently introduced a tax relief on overtime earnings, allowing workers to keep more of their hard-earned money that they receive for additional hours worked. I believe that this could work well here in Ireland too. Would the Minister support a work-more, keep-more initiative in Ireland whereby overtime earnings could be made tax free up to a reasonable annual limit or maybe have a flat rate on all overtime at 20%? This would allow workers to keep more of their earnings. It would also help businesses fill vacancies, improve productivity and help them to grow. The proposal is a simple one. If people are willing to work extra hours, they should be keeping more of that money in their pocket.

Deputy Peter Burke: I thank Deputy Callaghan for raising this important issue. Critically, we all know in society that work must pay. We must ensure that we are rewarding enterprise and people who are working because their contributions keep the economy going, pay for all our public services and, ultimately, protect the most vulnerable. That is why, in budget 2027, the Government collectively needs to make a big statement on income tax. It needs to support so many working families and ensure that they are getting more of their hard-earned money

back - their own money back in their pockets - to demonstrate the Government's absolute clarity that we want to continue growing our workforce, supporting working families, ensuring that work will pay and that we reward enterprise.

Deputy Pádraig O'Sullivan: Last week, I was at a conference with the Minister and the EU Commissioner. We discussed various topics, including healthcare and the development of a life science strategy in Ireland. I know it is something that he and the Minister, Deputy Carroll MacNeill, have worked intensively on. We met with people in healthcare, pharmaceuticals and industry, as well as patient advocates. There will be an important meeting of the HSE drugs group next Tuesday, which will discuss Skyclarys, and recommend it, hopefully, for approval for reimbursement. I do not expect the Minister to intervene or comment on that specific case, and we have to respect the process, but I am sure the Minister will agree that as part of a wider strategy, we need to inculcate that wider ecosystem where patients get access to this care upfront and early access to drugs, where needed. I am sure the last thing we will be encouraging here is more cohorts of patients having to come and bare their soul, either in the audiovisual room or outside the gates of Leinster House. I am sure he will agree that this needs to change.

Deputy Peter Burke: I thank Deputy O'Sullivan for raising this very important issue. We need to support families and patients who have rare conditions. I know the Minister, Deputy Carroll MacNeill, has significantly enhanced the approval process through the Health Products Regulatory Authority. More work is being carried out and a tender process is ongoing in that regard.

One in every eight euro we spend in the State is on medicines. We have increased our spend very significantly but we have more to do, particularly in relation to rare diseases. The work in our strategy sets out very clearly where we want to get to. I thank Deputy O'Sullivan and his colleagues for the work he is doing highlighting this very important issue for some very vulnerable people.

Deputy Eoin Hayes: The Government closed down Dublin Castle and the surrounding area in my constituency for the EU Presidency security arrangements for six months. Shockingly, it gave no official communication to any of the businesses affected in advance. One business, the Silk Road Café, has had to take legal action that is currently with the courts. Another, the Bottega Toffoli restaurant, has seen turnover reduce by 40%. A third, the MB Glow spa and aesthetic clinic, is losing €4,000 per week. As the owner of the last establishment eloquently noted on Instagram, behind every open door is more than a business - there is history, a family and professionals, or an immigrant who bet everything to build a life here.

My question to the Minister for enterprise is simple. What compensation programme is his Department going to put in place for businesses in the city centre that are taking a financial hit because of this Government disruption?

Deputy Peter Burke: It is a very significant challenge for the Government to deliver a successful Presidency. My informal meeting commences today when all the European Ministers will come to Dublin Castle to discuss issues that are at the core of Europe's policy and future, which is so important to our country.

I will talk to the Minister for Foreign Affairs and Trade about the specific circumstances around the businesses the Deputy mentioned. I am not aware that they have been on to me specifically about the disruption the Deputy rightly pointed out, but I am happy to raise his comments with the Minister to see if we can put any mitigation measures in place as we deliver a highly successful Presidency.

Deputy Naoise Ó Muirí: I raise the situation concerning the 25 perfusionists employed across our health service. They play an indispensable role in cardiac surgery, operating the heart-lung machines that keep patients going during some of the most complex surgical procedures carried out in our hospitals. Their expertise is critical to these surgeries. I understand the HSE has confirmed it will restore the long-standing pay link between perfusionists and medical scientists retrospective to January 2024. This is a positive development and I am pleased that the proposed industrial action has been suspended as a result. Can the Minister indicate when affected staff can expect to see this reflected in their pay and if the restored pay link with medical scientists will be placed on a permanent footing to prevent similar disputes arising in the future?

Deputy Peter Burke: I thank the Deputy for raising the important issue for perfusionists who are at the forefront of supporting some very complex surgeries and ensuring patients can get back on their feet and partake in society again. This really demonstrates how our industrial relations system works and its value. Fórsa, the Health Service Executive and the Department of Health came together and worked through the Labour Court and ultimately got an agreement where Fórsa has suspended industrial action and the dispute has been resolved. It is critical in terms of the public service pay agreement framework that we operationalise that resolution. I will bring the Deputy's comments to the Minister for Health.

Work is to commence on a new public service pay agreement which is so important for the cohesiveness in society. I am sure our public services remain agile and productive which is key to a successful economy.

Deputy Duncan Smith: I raise the lack of ASD classes in my constituency in Fingal, the youngest and fastest growing area of the country. Towns like Swords, Donabate and Portmarnock have ASD classes at primary school level, albeit they are vastly oversubscribed and there are huge waiting lists, but in Malahide there are no ASD classes in any of the primary schools. When Sam's dad emails my office asking where his son is going to be able to go to school to get an education in an ASD class, I have no answer for him because there are no classes in his town. Frankly, in this day and age, that is not good enough. I am asking the Minister to go to the Minister for education and the Taoiseach and ask if they can work to provide an emergency ASD class – at least one but preferably more – for a town the size of Malahide and, where needed, all over the country.

Deputy Peter Burke: The issue Deputy Smith raised is very important in protecting the most vulnerable children with additional needs and helping them progress in society. We can see the benefits of the investment by the State in special education over the last number of years, critically, the growth in special needs assistants and the growth in support for additional special classes. I will raise the Deputy's concerns about Malahide to the Minister for education. It is

very important and considering the scale and size of Malahide, I understand his concern. Hopefully, he can have a meeting to resolve the issue.

Deputy Conor Sheehan: It is absolutely reprehensible that planning permission has been granted for apartments on the site of the former mother and baby home at Bessborough. We have 19 mothers and 859 infants associated with Bessborough still missing. Now 140 apartments are going to be built on a mass grave. We need statements on this next week. The Labour Party has sought that. I have gone through the report myself. It is disgusting. Its language is callous. It minimises the horror and the suffering of the poor people who were incarcerated and died at Bessborough. The State needs to intervene. The Taoiseach was clear when he said Cork City Council should have bought the site. What needs to happen now is for the Taoiseach and Tánaiste to meet the survivors as soon as possible and the Government needs to intervene and make a compulsory purchase order for the site and bring it into public ownership.

Deputy Peter Burke: We need a compassionate response from the Government that really puts survivors and victims to the fore in this case. I have not read the report from An Coimisiún Pleanála but I will relay the Deputy's concerns to the Taoiseach and Tánaiste. Obviously, I cannot make a statement on the floor of the House unilaterally that requires action without the imprimatur of my government colleagues but, as I said, victims and survivors come first in a very dark history of our State.

Deputy Sinéad Gibney: As we are always in firefighting modes trying to meet the unmet additional needs of children in schools, we have lost sight of what inclusive education is. I want to bring that to life with stories of two constituents.

One is the parent of a child who has finished eight years in primary school without a single friend or connection made. She wrote how her daughter "was enrolled in the school, walked the same corridors and was invited to whole-school events. Yet she had very little meaningful time with her mainstream peers and very few opportunities to form friendships or be known by the wider school community." That is a loss for her but also for them; they never really got to know the wonderful person she is. The second parent's child was forced to travel but has now found a school that matches her needs. She is thriving in a school that believes that every child belongs. The difference was not her - the difference was the school. She is now in a school with an inclusive culture led by an exceptional principal.

How is inclusive education defined and measured in schools which have autism classes? What guidance is being provided to schools on peer integration, shared routines, friendship, communication, access and participation? Will the Department and the NCSE outline clear expectations for meaningful inclusion of children who are in autism classes?

Deputy Peter Burke: I will raise those concerns with the Minister for education. It is critical to give every child in society the opportunity to realise their ambition in life. In my own hometown, I have seen the growth of special education facilities and new special schools. We need to ensure every child in the State gets that opportunity. It is a huge challenge for the Government. I will raise the Deputy's policy question with the Minister for education and ask her to come back to her directly.

Deputy David Maxwell: What legislation is the Government bringing forward to support our homegrown indigenous companies to grow, scale and compete internationally? For example, in my constituency one company, Combilift, is providing key employment. It is owned by two local businessmen. They are supporting jobs in the region and stimulating our local economy. This one company has a workforce of over 800 direct jobs with hundreds of indirect jobs as well. It has an annual turnover of around €500 million and they want to grow this to €1 billion in the future. They export internationally and are global leaders in technology in forklifts, straddle carriers and similar machinery. What are Enterprise Ireland and the Government doing to help them grow further internationally? How are we supporting the next generation of homegrown companies to come through and have similar success?

As we know, we need further employment and industrial development in rural Ireland, especially in places like Cavan and Monaghan.

Deputy Peter Burke: Not a week goes by that Deputy Maxwell does not mention Combilift to me. I know it has now reached its 100,000 milestone of machine-making in Monaghan, which is very significant. It provides huge employment. I know Martin and Robert there do exceptional work. It is really a lighthouse company for what we want in Ireland: innovation, an indigenous company, Irish born, exporting, growing its footprint in Ireland and operating in 85 markets around the globe. I absolutely assure the Deputy that Enterprise Ireland will be to the forefront of supporting that company's growth trajectory, which is very important to me as Minister because I want to demonstrate to others that this is what you can do when you have vision and ambition, working in partnership with Enterprise Ireland. I really commend the Deputy on the work he is doing, putting the company first and putting the workers first in Monaghan because jobs of that scale in a rural community like in Monaghan is so important. I put them at a premium and will do all I can in my Ministry to protect them.

Deputy Brian Stanley: Over the past two weeks we have had a number of serious accidents with e-scooters and e-bikes, with people being seriously injured, including six children who are currently in intensive care in Temple Street. One of them is from County Laois. It is one accident after another. Ten people have been killed on e-scooters, two this year so far. It is time to act. Fifty years ago, to drive a Honda 50 with a top speed of 35 m/h, you had to pass a test, wear a helmet and have tax and insurance. We need to stop kidding ourselves that these e-bikes and scooters are capable of only 20 km/h; some of them can do 60 km/h or 70 km/h. Let us be clear: these are mechanically propelled vehicles just like petrol-driven scooters. There must be a requirement to do the following: to know the rules of the road, pass the test, have insurance and wear a helmet, and for the current laws on driving them on footpaths to be enforced. People are going around this town with no lights on their vehicles. Can we make this a priority in the next term of the Dáil? When will we see proper legislation for these mechanically propelled vehicles? These are not toys. This week we had a garda in court because he pursued one of them in a Garda car. He finished up in front of the court over it.

Deputy Peter Burke: I thank Deputy Stanley for raising a very important issue. Critically, he is quite right about the capacity and power of e-scooters. They are a huge risk to public safety. The Government is taking this very seriously. I echo the Deputy's calls that we have to make it a priority. I know there is an enforcement unit with An Garda Síochána and I know the

work it has to do. It takes time because the prevalence of e-scooters now is very significant. We can all see that in our communities and in our daily lives. We have a huge body of work to do. I was absolutely shocked to hear the number of children who were in ICU last week directly as a result of e-scooters. Any parent would be so shocked to hear that. We have to turn that shock into action and ensure that we have enforcement-----

Deputy Brian Stanley: In the autumn?

Deputy Peter Burke: -----and that we take action. I will raise the matter with the Minister for justice.

Defence (Amendment) (No. 2) Bill 2026: First Stage

Deputy Paul Murphy: I move:

That leave be granted to introduce a Bill entitled an Act to prohibit U.S. military aircraft, or civil aircraft carrying munitions of war, from landing in the State.

I am very pleased to introduce this important Bill. Its purpose is very simple: to stop the scandalous use of Shannon Airport as a de facto US military base. It does this by instating a very simple and clear prohibition on US military aircraft, and US civil aircraft carrying munitions of war, from landing in the State.

Why are we singling out the US in this way? Because it is the one using Shannon Airport as a military base. It is the one using Shannon to prosecute illegal wars of aggression and genocide around the world. No other country on earth has such a bloody and infamous track record. Perhaps the only good thing Donald Trump has done as US President is to rename the US Department of Defense the Department of War, because that is what it has always been. Since 1945, the US has invaded or militarily intervened in 96 countries. Since 2001, when the US use of Shannon Airport escalated, the US has engaged in three full-scale wars, bombed at least ten countries, directly killed close to a million people, and injured and indirectly killed many millions more. The US likes to portray itself as the world's policeman; in reality, it has always been the world's worst terrorist, a terrorist that we are aiding and abetting by allowing it to use Shannon Airport.

According to figures collated by Shannonwatch, 3.178 million US troops passed through Shannon Airport between 2002 and July 2024. Recent US military flights from Shannon have included Omni Air N378AX, which landed at Shannon Airport on 25 June, coming from US Pope Army Air Field, Fort Bragg, North Carolina. It took off on 26 June and flew on to Sofia, Bulgaria. It then flew from Sofia to south-west Jordan. US Air Force C-40B No. 01-0041 landed in Shannon at about 9.22 p.m. on 24 June, coming from MacDill Air Force Base, Florida, and flew on to Tel Aviv. The destinations of these flights show that they are using Shannon Airport as a pit stop on their way to take part in illegal US-Israeli wars in the Middle East. They are using Shannon to refuel before heading on to Lebanon and Palestine to bomb, to maim and to murder innocent civilians, including over 20,000 Palestinian children killed and more than 44,000 injured since the latest phase of the genocide began in October 2023.

The use of Shannon Airport in this way has made us complicit in every illegal US war in recent decades. Every time the US launches another illegal war, the numbers of US troops and US flights passing through Shannon increase significantly. During the war in Iraq, numbers climbed from 76,500 in 2002 to over 125,000 in 2003. They peaked at over 340,000 in 2005, one of the bloodiest years of the war.

All of this is in obvious violation of our status as a neutral state. It is in clear breach of international law. The 1907 Hague Convention (V) on neutrality states:

Belligerents are forbidden to move troops or convoys of either munitions of war or supplies across the territory of a neutral Power.

Why, then, have successive Fianna Fáil and Fine Gael Governments permitted the world's most notorious belligerent, the rogue state that is the US not only under Trump but also under every previous US President, to have essentially free and unfettered access to Shannon Airport? The answer is the same as for every example of cowardice, every new instance of craven bootlicking by our quisling Government and the previous ones. Micheál Martin, Simon Harris, Helen McEntee and the rest of the Government will literally stop at nothing to maintain and attract US foreign direct investment, so much so that they would probably take that statement as a compliment. Sucking up to US power is the pinnacle of the political ambition of every establishment TD in the House. We saw it here with the visit of President Biden, with TDs embarrassing themselves by fawning over him despite his also being a war criminal like every US President before and since. It will be the same with the visit of President Trump if he comes in September: right-wing politicians attracted to power no matter how disgusting that power is.

This Bill attempts to place some small limits on US power, to carve out a space for Irish neutrality, to say, "No, you cannot use our country, our independent State, to launch your unprovoked wars and to murder innocent people."

An Leas-Cheann Comhairle: Is the Bill opposed?

Minister of State at the Department of Foreign Affairs and Trade (Deputy Neale Richmond): No.

Question put and agreed to.

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

Deputy Paul Murphy: I move: "That the Bill be taken in Private Members' time."

Question put and agreed to.

Cuireadh an Dáil ar fionraí ar 1.29 p.m. agus cuireadh tús leis arís ar 2.11 p.m.

Sitting suspended at 1.29 p.m. and resumed at 2.11 p.m.

Dementia: Statements

An Cathaoirleach Gníomhach (Deputy Pádraig O'Sullivan): I acknowledge the attendance of Deputy Carrigy who has brought the FTD brothers, Jordan and Cian Adams, into the Public Gallery. I welcome them to the Dáil.

Minister of State at the Department of Health (Deputy Kieran O'Donnell): I welcome the opportunity to speak on the very important topic of dementia, an issue that touches so many people's lives, be it family, friends and neighbours. It reflects how we care for one another as a society, and how we support people to live with dignity, independence and security as they age. I look forward to a very engaging and constructive debate with Dáil colleagues. I know many are contributing. It shows how important an event this is.

I welcome and acknowledge the presence in the Dáil Gallery of Jordan and Cian Adams, along with Helen Jolly, Cian's partner. I also acknowledge Agnes, Jordan's wife, and their dad, Glen. The brothers ran 32 marathons over 32 days during April and May, one in every county in Ireland, together with the London Marathon, where Jordan carried a fridge on his back for the entire run, to raise awareness of dementia and funds for frontotemporal dementia, FTD, research. They did this in honour of their late mother, Geraldine, who died from the disease in 2016. I have no doubt she would be proud of them, as is their dad, Glen.

I commend the brothers on the tremendous effort they have put into their ongoing campaign, their personal courage and bravery, which does not go unnoticed, and the incredible spotlight they have placed on frontotemporal dementia, as well as on dementia in general. I welcome and look forward to our continued engagement. Jordan and Cian had incredible connection and engagement with all age groups, which I witnessed first-hand in the city of Limerick, and in particular with young people. That struck me. The brothers made a real and lasting impact on the general public's understanding of the lived experience and impact of dementia, not only on the person with the condition but also on their families and children.

The Economic and Social Research Institute, ESRI, estimates that the Irish population aged 65 and over will increase from 780,000 in 2022 to over 1.3 million by 2040. Ageing is the biggest non-modifiable risk factor for dementia. It is estimated that there were approximately 64,000 people living with dementia in Ireland in 2020, with approximately 11,000 new cases each year. This figure is expected to rise to approximately 150,000 people by 2045, necessitating a sustained Government, HSE and societal response to keep people with dementia living as well as possible at home for as long as possible. A dementia diagnosis affects not only those living with the condition, but also their spouses, partners, children, neighbours and communities. A dementia diagnosis can be particularly difficult for people with young onset dementia, including those who may still be working and have a young family. That was very much the case with Jordan and Cian's mother, Geraldine. Good dementia care requires a whole-system response.

People with lived experience and their families, clinicians, academics, voluntary organisations, statutory services and government all have distinct but interconnected roles. By working collaboratively, we can ensure that people living with dementia receive a timely diagnosis, are supported more effectively and are enabled to live as well and as independently as possible in their own homes and communities. Making Irish society more dementia inclusive is essential if we want people with dementia to maintain independence and enjoy the highest possible quality of life within supportive communities. For its part, the Government is

committed to improving services and supports for people with dementia. We included specific commitments on dementia in the 2025 programme for Government to improve access to dementia diagnosis and care. We have also committed to improving data on dementia. That is something everyone agrees is a priority. Having good data is essential if we are to plan and deliver high-quality, equitable dementia diagnosis and post-diagnosis support services.

In line with a commitment in the programme for Government, last May I announced the establishment of an Irish dementia registry. Full funding has been provided to develop the registry, and I am pleased to note that it is on track to come on stream in the middle of 2028. It will make an enormous difference. The registry aims to improve dementia care quality, inform service planning and policy development, and support research for people living with dementia in Ireland. For the first time, Ireland will have a dedicated system to collect reliable, consistent data on dementia, including data on assessment and diagnosis, what supports people receive and what outcomes they experience.

In the programme for Government, we have also committed to rolling out more memory assessment and support services. The HSE's 2023 dementia model of care sets out a recommended service infrastructure and associated targets for the development of dementia diagnostic services countrywide. Full implementation of the model of care will ensure equitable access to dementia assessment and post-diagnosis support in all parts of the country. The model of care recommends the establishment of a national network of memory assessment and support services, regional specialist memory clinics and a national intellectual disability memory service. It also sets targets for assessment, diagnosis and review within these services. Under the dementia model of care, memory assessment and support services, MASS, provide specialist dementia assessment, diagnosis and post-diagnostic support, generally for more typical dementia presentations. Since 2021, the Government has funded the progressive establishment of new memory assessment and support services, focusing on parts of the country that previously had few or no diagnostic services. Three of these services are now operational, in Cavan-Monaghan, Mayo and Sligo, while the HSE has committed in its national service plan 2026 to progressing the opening of seven more MASS this year, in Donegal, Galway, Kerry, Limerick, Mullingar, Waterford and Wexford, respectively.

Diagnostic assessment in a regional specialist memory clinic, or RSMC, is generally intended for younger, atypical or unclear presentations that require a more detailed assessment. That is very much early onset dementia. Since 2021, the Government has funded the establishment of two new RSMCs in Cork and Galway, and the expansion of the two existing RSMCs in St. James's Hospital and Tallaght University Hospital in Dublin. The HSE has committed to establishing a fifth RSMC in north Dublin in 2026. The Government has also funded the establishment of a national intellectual disability memory service, NIDMS. It is a centre of excellence in dementia assessment and diagnosis for people with intellectual disability, particularly supporting people with Down's syndrome who have an increased genetic risk for dementia. The NIDMS works in partnership with existing regional services and aims to support best quality outcomes for each person with an intellectual disability diagnosed with dementia in Ireland and their carers and supporters.

There are now over 90 staff working in the diagnostic services established under the dementia model of care and all provide dementia assessment, diagnosis and post-diagnostic supports to people with dementia and their families. These services bring together

multidisciplinary teams, including consultants, nurses, social workers, occupational therapists and other specialists, ensuring a comprehensive approach. In 2025, the four regional specialist memory clinics saw over 1,400 new patients and almost 5,500 returning patients. The operational memory assessment and support services saw almost 500 new patients and over 300 returning patients. As more memory assessments come on stream, we can expect the number of patients being assessed for dementia to increase significantly.

In addition to developing an Irish dementia registry and rolling out more memory services, the programme for Government also commits to increasing the provision of community-based services, including dementia day care, dementia day care at home, dementia advisers and supports for people with young onset dementia. The key role of the national dementia registry is as a database, but that will be fed into by the memory assessment clinics and regional assessment clinics at local level, so we get a proper database for people with dementia. The registry will be an enhancement, as clinicians, people with dementia and the representative organisations agree.

New Government funding has been allocated annually since 2021 to increase the availability of dementia community-based services, primarily through a partnership between the HSE and the Alzheimer Society of Ireland. I acknowledge the presence of ASI members in the Gallery. ASI day centres provide warm, welcoming and safe opportunities for social interaction and cognitive stimulation for people with dementia.

They reduce social isolation and promote well-being among attendees. Day centres also support family caregivers by providing a break from caring responsibilities.

In 2023, the Government allocated €2.1 million in funding to allow ASI day centres to return to full capacity in the wake of the Covid-19 pandemic. Three new ASI day services were funded in budget 2025 and a further five in 2026, bringing the total number to 62, with at least one now available in every county. In 2025, there were more than 80,000 attendees. Dementia services are also provided by a variety of smaller organisations around the country, including Western Alzheimers, which operates in counties Galway, Mayo and Roscommon.

Since 2021, the Government has funded the provision of day care at home for people who, for a variety of reasons, cannot or do not wish to attend a day centre. This is particularly important for Jordan, Cian and Helen. Day care at home is delivered by trained care workers who provide one-to-one support to people with dementia in their homes every week in block hours. Unlike traditional home support, day care at home is activity-based, focused on providing variety, stimulation, social interaction and personalised enjoyable activities based on the interests of the person with dementia.

In 2025, the ASI provided over 98,000 hours of day care at home. As of 2026, over 750 people are being provided with day care at home weekly. Western Alzheimers also provides some day care at home services. The overall budget now stands at €2.9 million. I know how important this is to people with dementia and, particularly, their families. It is something I fully understand and want to work with.

Another vital community-based service is the national dementia adviser service. Dementia advisers work in every county in Ireland, providing information and signposting, as well as practical and emotional support, throughout the dementia journey, from diagnosis through to end of life. The service plays an important role in providing early intervention to prevent crises.

Dementia advisers also support the person with dementia and their family in considering planning for the future, with a focus on legal, financial and care planning. Seven additional ASI dementia advisers have been recruited in 2025 and 2026, bringing the national total to 37, comprising 36 ASI advisers and one adviser employed through Western Alzheimers. ASI dementia advisers saw almost 5,000 new clients in 2025.

Recognising that people with young onset dementia often have difficulty fitting into existing service provision, the Government decided in 2024 to fund the ASI to pilot activity clubs for people with young onset dementia. The funding was made recurring in 2025, and there are now 28 clubs in operation. The clubs are participant-led and provide an opportunity for people with young onset dementia to socialise together while engaging in enjoyable activities such as therapy, music sessions, gardening and social events. They support people to maintain independence, confidence and emotional well-being, while reducing isolation and promoting inclusion in communities.

The HSE has made significant inroads into building awareness and understanding of dementia on the ground within communities. Dementia: Understand Together is a national campaign that promotes support, awareness and stigma reduction for people with dementia. It encourages people across society to stand together with those affected. Dementia: Understand Together works with over 60 national partners from the public, private and voluntary sectors, including businesses, academics and national community groups which are raising awareness through their branch networks. This is in addition to 2,100 community champions at grassroots levels who do valuable work locally to mobilise existing services.

This morning, on the hallowed turf of Croke Park, there was a collaboration between the GAA, the HSE's Dementia: Understand Together and the five daughters of the late Sean McCague, a former president of the GAA. They are working together on dementia awareness. Jordan and Cian will be there on Sunday when a video will be rolled out. I will be attending the all-Ireland football semi-final in Croke Park, which will see the Dementia: Understand Together team join with the GAA and the family of Mr. McCague. I understand Jordan and Cian will be running around the perimeter and people will get to see what they do to promote awareness of dementia. The video will be shared with all GAA clubs across the country for further circulation among members. I commend the GAA on its collaborative approach to this. It was a positive launch in an area that is difficult for people who have family with dementia.

People with dementia use a range of additional services that support older people, including day care centres. Home support is a cornerstone. The programme for Government commits to increasing ring-fenced dementia home support hours. Under the HSE's 2026 national service plan, a minimum of 22% of new home support hours will be allocated to people with dementia or cognitive impairment, up from 20% in 2025 and 18% in 2024. We will continue with that increase.

The overall target for home support has increased to 26.7 million hours, with a budget of around €914 million, excluding complex home support. This is more home support hours than ever. It is nearly double the number provided in 2018. We want to continue with that.

It is important that home support workers are assisted in understanding the needs of people with dementia and are trained to provide person-centred care. The Government has therefore funded the HSE to roll out a home support worker education programme across the country.

There has been a successful pilot and a national roll-out is under way under the leadership of the national dementia office.

I was pleased to bring the Health (Amendment) (Home Support Providers) Act 2026 through the Houses of the Oireachtas recently. It was signed into law by the President. Under the Act, for the first time in Ireland, all private, public and voluntary home support providers will be registered and regulated by HIQA and the Chief Inspector of Social Services. The aim is to improve the safety and quality of home support services by ensuring providers meet standards set by ministerial regulation. This will give the public confidence regarding quality. It is the first essential step in delivering on the programme for Government commitment to design a statutory home care scheme to allow people to stay in their own home for as long as possible. I acknowledge the work done on the Act by my predecessor, the Minister of State, Deputy Butler, and the officials in the Department.

Meals on wheels is another key service used by many people with dementia. We have increased funding for the service this year by €2 million to €8.25 million.

Respite care is hugely important. I know it is something Jordan and Cian have brought up. Residential respite is currently provided to approximately 8,000 people through older persons' services, while 1,200 people receive in-home respite.

We recognise the significant contribution made by family carers. Government funding has supported the delivery of the carer's guarantee, providing a package of supports for family carers across all regions in partnership with the community and voluntary sector, with total funding of €3.3 million.

Family Carers Ireland gets €3.14 million to deliver the emergency respite scheme and supports across five services. In this year's budget, I gave it as a defined line of funding. It is something that will be funded in its own right every year.

All the funding for community-based services is supporting the delivery of Sláintecare. That is our overarching policy document in health. It has cross-party support and is the framework for the advancement of health in this country. For many people with dementia, there comes a time when living at home is no longer an option. The programme for Government commits to building more public nursing home beds and to including dementia-specific provision in all new community nursing units. We are working to progress this commitment so that there is an adequate supply of public nursing home beds to meet the needs of our growing older population.

As many as 25% of patients in an acute hospital at any time have dementia and their outcomes are often poor. Government funding has been provided for dementia quality improvement initiatives in acute hospitals, so that people can receive the best possible care and be discharged with appropriate supports. National dementia services are currently preparing to implement the third national audit of dementia in acute hospitals. The audit will examine many aspects of dementia in acute hospitals, how the situation compares with the previous audits in 2019 and 2013, and provide recommendations on how to improve it.

While medical advances offer hope for future diagnosis and treatment of Alzheimer's disease, there is much that can be done to reduce the prevalence of dementia through an enhanced focus on prevention and risk reduction. National dementia services and HSE health

and well-being, supported by Government funding, are working on strategies to highlight the importance of maintaining good brain health in preventing or delaying the onset or progression of dementia. International research published by the Lancet Commission has shown that 14 risk factors account for up to 45% of all dementia.

If we can address these risk factors on an individual, health service and societal level, we can positively impact on the prevalence of dementia. We really want to track these medical advances, which are very important, but there is an area where we can reduce the risk also. The HSE recently published an excellent brain health guide, with advice on ways to maintain or improve brain health and, therefore, reduce our risk of developing dementia.

Palliative care is very important and it is very difficult for families when they get to this point. Palliative care is provided across a range of settings. To ensure the best possible delivery of palliative care in nursing homes, the Caru nursing home programme ensures that nursing home staff are trained and supported to deliver excellent care, in line with residents' and families' needs and wishes. The programme was delivered to over 3,000 staff in 2025. It helps to improve advance care planning and communication with older persons and their families, including many with dementia, to ensure a dignified end-of-life experience and bereavement support.

People with dementia may require assistance with decision-making as their condition progresses. The Assisted Decision-Making (Capacity) Act 2015 establishes a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help. There is also the Decision Support Service. The Assisted Decision-Making (Capacity) Act and the various types of support arrangements have particular relevance for people diagnosed with dementia. Under the dementia model of care, the aim is to promote the person's autonomy by working towards specific outcomes they have identified. Where they are unable to express or communicate their desired outcomes, their will and preferences are sought in line with the assisted decision-making Act. As part of post-diagnostic support under the dementia model of care, it is recommended that information about future planning be provided to the person and their supporter, including in relation to decision-making arrangements, enduring power of attorney and advance healthcare directives. Dementia advisers have a key role to play in this regard.

This debate arose through Deputy Carrigy and, more particularly, Jordan and Cian and the impact they have had across the length and breadth of Ireland and in the UK and farther afield. The fact so many Members of the Dáil are taking part is testament to the impact they have had. In my role as Minister of State with responsibility for older people and dementia, I am committed to the continued expansion of dementia services in line with the dementia model of care. We want to continue to work in partnership with the Alzheimer Society of Ireland in a range of areas. We want to continue to roll out memory assessment clinics, regional clinics, specialist clinics, additional care in the home, day care including for those with young onset dementia, meals on wheels and respite. We want to advance in the research and medical fields also. We need to work with all stakeholders, most particularly for the families, to ensure all those with dementia can live as well and independently as possible for as long as possible in their own homes and communities, and can have access to high-quality long-term residential care if needed. A critical point is that we want to ensure that people with dementia and their families get the best supports possible at what is a very difficult time in their lives.

I thank Jordan, Cian, Helen and everyone involved for being here today. I thank the FTD Brothers for what they have done to promote awareness of frontotemporal dementia, from which their late mother Geraldine passed away. I expect the debate today will be engaging and robust. We want to continue to advance supports and services for people with dementia and, more particularly, for their families. I very much look forward to engagement from all Members of the House throughout the debate.

Deputy David Cullinane: I welcome Cian and Jordan Adams and everyone else in the Public Gallery. I thank them for their fundraising efforts and for shining a spotlight on the issue of dementia. As the Minister of State said, I am sure their late mother Geraldine would be very proud of their work. They are very welcome here today.

Dementia is a significant health and social care challenge facing the State and it is growing due to our ageing population. More than 64,000 people are living with dementia in Ireland today and this number is expected to double over the next 20 years. Every year, thousands more people and families are affected by this life-changing condition, often with too little support and too much left to chance and to a postcode lottery. While it has a massive impact on the individual who has dementia, I am sure the Minister of State will also acknowledge the impact it has on their family and friends as well. My grandmother had dementia for six or seven years and my mother was her carer. She lived with her and looked after her. I watched my grandmother regress over the course of six or seven years. It was very rewarding for my mother to be caring for her almost every day but also very challenging. Unfortunately, my mother got cancer and died about a month before her mother died, after all of that caring. There are a lot of challenges and a lot of stress involved in caring for people but it is also very rewarding. That is why those in the Public Gallery are here and why they have done the work they do.

Our starting point has to be dignity. People living with dementia, whether early onset, advanced or advancing, deserve care that is person centred, timely and properly planned. They deserve supports that delay progression where possible, manage symptoms, protect safety and preserve independence and autonomy for as long as possible. A serious dementia policy must begin with early intervention and wraparound supports to support the person and their family. This is especially true for people with early onset dementia. They may still be in work and I know some people in that circumstance. They may have children at home. They may have mortgages, caring responsibilities and an active family life. They need a timely diagnosis, clear information, income and employment supports, counselling, therapies and practical advice.

The national dementia strategy was published in 2014. It was important, but 12 years later too many services remain fragmented, under-resourced and uneven across the State. Families still describe a system where they have to fight for information, assessments, home support, respite and continuity of care. Everybody accepts that the strategy must be updated, but an updated strategy alone will not be enough. It must be tied to funding, workforce planning, local delivery, data accountability and clear rights for people who need care. It must sit in a wider reform of ageing social care, primary care and communities services. We had some discussions with the Minister for Health earlier during priority questions and oral questions on many of these topics.

The health service must be built around getting people the right care in the right place at the right time. That is what Sláintecare promised and it is the reform we need to keep driving towards to ensure everybody, including people with dementia, get that support. For many people with dementia, that means care at home and in the community for as long as it is safe and appropriate. People do this. Families do everything possible to keep somebody in the home until it becomes impossible, but for this to happen, all of the supports, including home care, outside of what families can do have to be in place. Very often it is patchy and it is very difficult for people if they are not getting it or are only getting partial hours. We have to look at this in the context of all of the supports that are needed, especially when somebody is still living at home.

These debates inevitably circle back to the long-promised statutory home care scheme. This has been promised for years. I do not know why it has not been delivered. It is very important. It was in the programme for Government not just this time but the last time as well. We go around in endless debates on this. I have never been given a clear reason that it has not been developed. A statutory home care scheme would not solve all of the problems but it would set out a legal right for people to have access to home care.

Whether it is people with dementia or older people more generally, keeping people in the home for as long as possible is about dignity, is the right thing to do, and is obviously better for that person. Home support hours do need to increase. As the Minister of State knows, I have been raising this issue year after year. This is just one of a number of issues.

Home care itself needs major reform. The statutory home care scheme needs to be put in place. It must also, however, recognise the different levels of need, from basic support with daily living to intensive home care nursing support, therapies and medical care. There is so much that we need to do. I welcome that we will have a review of the dementia strategy but when we are doing this, resourcing it will be the most important part of it.

Deputy Louise O'Reilly: I welcome all those people in the Public Gallery watching this debate, particularly Cian and Jordan. I echo what has been said. Their mam would be incredibly proud because they have raised awareness and sparked that conversation. It is so important. The Minister of State alluded to this himself. Awareness is extremely important. To be fair, however, this is a part of a much bigger jigsaw because awareness does not bring with it supports, home care or what people actually need.

The Minister of State referred in his script to the statistics available from the Economic and Social Research Institute, ESRI. I think it is fair to say that we have a very clear understanding of the scale of support needed. We do not need any more reviews and we do not want any more information. To move from collecting information to delivering services is where the Government should be focusing.

I lost my own mam last September. People said to me that she had died very suddenly. At the time, people told me I was lucky that I did not have a long drawn-out illness to deal with. Part of the reason people fear conditions like dementia is because they know what it is like. They know it means that their families will have to fight for every single service. They know it is a constant battle. They know that the likelihood is that they will not have their wishes fulfilled if they want to stay at home and age where they are comfortable. They know that they will be let down and have to become what, effectively, feels like a burden to their family, I am

sure, although it is not. As Teachta Cullinane advised, it is a great thing to be able to care for someone. People do, however, fear that element of ageing.

I think the Government should reflect on this aspect. It knows what people want. They want to be able to age where they are and to be able to stay at home, and we still do not have a statutory home care scheme. It has been promised and the Minister of State's party has been in government for 15 years. That is long enough to do it, review it, do it better and do it again but it has not been delivered. If the Minister is listening, she will put a rush on doing this.

Deputy Mark Ward: I also welcome Jordan and Cian to the Public Gallery and all their family and friends with them. I thank them for raising awareness of dementia. I was looking at their achievement, and they have done 32 marathons in 32 days. That sends shivers down my spine. I do not know how they managed to do it. I ran one marathon in 2018, and not 32 of them, as a person living with multiple sclerosis, just to raise awareness. The thought of doing 32 marathons is something else. I cannot contemplate it. That is some achievement. I hope to see Jordan and Cian on Sunday when they will be doing laps around Croke Park because I will be on the Hill cheering for the Dubs at the same time. I will give those lads a cheer when they are going around the pitch.

I also appreciate the opportunity to speak on dementia. I do not think there is a family in the country not affected by somebody having this life-changing condition. My family is no different. My nanny, May, passed away several years ago. She was a strong Dublin woman, raised in the Liberties. She raised her own family, including my mam, in Drimnagh. She was a dressmaker and worked alongside my grandfather in his tailor's workshop on Wellington Quay, just beside Temple Bar. If she was alive today, she would have celebrated her 100th birthday a couple of weeks ago. My nanny, however, was robbed of her later years in life by Alzheimer's disease. I remember her getting upset in the early stages when she misremembered stuff. I learned very quickly that if somebody with Alzheimer's disease misremembers stuff, that is the truth. You do not argue whatsoever. That is their truth, and you allow them to have their truth. My mother and her siblings really fought for the appropriate care for their mam back then.

If we fast-forward a few years later, one of those siblings, my aunt, is 66, now has Alzheimer's disease and is living in a care home. She is my godmother. I am really fond of her. She spoiled me rotten as a child. She gave me the odd clip around the ear when I was a child. She also gave me a few clips around the ear when I was an adult. Now, I deserved every single one of them. She is another one of these really formidable Dublin women who have this quick-witted sense of humour. She could cut you in two with a sentence. She worked really hard over the years. She bought a home, raised her children and doted on her grandchildren. My cousin, who I spoke to yesterday, had to make the really difficult decision around her ma having to go into residential care. She signed up for the fair deal scheme, and her words to me yesterday were that, "There is nothing fair about the fair deal scheme". Whatever improvements have been made, the people at the front end of this situation are not feeling the effects. I think this needs to be looked at too.

I will not go into too much as I know my colleague wants to contribute on this issue too. As was mentioned before, however, proper home care is needed too. At the very least, while it might not stop someone having to go into a care home at some stage, it could delay that day

and give people and their families that bit of quality of life, instead of having it robbed from them. I would appreciate if the Minister of State could look into this issue too. I thank him.

Deputy Natasha Newsome Drennan: I, too, would like to welcome Cian and Jordan and thank them for everything they have done. They have captured the hearts of everybody. When they were in Kilkenny, the size of the crowd spoke for itself. Well done. It is all in aid of dementia awareness and research. The crowd that turned out for them in Carlow and Kilkenny just speaks a thousand words.

Very few of us do not know somebody living with dementia or a family grappling with the daily challenges of caring for a loved one with the condition. Everyday tasks like paying bills, preparing meals, remembering appointments, and getting from place to place become increasingly difficult. More than 64,000 people and their families are living with this as their daily reality, and that number is set to double over the next 20 years. It is vital that the State takes a proactive approach to supporting those with dementia, ensuring they can remain in their own homes, in the environment they know and where they feel safe and secure, for as long as possible. We must protect their independence for as long as we possibly can.

In 2014, the national dementia strategy was published. Over a decade later, little progress has been made. Services remain fragmented and underresourced. We need to see ambition and urgency from the Minister of State, and an updated strategy that will not, like so many others, be left to gather dust on a shelf. It should be a strategy acted upon with the determination this issue demands. Time and again, this Fianna Fáil and Fine Gael Government has failed to care for older people, despite warning after warning from report after report. How is it that this Government still has not implemented a statutory home care scheme? This a scheme the Government made so much noise about when it was announced, and yet here we are with no scheme in place. It needs to be prioritised. This is about ensuring appropriate care at home and, crucially, recognising the varying levels of care and support that people require.

The failure to expand home support hours and the failure to recruit more home care assistants mean a crisis is now hitting this sector. In Kilkenny hospital alone, over 3,500 bed days are lost each year due to delayed transfers of care. Simply put, this is because of a chronic shortage of home care assistants in the community. There is a lady in Kilkenny hospital who was admitted on 27 February. Tomorrow, she will have been in hospital for 19 weeks.

With support from us, she got access Monday to Friday. The answer now is that an ambulance will take her out of the hospital for Saturday and Sunday and bring her to a nursing home and back. This lady has dementia. She is 99 and a half years old. That is shocking in this day and age. How can the Government stand over this carry-on?

Deputy Eoin Hayes: I welcome this opportunity to make statements on dementia and the programme for Government commitment on this issue. On behalf of the Social Democrats, I also welcome Cian and Jordan Adams and all those in the Gallery today, who care so much about this issue. Cian and Jordan inspired the whole country with their marathon running. It was a huge achievement. In particular what has stayed with me from the media coverage of it was the question of the licence to live for people with early onset dementia or associated conditions. I congratulate them on all they have done to raise awareness.

Dementia is a terrible disease. It is devastating not just for the person at the centre of it but for everyone in their life, as anyone who has been put in that unenviable position will know. There is a real grief in the process and the slow loss of a person. It is not quite as acute in grief as death, but there is a great sadness in watching the person you know slowly slip away. I am struck by how many Deputies around this Chamber have stories about people who have suffered from this disease.

A family member of mine passed away recently. Her name was Maura. She was a wonderful woman from Carlow. In her prime, she had great wit and humour and could outtalk the best of them. She loved cinema and music, and opera in particular. She lived in New York city for most of her life and returned a few years ago to Ireland to, in her words, chun bás a fháil in Éirinn, or to die in Ireland. By the time she returned, her memory had begun to fade. She would often get confused and not be fully of clear mind but her love of talking did not leave her, which led to some interesting conversations. When I was elected, she repeatedly recounted to me meeting Éamon de Valera as a child at a funeral. I was lucky enough not to live too far from her and to see her from time to time. I found her one day outside the local SuperValu, not quite sure how she had got there. She was confused and frightened. At first she was not entirely sure who I was, even though she had known me all my life. She very often got me confused with my father. I asked her if she needed me to stay with her. She was a woman I had never seen ask for anything in her life, but she said, "Yes, please", with a meek fear I had not seen in her before. The memory of a strong, smart and trail-blazing woman's vulnerability in that moment will never leave me. She passed away in April at the age of 84. Sadly, I was here for a vote on emergency fuel excise reductions when her funeral was held, but I lit a candle in her memory in her local church, which she went to every day, the Church of the Three Patrons in Rathgar. As I am not a particularly religious person, and we had more than one argument about politics over the years, I like to think she would have got a lot of satisfaction from that.

This morning, I met an 81-year-old constituent with early signs of dementia. She is in danger of losing her home to a predatory lender, or what is often called a vulture fund. Her vulnerability has been exploited for greed, including while she was in hospital. I have been doing all I can to support her and the issue is with the courts, but the wider point still stands. Dementia puts people in an incredibly vulnerable position and can leave them open to exploitation by the unscrupulous. The Alzheimer Society of Ireland estimates there are approximately 70,000 people with dementia in Ireland today. Not all of them are elderly; some are in the prime of their lives but have been struck by a disease through no fault of their own.

We know our population is rapidly ageing and we will have far more people with dementia in the future, not fewer. As our population ages, cognitive decline is going to become more and more prevalent an issue for us to deal with. I strongly welcome the Government's work on extending day care and mass expansion. The Buncrana service, in particular, has been critical for local people, as I have heard from friends. We must put in place increased proper supports for people with dementia and associated diseases so they can have the care and dignified life they deserve - the care, the housing supports, the therapies, the communities.

We know early intervention matters. Up to 49% of the causes of dementia are preventable or manageable, as the Minister of State outlined. Proper supports can decelerate the onset of the disease. It is a terrible one, but it does not have to define anyone. We can still remember

the people they once were and help them hold on to the dignity they deserve for as long as they can. I urge the Government to do all it can in the forthcoming budget to support all people with dementia and to chart a future for our people where everyone is cared for regardless of their condition.

Deputy Jennifer Whitmore: This debate today is really important. I think every family in this country will to some degree have experienced dementia and the difficulties and challenges people face when they get that diagnosis. I have a lot of personal experience with it. My father had vascular dementia, my father-in-law had Alzheimer's and my mother-in-law also has vascular dementia. I know how difficult it is from the point when you get the diagnosis and how scary it is. Not just the person who got the diagnosis but their family are trying to navigate what it means for them, what care is available, when they will need the care, what kind of care and how the disease can be slowed down. It is a very scary journey. For the person with the diagnosis and sometimes the families as well, it is a very lonely journey and it can be quite a confusing one. It is really important that no matter what stage of that journey someone is at, the right supports are available. What is needed at early onset is very different from what is needed at later stages. It is important we remember that. We were really lucky; we managed to keep Dad at home and he passed at home. We were very blessed for that, but I have seen and experienced that residential care is sometimes really good and sometimes it is not so good. As a family member, when you walk away from the doors of a nursing home, a lot of the time you do not know what is happening behind the doors. When you leave a loved one behind you in those homes, you do not know. They cannot tell you what is going on. The quality of nursing care and governance is just so important. As a family member, you wonder if the person is getting care, whether they are being fed properly and whether they are being looked after. There is no visibility.

There is a dementia care home in Shankill that a lot of people from my constituency use, St. Joseph's. It is incredible. I visited it recently. You walk in and the place is bright and friendly, there are no smells and everyone is really happy and content. When we were going into a room, a staff member said, "When I go in, I have to talk to every person in this room." That is a rule there. The staff do not go into a room without engaging with every single person. It is simple things like that. The home has a volunteer programme, with 120 people volunteering to paint murals, hold day centres and serve coffees. It is fabulous but they get no funding for it. It is all fundraising. I ask the Minister of State to look into that. It is a really important and valuable part of the service it provides.

Deputy Jen Cummins: It is so valuable to listen to how other people have experienced dementia in the lives of their family members. What unites people in this Chamber is our desire to make sure anyone who has dementia is supported to the best ability this country can provide and to support family members and loved ones around the person with dementia. As has been so eloquently said, it is important because it is such a confusing time for the person with dementia but also the people around them. My mother-in-law had dementia. She died in 2023. She ran her own business, a hotel, and she was a tailor. She was an incredibly capable woman who loved having the chats. As her dementia progressed, it was utterly heartbreaking to watch her and to see how it was affecting my husband, his siblings and my father-in-law.

3 o'clock

I also had to try to explain to my children what was going wrong with Oma. She was German. My husband is German, as I am sure I have said 100 times here. The point is that many people, many of my neighbours, colleagues and friends, have experienced this. We need to make sure the person with dementia is able to live at home for as long as possible and be supported by professionals; that the family members are supported by professionals; and if and when the transition to full-time care needs to come, that the place, as Deputy Whitmore described, is inspiring and welcoming because often for people with dementia, it is about feelings and how they feel comfortable in their environment. Therefore, we need to make sure it is the best we can provide.

Deputy Robert Troy: I welcome the opportunity to contribute to this debate today. I acknowledge Jordan and Cian Adams, who turned an incredibly negative experience into an extremely positive one, for the work they have done in creating awareness and advocating in this area. It is hugely welcome.

Unfortunately, 69,000 people in this country are only too well aware of the affects of dementia on family life, as are their families. According to the Alzheimer Society of Ireland, ASI, in the next 20 years, that figure will more than double to 150,000 people so our debate is extremely timely. My father passed away last December and while I am extremely thankful for the long and healthy life he had, his final years were dominated by dementia. His memory diminished. His world got smaller every passing day and, sometimes, I looked into his eyes and saw absolute fear and confusion in a place that was familiar to him for so long.

Just before Christmas, a home care provider in Mullingar, Dovida, had a simulator van in the town for a day. People went in, put on glasses and gloves and put spikes into their feet and, for two and a half or five minutes, they got some sense of the experience of what it is to live with dementia. After I came out of it, I do not think I was ever as scared about how people must feel all day long when they are suffering with dementia. As a community, we can do a lot more. I acknowledge the work being done in Mullingar to create a dementia-friendly town - Rosaleen Madden is doing similar work in Castlepollard - to ensure people who have dementia are welcomed in their communities, that they are recognised and that we can respond to them in an appropriate fashion.

A lot of progress has been made by the Government in recent years. I acknowledge the Minister of State's predecessor, Deputy Butler, for the work she did with the ASI. There are now 62 dedicated centres open across Ireland. We want to see more. One of the things in my political record I am most proud of was working with the ASI to deliver centres in Multyfarnham and Athlone, which the Minister of State opened last year. I take the opportunity to acknowledge Ms Leanne Taitt and the team who provide incredible respite for families, but also support for the people who go to the centre on a daily basis. They have created an environment of care, compassion, security and love for the person. I will be forever grateful because that support prevented my father going into a nursing home for a long period. We need to see more of them across the country. We need to look at where the gaps are and work with the ASI to ensure they are addressed. I also acknowledge the work Ray and Eileen do in the bridge centre in Mullingar on Friday mornings, bringing families together to support them. More of that is needed because it is important, not just for the people who suffer from dementia but for their families.

I have no doubt of the Minister of State's commitment in this area, but we are in the month of July and I understand he is still to meet the ASI. I ask him to meet it, engage with it and work with it to ensure we, collectively as a Government, can deliver on its budget requests, to ensure we have more centres across the board and that memory clinics, such as the one in Mullingar, are adequately resourced and staffed.

Deputy Whitmore spoke well about a nursing home centre in her constituency. My father was lucky to be in a good care home, but most people want to stay in their homes. The statutory home care legislation is long overdue and, collectively as a Government, we should move heaven and earth to implement it so that the necessary supports are put in place to keep people in their own homes for as long as possible.

Deputy Malcolm Byrne: I am sure the Minister of State will be struck that while often in these Houses when we have debates there is disagreement, this is an issue about which there is cross-party agreement and even unity. It has had an impact on every family and every community. The Minister of State is personally deeply committed to working in this area. Having these kinds of debates or discussions shows there is a lot more that unites us around particular issues. The suggestions coming from all sides of the House are about how to come up with solutions. As Deputy Troy mentioned, I hope the Minister of State will meet the Alzheimer Society of Ireland. I think he will have the support of everyone in seeking to look at ways in which we can support those with dementia and invest in research to be able to better understand and tackle the condition.

Like others, I welcome Jordan and Cian Adams who are here. I had the privilege of meeting them with Deputy Carrigy earlier. I thank them for all their work in raising awareness of frontotemporal dementia, FTD. They are the FTD Brothers. It was an incredible achievement to run 33 marathons in 33 days, not just for the money they raised for the Alzheimer society and their foundation, but for the awareness raising. People from my running club joined them. As someone who has a bit of experience of running, I know that running 33 marathons in 33 days is not easy. I think they made a mistake in picking Wicklow town to finish in, given the hills there. It is an incredible achievement and I commend them on being able to tell their story in such a way.

Like colleagues, including Deputy Troy, I also praise the Minister of State's predecessor, Deputy Butler, who put this issue on the political agenda. I know the Minister of State, Deputy O'Donnell, will continue with that. It is important that we have a cross-party group in the House. My colleagues, Deputy Devlin and Senator O'Loughlin, have done huge work on it. It is an issue on which we should co-operate, in as far as possible, to be able to better understand among ourselves the impact of dementia and what we need to do.

As I and everyone have said, every family is impacted and in different ways. I recall my grandmother. I would have great chats with her and then a few minutes later I would have to repeat the same story. My aunt currently has dementia. Growing up, she hated when people used bad language and now she swears like a trooper. It is about understanding those changes. These are wonderful people and they deserve dignity and support. As colleagues have said, it is not just the diagnosis for the person. It is also about how to support the family, loved ones and those around the person. We also need to look in a greater way - I was conscious of this and Deputy Jen Cummins mentioned it - of how we talk to children and young people so they

can understand the condition and how to engage. Specific measures in that regard are important. Providing the support of the dementia advisory service is critical because different people will have different needs. As Deputy Troy said, some need support at home and others may need to be placed in care.

One of the most joyous days I remember from a number of years ago was the opening of the day care centre in Riverchapel by the ASI. It just involved chatting to people and their families.

On that day, somebody told me it is a place where they are understood. We should invest in more of those kinds of supports around the country.

The final thing I will mention is clinical research, which is critically important. As a society, we must continue to invest in research into dementia. We are about to embark on one of the biggest transformative projects ever undertaken in healthcare in this country - the digitalisation of health records. I have always been of the view that if we could use that data in an anonymised fashion to inform clinical research, that has the potential to be transformative. Some incredible work has been done by, for example, the clinical research centre in UCD but I am quite certain that if we knew we could share our data in an anonymised way to inform research into dementia or other conditions, we would be happy to do so. We need a greater emphasis on clinical research.

An Cathaoirleach Gníomhach (Deputy Pádraig O'Sullivan): It was remiss of me not to welcome members of the Alzheimer Society of Ireland. I am struggling to see through the glare of the glass. I can see a Limerick man, Kevin Quaid, up there. It is not too often that a Cork man would welcome a Limerick man but I welcome Kevin. I can also see Siobhán. I think Andy Heffernan was there as well. I welcome them all.

Deputy Ruairí Ó Murchú: I also commend the Alzheimer Society of Ireland on the work it has done. I thank its members for being here in the Gallery. Like everyone else, I commend Cian and Jordan Adams on the spectacular work they have done in shining a light on dementia, particularly frontotemporal dementia. Early onset dementia has a huge impact on families. It had a huge impact on Cian and Jordan's family when they lost their much-loved mother, Geraldine, at 52. I cannot imagine the impact that had. I was very taken with something Cian said. He said they were delighted when their sister, Kennedy, discovered that unlike Cian and Jordan she did not have the gene that leads to FTD. I do not know how the rest of us here would deal with all of that. Cian and Jordan have shown a huge level of courage and bravery in what they have done, raising money and highlighting the issue as they ran 33 marathons in 33 days. That is where bravery and courage meet absolute madness.

As much as I am commending them now, when I ran with them in Dundalk, I thought they were absolutely fabulous in the beginning but when I got to Ballymac and started to trail them, I was not too impressed with them when they suddenly spurted on. I forgave them at the very end. In fairness, they were really commendable in how they dealt with people, including young people. They engaged and took photographs and everything. It became a brilliant family affair. They also make great use of social media. An awful lot of people have told me that we get an awful lot of material that is not good on our feeds: disinformation, misinformation and

downright bad stuff. For a period, over those 33 days and beyond, we saw the best of us and the best of Cian and Jordan. I thank them very much for that.

Getting down to the business end, dementia impacts 69,000 people in Ireland and possibly up to 150,000. We know that there are failings as regards our national dementia strategy. We need a framework covering home care and nursing homes. It should also cover brain health, which the Minister of State mentioned, therapies and respite. It is about putting it all together. Many others here have been thinking about their relatives. I think of my granny, Maryanne Murphy. She got great support and help in St. Oliver Plunkett nursing home in Dundalk. I commend the staff there. She was a strong and formidable woman. She might have been glad to see me as a TD, although it is fair to say she probably would not have been glad to see me as a TD for Sinn Féin. She was more similar to the Minister of State in that sense.

Deputy Kieran O'Donnell: Your grandmother was a woman of taste.

Deputy Ruairí Ó Murchú: The Minister of State would probably say she was a very sensible woman. It was a very difficult situation for my father but St. Oliver Plunkett nursing home was the right place for her to be. It is about providing supports but also about doing the work as regards research. If we can help to save people like Cian and Jordan from the likes of FTD, we need to do so.

Deputy Marie Sherlock: I will be sharing time with my colleague, Deputy Lawlor. I pay tribute to the work of the Alzheimer Society of Ireland in its many years of fighting for this cause. I also pay tribute to my colleague, Deputy George Lawlor, who is co-chair of the Oireachtas working group on Alzheimer's disease. I warmly welcome Jordan and Cian Adams, who we had the pleasure of meeting earlier today. I have been bowled over by how they have turned their grief into such power. They have been an inspiration to thousands of people across this country, including people who might not ordinarily be clued into issues relating to dementia because it may not have directly affected their lives. Within my own community, I have been struck by people talking about Jordan and Cian's mission, the 33 marathons in 33 days, and the powerful message it sent as regards raising awareness and the call for greater research into, and understanding of, FTD. I thank them for all of their work. They have been an incredible inspiration.

Almost 70,000 people in this country live with dementia. While many of us think of it as an older person's condition, it is important to say that there quite a number of people out there suffering from early onset dementia. There is also Korsakoff syndrome, Huntington's disease, posterior cortical atrophy, progressive supranuclear palsy and Lewy body disease. Those who have these lesser known or less familiar conditions sometimes have an enormous uphill battle in trying to access diagnostics and then the appropriate level of services. While there are brilliant supports, such as dementia cafés, across many communities in this country, those under the age of 65 are often hidden from view. I particularly think of the 2,277 people under the age of 65 who are in nursing homes across this country. Some are there because of an acquired brain injury but many are there because of dementia-related conditions. We have to ask whether that is the appropriate place for them.

The critical issue in this discussion has to be the infrastructure of support for those suffering from dementia in Ireland. There is an enormous job of work to be done to ensure we have proper home care supports. I know the Minister of State takes a particular interest in that area. The provision of home care support packages across the country is very patchy. Here in Dublin, access is much easier, but in the south west and my own home county of Cork, it is extraordinarily difficult. If we are to allow people the dignity and independence of staying at home and afford them some sort of dignity as they deal with their condition, we must ensure that home care support packages are put in place. Part of this question relates to the model on which the State has relied up until now. There is huge reliance on private organisations and there have been a lot of issues in how some of those services have been delivered. We must look at increasing the number directly employed by the HSE in the sector.

The other key thing is that not everybody will be able to stay in their home. With regard to long-term residential care, there has been a 12% drop in the number of dementia-specific community beds over the past five years. There are now 353 beds, 332 of which are long-stay beds and 21 of which are respite beds. The number of respite places has doubled.

That is very welcome but it is obviously coming from an incredibly low base. For the people who I come across who are caring for their loved ones, not being able to access dementia supports is an enormous issue. I spoke earlier in the Dáil about the delayed transfers of care out of our hospitals. It reached 555 people yesterday. It is the highest on record in the year to date. We know that 602 of those people in the first four months of this year were waiting for clinically complex beds. Many of those people had dementia and they had nowhere to go out of our acute hospitals into more appropriate settings.

The other critical issue I want to raise today is access to social welfare so that when a person, in particular someone under the age of 65, does develop a dementia-related condition, there is an understanding. Again, far too many people have come to our office and other people's offices trying to access disability payments and have not been approved or have had enormous difficulty trying to get through the bureaucratic nightmare of trying to prove their condition and their inability to work. I have to ask that the Minister of State use his office to convey a greater understanding to others.

The last thing I want to say today is with regard to how health inequality applies to so many aspects of our health service. We know this with regard to the drugs that are out there. There are drugs that are being developed, which is fantastic, but we do not have the access. Many people do not have the access to the innovative drugs that are coming to market. In particular, I am thinking of lecanemab, which is privately available in Ireland but, of course, costs thousands of euro and is only available to those who can afford it. That is wrong. We need to change that. I know there is a cost associated with this but we need to make sure we can actually extend the quality of life of people with dementia in the years to come.

Deputy George Lawlor: At the outset, I would like to join, as everyone here has, in warmly welcoming to Leinster House Cian and Jordan Adams, the FTB brothers, and also Cian's partner, Helen, who played such a vital and key role in the whole 33 marathons in 33 days. They are most welcome. It was a remarkable fundraising odyssey and their extraordinary determination, resilience and love has inspired people across this country. They have undertaken this challenge in memory of their beloved mother, Geraldine, who sadly passed

away at the young age of 52. They have not only raised awareness of dementia and led us to remember their mother but they have also raised vital funds that will be used in the battle against this awful disease. Their courage reminds us that behind every diagnosis is a family, a story and a community carrying both hope and heartache.

As we know, dementia is one of the greatest health and social care challenges facing this nation. It affects tens of thousands of people across every county and touches countless families who watch loved ones gradually lose memories, independence and, in many cases, a sense of self. Indeed, my own mother succumbed to Lewy body dementia just last November, so I and my family know about the major impact it has and that impact is profound, not only on those living with dementia but also on spouses, children, siblings and carers who provide unwavering support every single day.

While progress has been made, too many families still, unfortunately, face long wait lists for diagnosis, unequal access to specialist services and significant gaps in community supports. In many parts of the country, families are struggling to access respite care, home support hours, day services and specialist dementia care when they need it most. No family should feel abandoned at the point of diagnosis or be left to navigate this journey alone. I also want to pay tribute to the Alzheimer Society of Ireland, ASI, which has done Trojan work and continues to do Trojan work right across the country in supporting families and those affected by this awful illness and disease. I ask the Minister of State to please commit to meeting with representatives from the Alzheimer Society of Ireland as they present their budget asks. The programme for Government commitment, in particular the statutory home care scheme, must be something we seriously look at bringing into being following its insertion in multiple programmes for Government. We have to commit to a system that prioritises early diagnosis and expands community-based supports and also strengthens respite services and ensures that adequate investment in dementia-specific residential care is also in place. We also have to recognise and support family carers. Their contribution, as we all know and has been stated multiple times, saves the State millions upon millions of euro in terms of their input into care of their loved ones. They also provide dignity and comfort for those loved ones. It has been said before that the measure of a society is how it treats its most vulnerable. People living with dementia deserve compassion, dignity and the highest standard of care. It is time for us to remember and honour their voices and support their families. We have to look to an island where no person who is facing dementia is left behind. We simply have to do better. I look forward to the Minister of State's commitment on this.

Deputy Cormac Devlin: I welcome the opportunity to speak today on dementia. Like many others, I want to extend a particularly warm welcome to Jordan and Cian Adams, the FTB Brothers. I commend them on all their fundraising work and advocacy. Today, we remember their beloved mother, Geraldine.

There are 64,000 people living with dementia in Ireland today. Around 11,000 people receive a diagnosis every single year. There are 30 new cases every single day. By 2045, the estimated number will grow from 64,000 to approximately 150,000 people. Behind every one of those numbers is a person, a family and a story.

Before I go any further, I also want to acknowledge the fantastic work and advocacy of the Alzheimer Society of Ireland, many of whom are in the Gallery today, including their CEO,

Mr. Andy Heffernan, and the head of operations and community engagement, Ms Siobhan O'Connor. The ASI is the leading dementia-specific service provider in this country. Its staff, branches and, indeed, volunteers work in the heart of every single community right across the island. On behalf of the families of Dún Laoghaire in my constituency who they have supported, I want to thank them. I am also very proud to be a member of the all-party Oireachtas committee in the Oireachtas, ably led by Senator O'Loughlin and Deputy Lawlor. I thank and commend them on their work as well.

Some €21.27 million has been provided for new funding for dementia services since 2021, including a further €2.27 million in the budget of 2026. I commend the Minister of State, Deputy Butler, on her advocacy, long before she took high office, in making sure the all-party Oireachtas committee operated here in the Oireachtas but also secured so much funding when she went into Government. There are now 60 dementia day care centres, 25 memory clinics and 37 dementia advisers across the country. Three memory assessment and support services are operated in Cavan-Monaghan, Mayo and Sligo and they saw almost 500 new patients last year. Seven more are committed to under the HSE national service plan for 2026. Four regional specialist memory clinics saw over 1,400 new patients in 2025, with a fifth to open in north Dublin. The national dementia registry will be piloted next year, which is very welcome news. This year, a minimum of 22% of all new home support hours will go to people with dementia or a cognitive impairment, up 20% on last year. That is real, measurable progress.

I want to speak about what it looks like in my constituency in Dún Laoghaire. It is the home of the finest dementia services in the country. We have St. Joseph's Centre in Shankill, which is Ireland's only care home dedicated to people living with dementia. It is home to 60 residents living in six household-style lodges rather than hospital wards. It is a very special place. Its daycare club welcomes 24 people every day and it provides much needed respite for family carers. It also runs Buddy's Place café, which I had the pleasure of attending when it opened. Anyone who visits St. Joseph's, as I have, will know it is not an institution. It is a home to those residents. In Blackrock, the Alzheimer Society of Ireland runs the Orchard Respite Centre out of Temple Road, providing dementia-specific care and overnight respite alongside the society's national coffee'n'chat and freephone helpline. The Southside Partnership's living well with dementia programme has also been running since 2012. It is funded by the HSE. Its Sweet Memories Choir, exercise classes, bridge club and arts group keep people connected to their community and it is supported by almost 40 volunteers. Its motto says it all: "See the person, not their Dementia". Those service are complemented by the HSE's Memory Harbour, which is run by occupational therapists across our local health centres and the memory clinic at St. Columcille's Hospital in Loughlinstown. This is what good community dementia care looks like - diagnosis, daycare, respite home support and social connection, and all close to where people live. Our task is to make that standard everywhere. I know the Minister of State is committed to that. For all the progress, families tell me the same three things: daycare places are limited, there are caring waiting lists and respite is scarce.

Too many people wait for too long. The ASI pre-budget submission seeks €8.23 million to expand day care, home care and young onset supports. It is a costed, practical, reasonable support. I welcome the commitment in the programme for Government. I also ask the Minister of State to meet the ASI as soon as possible and to make progress on its pre-budget submission. I also ask that the next phase of the memory assessment and support services reaches the east coast so that people in Dún Laoghaire and across our region can access diagnosis and post-

diagnostic support in their own community. In October, Dublin will host the Alzheimer Europe conference during Ireland's Presidency of the Council of the European Union and over 1,200 delegates will come to our capital. Let us use that moment to show that Ireland leads on dementia in policy, in research and, above all, in care.

Deputy Micheál Carrigy: I acknowledge Jordan and Cian for coming here for the statements. Helen is here also, along with Jordan's wife Agnes and their dad who has been such a major part of the journey so far. Deputy Sherlock said they are an inspiration. They have been an inspiration to us in Ireland, in bringing the area of dementia to the floor of our national Parliament. I thank the Minister of State, Deputy O'Donnell, and the Minister of State, Deputy Butler, for making sure these statements happened prior to the summer recess.

When I think of dementia I think of my mother, Eilish. It was mentioned that about 30 cases are diagnosed per day. My mother was one of those 30 cases and I remember the day, a day I will never forget, when we were told. I still vividly remember during the Covid pandemic when I went to visit her with my son and, for the first time, she did not recognise me. That was a difficult day, but she got the best of care in St. Joseph's care centre in Longford. When we were hit with the news as a family, I chatted with my brother and sister and the first phone call we made was to Breda Dunne, the Alzheimer Society of Ireland representative in Longford, Eileen Kilbride and everyone there. We got comfort from talking to someone who knew it, lived it every day and worked in that area. I will always be grateful for their compassion.

I also thank the members of the ASI in the Gallery today for all the work they do. I look forward to working with the group led by George and Fiona under the tutelage of their new chairperson, Cathy Reynolds, another proud Longford woman who has done so much in this area in memory of her late mam and her dad, Albert Reynolds. Earlier we were looking at the portrait of Albert Reynolds in the Taoiseach's gallery. I look forward to working with the group. I also think today of Mary Brazil in Ballinamuck who is Cathy's mam's cousin whom I know quite well. We think of her and her family. I know two of her siblings and her dad both died at a very young age.

I ask the Minister of State to support the ASI, and I know he will. We have a briefing document and that has been spelled out. I will not repeat the requests made but they are needed. People with Alzheimer's and their families throughout the country deserve to be supported by the State. Statutory home care is in the programme for Government. It is something we have been working on for a number of years. I look forward to progressing that over the term of this Government so that we can have it in place.

I also acknowledge the carers who look after our loved ones at home. I know we have had a big jump in the carer's allowance only in the last number of days with the change to the income disregard. It is in the programme for Government that we will get to a point where we will financially look after those who care for our loved ones.

We also need to look at the area of research. We need to put the supports in place. We need to support families, persons with dementia and the dementia organisations. We also need to continue to invest in research to stop this condition being so prevalent. Some programmes are in place in the UK and some families from Ireland are travelling to the UK to take part in studies. I would like that research to take place here in Ireland as well. In the budget we need to provide tax breaks or incentives to incentivise companies to invest the necessary resources

in further research so that we can stop this disease or give longer life and a better quality to anyone who may acquire the condition. We want to get to a point where we will have a drug available and that nobody will get FTD. We need to get to a point where we have a drug for dementia that will provide a quality of life. That needs to happen sooner rather than later.

I ask the Government to support the ASI in its demands. We should put in place financial supports through the budget to support companies to do the research here to find the drugs that can stop this disease which takes so many of our loved ones away. Once again, I use the word inspiration. That is what Jordan, Cian, Helen, Agnes and their dad have been to people in this country. We are here to support them on the journey as it goes forward.

Minister of State at the Department of Health (Deputy Mary Butler): Every day in Ireland, 30 new cases of dementia are diagnosed. Yesterday, there were 30 new cases of dementia and tomorrow there will be a further 30 new cases of dementia. That initial diagnosis is absolutely devastating for every family. Having one person with that diagnosis impacts the whole family. That shows the importance of having dementia advisers in place. Between 2016 and 2020, I co-chaired the all-party committee with the former Senator, Colette Kelleher. At that stage, we had about eight dementia advisers in the country. I believe we now have 37. The difference they have made to every person who gets that diagnosis cannot be underestimated.

When people get a dementia diagnosis they are devastated. Unfortunately, there is still a stigma attached to dementia. Dementia advisers wrap their arms around the patient and the family. They give advice that is tailored to the individual and they also support the family. We know that an awful lot of older people in Ireland with dementia, including my own godfather, can live very well in their own communities with the wrap-around supports of the 62 specific day centres that we have. Some of them still go to the other 320-odd day centres around the country until it comes to a stage when it is just not suitable any more.

Day care support in the home is an absolutely amazing facility to have. During the Covid pandemic, I was delighted to partner with the Alzheimer Society of Ireland. I acknowledge many of its members who are here today, including Andy, Kathy, Siobhán and Kevin Quaid who has been doing advocacy in relation to Lewy body dementia for many years. During the pandemic, day centres were closed because of Covid. People with dementia were at home and could not leave the house but we were able to fund day services in the home. My aunt gets a block of three hours on a Wednesday morning and she is able to go to the golf club. Those three hours are precious to her because she is living this 24-7 with her beloved husband, my godfather. Having those wrap-around supports is absolutely vital. We cannot underestimate how important they are. When someone gets a diagnosis they have an adviser, who is invaluable. I cannot say that often enough. They have dementia-specific support.

We now have up to 62 day centres. Only in the last week, I was delighted to welcome the Minister of State, Deputy Kieran O'Donnell, down to Cappoquin in west Waterford where, working with the Alzheimer Society of Ireland, we opened another day service which is open three days a week. This provides a specific day of respite for families of someone with dementia. Their loved one can go there from 9 a.m. until 3 p.m., which gives them the vital respite they need. The importance of that is that we already have the premises.

We are using the physical capacity we have, which we can expand. We are able to deliver that service for 40,000 for a whole year, one day a week, in a premises we already have.

I want to talk briefly about the partnership with the Alzheimer Society of Ireland. I have partnered with many organisations. Six years ago last week, I was appointed Minister of State with responsibility for older people and mental health and my role now is as Minister of State with responsibility for mental health. We have to partner with our NGOs, and one of the best partnerships I have experienced has been with the Alzheimer Society of Ireland. I cannot compliment it enough on the work it does because every single cent that goes to the organisation from the budget is spent on services. There is no fuss, no frills and no fancy, just the services people need.

The Minister knows very well that the importance of having ring-fenced, specific funding cannot be underestimated. I have just come from Ballyfermot, where I opened an early intervention in psychosis team, our tenth team. The reason that was opened was because it was ring-fenced, specific funding that was not spent on anything else. I was the Minister of State in 2020 who made dementia supports critical, ring-fenced and specific. The money could not be used for any other reason, other than for those services only. We have to continue to do that, and I know the Minister will do so.

I give a shout-out to Jordan and Cian Adams, who are here today with their family remembering their beloved mother, Geraldine. She would be so proud of them today. I guarantee she is looking down on them and thanking them, as do I, for all the advocacy they are doing for every single person around the world, especially here in Ireland, who is living with dementia because it is not easy.

Deputy Cormac Devlin: Hear, hear.

Deputy Colm Burke: I congratulate Cian and Jordan on the work they have done, as well as all the people who have helped them. They have done important work highlighting this issue, and it is extremely important that we speak openly and highlight the challenges.

Dementia is one of the health and social challenges facing Ireland today, with more than 69,000 people in the country currently living with the condition. That number is going to increase, as has been outlined. Behind every diagnosis is not only an individual but also a family, a carer and a community adapting to the realities of a progressive condition that changes lives forever. There are over 200 different types of dementia. When I was working as a solicitor I had to deal many times with families who had a family member with dementia where I had to try to sort out the legal issues arising from the person having dementia. For instance, I had a case involving a widow living with her daughter who had an intellectual disability. She did not have other children and both of them were living on tea and biscuits for a long period before it came to my attention. The lady had been admitted to hospital and the only thing she could talk about was playing camogie with Ballygarvan in 1935. She knew everything about what happened in 1935 but not what was going on around her there and then.

Progress has been made in recent years. The national dementia strategy and HSE dementia model of care have helped place dementia high on the national agenda. The expansion of memory assessment and support services, specialist memory clinics, dementia advisers and

community-based supports has improved access to care and support for many people and their families. However, despite this progress, there are still challenges that must be addressed. Across Ireland, too many people continue to face delays in diagnosis, unequal access to services and uncertainty about where to turn following a diagnosis. For many families, receiving a diagnosis is only the beginning of a long and often difficult journey. While medical care is essential, dementia is about far more than healthcare. It affects housing, transport, employment, social participation and financial security.

The Alzheimer Society of Ireland, in a public consultation on the cost of disability, has highlighted a reality that is too often overlooked, namely, the significant financial burden associated with dementia. People living with dementia and their families frequently face additional costs related to care, healthcare, transport, home adaptations and day-to-day living. Some report exhausting their savings, postponing healthcare appointments or making difficult decisions about their future because of financial pressures. The challenge can be particularly acute for the 5,200 people living with young, onset dementia. Many receive a diagnosis before the age of 65, at a stage in life when they may still be working, raising children, paying a mortgage or supporting a family. The loss of employment and income can cause a profound financial shock at precisely the moment when additional support is most needed.

These realities remind us that dementia must be viewed not only through a healthcare lens, but also through the lens of disability rights, social inclusion and economic security. As Ireland reviews its national dementia policy, we have an opportunity to develop a more comprehensive response, one that reflects the full lived experience of people with dementia and those who care for them. The response should be focused on early diagnosis, equitable access to services, stronger supports for family carers, dementia-inclusive communities and measures that address the financial impact of living with dementia. It should also ensure the voices of people living with dementia, their families and advocacy organisations remain central to policymaking.

Dementia is not a future challenge, but a present reality for tens of thousands of people across Ireland. The question is whether our policies, services and supports are keeping pace with this reality. The progress achieved to date provides the foundation, but the scale of this challenge requires greater urgency, sustained investment and a clear, long-term vision.

In 2011, there were 600,000 people over the age of 65. That figure is now 860,000 and within three years, there will be over 1 million people aged over 65. Challenges will come very fast and we need to respond accordingly, ensuring we have adequate services to support the individuals affected, as well as the families caring for them.

Deputy Peadar Tóibín: I too commend the amazing work of Jordan and Cian Adams on their incredible journey. Doing 33 marathons in the space of 33 days is an incredible feat. I have done one marathon in 52 years and it is more than enough for me. Raising that level of funds and awareness throughout the country is absolutely amazing, and it reminds us that in this country, people have the power and one or two individuals can change the world in a range of different ways. Sometimes we forget individuals can be the source of major change in this country.

I also pay tribute to their Jordan and Cian's sister, Kennedy, for all the work she has done in organising their campaign. I offer the three siblings my deepest sympathies on the loss of their mother, Geraldine, at such a young age. Their campaign has created an enormous legacy for

their mother and they have delivered the most incredible tribute that any family could deliver for their mother. I join the Minister of State, Deputy Butler, in saying there is no doubt their mother is looking down on them with enormous pride in what they have achieved.

Early onset dementia is a serious blow and challenge. I urge the Government to do all it can for research and development. Like many others, I also have loved ones in my family who have suffered from dementia. It is an enormous challenge; there is no doubt about that. Dementia significantly changes many aspects of that individual. It is called the long goodbye and, over time, family members feel they are losing certain aspects of their loved one. The truth is that their essence is always there. It is important to remember that. Dementia gradually takes away memory, confidence and independence and affects the person's ability to drive, manage finances and stay connected with the world and community. It also profoundly affects spouses, sons, daughters, neighbours and friends who also have to deal with the condition.

It is important to remember, however, that many people with dementia and Alzheimer's disease can be very happy in themselves. Sometimes, it is the people around the individual who suffer more from the experience. I am very lucky that in our case the individual who has Alzheimer's is not anxious or stressed and does not have those difficulties.

We would be lost in our family if it was not for the Alzheimer Society of Ireland and the amazing work that it does. My family member attends the Alzheimer society daily and gets enormous support, love, care and treatment from the Alzheimer society, and would be lost without it, as would the family. It is a pivotal element of that person's care.

Home care remains the backbone of dementia support. It allows for people to remain familiar in their surroundings. It connects them to their family and their community.

Deputy William Aird: I would like to take the opportunity to speak on this issue which affects thousands of families across this country, many in my own constituency. Dementia is not just a health issue. It is a family issue, a community issue, and a societal issue. Behind every diagnosis is a person whose life has changed and has a spouse, son, daughter, neighbour or friend who is adapting to new responsibilities and challenges. In County Laois, we know the reality of this challenge. It is estimated that we have 800 people in Laois who are living with dementia. Given demographic changes and our ageing population, that number is very likely to grow.

I acknowledge the vital role played by local facilities in Laois, including St. Vincent's Community Nursing Unit in Mountmellick, which provides care for older people, including people with dementia and complex care needs. I also recognise the contribution of St. Brigid's Hospital in Shaen, County Laois, which provides long-term residential care and supports for people with dementia, palliative care, and respite needs. These facilities, together with healthcare workers, carers, and families, provide essential services to our community. I want to take this opportunity to invite the Minister of State to visit these excellent facilities in Laois, to meet the staff, residents and family and to see at first hand their outstanding work.

An area where we continue to see significant pressure is in respite care for families caring for a loved one. It is a vital support in continuing to provide care at home while also protecting their own health and well-being. Families are waiting too long for respite placements and carers are reaching crisis point before support becomes available. In Laois, we have Abbeyleix

Community Nursing Unit available to provide respite care for the whole of our county. There are nine respite beds for the entirety of County Laois. We must ensure that respite capacity keeps pace with demand. This requires investment in dedicated respite beds, community services, and appropriate supports. Supporting family carers reduces pressure on hospitals and residential care services. We must also strengthen palliative and end-of-life care for people living with dementia by ensuring specialist services work closely with community teams, residential settings, and family carers.

Families also need support during this difficult time. Improving early diagnosis and access to dementia-specific supports is essential. Early intervention allows people and families to plan, to access supports sooner, and to maintain independence for as long as possible. Community supports are particularly important in rural counties such as Laois. Transport accessibility and proximity to services can have a major impact on whether people can continue to live well in their own community. The message from families is very clear that people living with dementia want to remain connected to their communities and families want to know what else is available when they need it.

Government must continue to invest in dementia services through the whole-of-government approach. Dementia policy must be about supporting people to live with dignity and maintaining their quality of life. Our responsibility as legislators is to ensure that no family feels alone after a dementia diagnosis. By investing in community services, respite care, and supports for carers, we can build a system that respects the dignity of people living with dementia and their families.

I pay tribute to the many family carers across Laois and the many support groups and volunteers working in this area. Their contribution is huge. They provide care every single day, often behind closed doors and without recognition. I join everybody else here today in acknowledging Jordan and Cian Adams in the Public Gallery and commend them on their huge achievement. People like them bring attention to dementia.

This is my first time since being elected to Dáil Éireann that I have addressed this House on a question like this where not only is there one Minister but there are three present. I thank the Ministers of State for that because that shows the interest that this Government has in providing services for families and people with dementia.

Deputy John Connolly: Cuirfidh mé tús le m'óráid leis an méid ar chríochnaigh an Teachta Aird leis. Molaim an tAire Stáit go bhfuil sé anseo le linn na díospóireachta ar fad. Tá sé anseo ag fanacht. Ní dheachaigh sé amach as an Seomra. Taispeánann sé an meas atá aige ar an ábhar agus an méid cúraim atá air agus ar a bheirt chomhghleacaithe taobh thiar de go bhfuil siad ag fanacht linn chomh maith le haghaidh na díospóireachta ar fad. Is maith an rud é sin.

I am glad of the opportunity to participate in the debate. These debates, where we focus on one particular issue, allow us to inform ourselves better about the issues impacting on people who suffer from dementia and indeed their loved ones and families. I recall on one occasion attending the funeral of a father of a friend of mine. I had been aware that the deceased man had been diagnosed with dementia some years earlier. When I expressed my condolences to my friend, his response really struck me. He said that this was the second time they had lost their father. I said I was struck by that, and it brought home to me the emotional challenge for a family of seeing a loved one suffering from dementia. I commend the contributions of

Deputies Carrigy, Tóibín and Lawlor, who related their personal stories to us. I thought they were very powerful.

I welcome much of what the Minister of State said about the Government's commitment to assist patients and their families. I welcome the funding provided to open memory assessment and support services. One of those services is proposed for Galway and I look forward to it opening, please God, in 2026. Galway will also be the location of one of two new regional specialist memory clinics. Development of these two services appear to be on time in their provision and they are very welcome, and I hope to see both of these new services leading to enhanced treatment and better health outcomes for patients diagnosed with dementia in my county and indeed the greater western region.

In the correspondence we received from members of the community and advocates in the lead-up to this debate, there has been a focus on the provision of home care support. For most people living with dementia, as we heard from many contributors, the overwhelming wish of people is to remain in their own home, in familiar surroundings with their families and loved ones. Families want to support that wish for their own loved ones and I know that across the House, Government and Opposition want to support this. Our health service should be structured to support that. However, in the correspondence that we have received, concerns have emerged regarding the availability of HSE home support services. Emails indicate that funding has been exhausted in some areas, resulting in new home support packages being delayed, restricted, or prioritised only for those assessed as having the most acute clinical needs. These concerns are not new to us. In my constituency office, like many others I am sure, we get frequent correspondence from families who are seeking home care hours. One challenge for these agencies appears to be the attraction and retention of staff. If we can look at training more people in this area and promoting this as a profession, it might help.

A concern has been brought to my attention but I do not want to imply wrongdoing on anyone's behalf. A family asked me to get clarity. They were provided with home care hours to be provided by a private company. That company advised the family that it did not have the staff to provide the care. The family told me they were concerned that despite not receiving the care, the company may still be receiving the money from the HSE. As I said, I do not want to imply any wrongdoing but it is a fair point and fair question that needs some clarity. If the Minister of State could provide clarity, I would appreciate it.

I would like to advocate for the community-based home care services and provision. I mention one such community organisation in my constituency, Connemara Care, which provides home care and support for the elderly, people with disabilities, and people with dementia. I would love to see Government policy creating a system that favours and promotes the community care model, such as that offered by Connemara Care, where many of the people calling to provide the care are neighbours or people well-known to the person who needs the care. It is a lovely model. We must be conscious that not all families or situations will be suitable for home care support.

4 o'clock

In a similar manner to what we were hearing in relation to the available hours of home care support, my constituency office is contacted frequently by families seeking nursing home care. In my constituency, we need to increase the number of community nursing beds. Moves are

afoot to maximise the capacity of Áras Mhic Dara at An Cheathrú Rua - in fairness, the Minister of State pushed that and I welcome it - by recruiting additional staff. This is welcome, although I point out that the recruitment process is not straightforward. It seems to be quite complex and difficult to recruit the staff. The HSE is also progressing a new 40-bed community nursing unit at St. Anne's in Clifden, which will include ten dementia-specific beds. Again, this is very welcome.

I want to discuss the building of a new 60-bed community nursing unit at Merlin Park Hospital campus in Galway. This facility will provide 60 single en suite bedrooms. It will be a state-of-the-art, top-class facility, including a ten-bed dementia unit. My understanding is that this unit has been developed to replace the existing unit 5 and unit 6 at Merlin Park, which I understand are to be decommissioned. I would like that to be reviewed. I have a direct plea that we retain units 5 and 6 for the additional capacity of community nursing beds that would provide. These units are currently operating well. The buildings seem to be in good condition. One of them provides short-term respite care and the other provides longer term care. I know some of the staff, and I believe that local HSE officials would like to see the buildings retained for community nursing beds. I ask the Minister of State that we look at that.

Deputy Gillian Toole: I thank Deputy Carrigy for instigating this session this afternoon. I also welcome our visitors in the Gallery. The contribution of family carers, home support workers, volunteers, community cafés such as Dunshaughlin Pastoral Centre, Yvonne here in the restaurant and Friday club, while not specifically an Alzheimer's service, does fantastic work along with Ratoath Community Centre and advocacy groups such as ASI. They are crucial supports to people living with dementia. I must not forget Whistlemount Day Centre in Navan for the phenomenal support it provides.

However, it is worrying that the number of people living with dementia is projected to approximately double in the next 20 years. There is a deficit of health data. The services and supports must be planned and budgeted for. I commend the Minister of State, Deputy O'Donnell, and his predecessor, the Minister of State, Deputy Butler, on their actions to date and their plans going forward. They are highly commendable.

I will try to be proactive and hopeful. I will share with the House the fifth and lesser known pillar of health. The results of decades of scientific studies explain why the arts, alongside diet, sleep, exercise and nature are the forgotten fifth pillar of health. In the past 20 years, dozens of studies on cognitive leisure activities, including doing crafts, learning musical instruments and engaging in cultural pursuits, including listening to music and singing, have shown a relationship with better preservation of cognition and reduced risk of cognitive problems, as manifest in dementia. The reduction is significant - around 30% for developing cognitive impairment, 23% for all-cause dementia and 34% for Alzheimer's disease. Arts are linked to demonstrable neurological changes in the brain, lower deposits of amyloid beta, and lower numbers of lesions in the white matter of the brain. A total of 85% of people want to live at home for as long as possible if they are diagnosed with dementia.

There are simple interventions for temporal orientation. Using colour, matt finishes on floor surfaces, playing birdsong in the morning and calming music in the evening can all reduce confusion related to spatial orientation, falls, aggression and violence, and can perhaps reduce the need for antipsychotic medication. These can all be incorporated into the design of age-

friendly homes. I raise intergenerational music sessions, and we spoke about young people and their involvement earlier. These are also pivotal. It could be listening only, listening and singing, singing along or watching a choir. These will all help improve the multiple memory systems from episodic, semantic to implicit memory. There is a US health study - I cannot put my finger on the exact journal reference - that has shown that for every \$1 invested in music therapy, \$2.4 is saved in support costs.

I will happily refer the Minister of State to an excellent book called *Art cure*. I have referenced it in this House previously. I have no commercial interest or otherwise in it but it is an excellent reference source. It is the science of how the arts transform our health by professor of psychobiology at University College London, Daisy Fancourt. It is a combination of approaches that I believe are required, as well as cross-community involvement, which has been so ably demonstrated by Cian and Jordan and their phenomenal support team, no doubt inspired by their dear mum looking on from above them as many have referenced.

I thank colleagues for their contributions as well. It is seldom that we share moments of shared learning and empathy in the cut and thrust of politics.

An Ceann Comhairle: We are ahead of time. There has been a request from the Minister of State, Deputy Murnane O'Connor, to speak for two minutes, with the agreement of the House. Is that agreed? Agreed.

Minister of State at the Department of Health (Deputy Jennifer Murnane O'Connor): I am delighted to speak today. I welcome Jordan and Cian. I met them in Carlow a few weeks ago when they came to Barrow Brew and had a cup of coffee with me. It is important. When I met the two of them, I was so impressed because they were so passionate about the awareness of dementia. They spoke about their mammy. As everyone has said today, we are all here united in the fact that we need to make sure that we are working, highlighting and funding dementia. We talk about our family carers or family members. I am involved with the community supports. We have community cafés. We have our day centres and our partnerships with the Alzheimer's Society of Ireland. These also play a huge role for families as well. I attend meetings regularly in my own area in Bethany House, which plays a huge role. I compliment it on its good work. I also attended a public meeting two weeks ago in Leighlinbridge. They did a report on dementia, the age groups and a pathway forward. It is positive that this is happening now. I think this will happen all over the country. I feel Jordan and Cian have played a huge role in that. Everywhere I went, the two were mentioned, which was a good tribute to them for their commitment and dedication to raising awareness of this and how we can move forward on this.

We must also plan for our ageing population. It worries me about those with early onset dementia. We have to be more focused on the supports for that age group because early onset can be absolutely rapid and time is of the essence. I came into the Chamber today to say I am thrilled and honoured that I met Jordan and Cian. They should keep up the good work. This is something that is important and that families will benefit from. I know it from working with the two Ministers of State. The Minister of State, Deputy Butler, over the years, was passionate and worked hard on the funding. I know the Minister of State, Deputy O'Donnell, will do the same. It is all about getting our services together with the pathway. Good work is being done. Well done to everyone.

Minister of State at the Department of Health (Deputy Kieran O'Donnell): I want to do justice to the debate. I want to deal with the issues that people raised. I want to give an idea of what my vision is on dementia. I have a vision and an actual view on what we need to do. The Minister of State, Deputy Butler, did great work in the role but there are certain things I want to do structurally. I want people to have an idea of what I have in mind. The FTD brothers, Jordan and Cian, Helen, their dad, Glenn, and Jordan's wife, Agnes, have done something unique. Every so often someone makes that impact, and they made that impact. They made it particularly with the younger cohort. I saw it with my own family. They are in their late 20s, and all they could speak about was Jordan and Cian. It is social media and everything else but they resonated and it was intergenerational.

Our ultimate objective here is to ensure we look after people with dementia and their families.

Where do we look after that - at diagnosis level? That is why we need the national dementia register up and running. It is critical. We need empirical data and we do not have it at the moment. That is why I fast-forwarded this last year.

Second, I want the memory assessment clinics to be rolled out. Three are open and I want to see the other seven running and get more because we will get diagnosis and a structured system. The regional clinics, which are specialist, are very much in the space for young onset dementia, which is a growing area. The programme for Government includes supports for early onset dementia and the Alzheimer Society of Ireland has a key role to play in that regard. In some ways there is a contradiction in terms. With an early diagnosis, we have a better chance of ensuring people can live a good life.

Kevin Quaid, a Limerick man, is in the Gallery. He is living with the disease. That lived experience is important.

We then have to provide the services. The central person in this debate is the person with dementia and their family. Just because someone gets dementia does not mean they are not going to continue to live their life – they are - but we have to ensure we understand how it impacts them. We have to provide the services like respite. Home support was mentioned in the debate in a number of contributions. This was a very good, robust and genuine debate. Most people had had some connection to someone with dementia and the impact on their lives.

One of the programme for Government commitments was to design a statutory home care scheme, so I sat down and looked at it. It is not something abstract. We have to do a focused body of work on it. It has to be a process. The first thing I wanted to do was get the home support providers Bill 2025 through. That is the first step. We cannot have a statutory home care scheme unless we regulate the sector. It is unregulated. We now have the legislation through. It is the first critical step in moving towards a statutory home care scheme.

Deputy Connolly referred to the practical aspect. We have given the HSE funding to recruit 257 additional home support workers. I want them to be recruited and the HSE is doing that. I am having ongoing meetings with the HSE to try to reduce the number of vacant posts but it is an issue of getting the staff. They do great work. This is something we want. They need replacements but there is funding for 257 additional posts.

The Alzheimer Society of Ireland, ASI, does great work. We will interact with it in the normal way in the budgetary process. We will not agree on everything - as I have said many times, if we gave the ASI everything, neither of us would be doing our jobs - but it has a key role to play. I have to operate within a budgetary system and a budgetary cycle. What the ASI has done with the day centres is brilliant. Many of its advisers are in the young onset dementia space. Day care at home is coming up a lot. I want to do more in that space. It is a great service. When I sat down and spoke to Jordan, Cian and Helen, Jordan described what it was like for them when their mother was diagnosed and the impact it had on the family, with day care at home and respite. The Minister of State, Deputy Butler, spoke about designated funding. Care Family Ireland is now a dedicated line of funding for respite. It is something we have to do.

The area of new medicines was raised. That is hugely important. We have spoken about how, without the drugs, you can look at risk factors and reduce them but we are living in an age when drugs are coming on stream very quickly, thankfully. Two disease-modifying therapies for Alzheimer's disease, lecanemab and donanemab, have received regulatory approval in Europe and their manufacturers have applied to the HSE to have them considered for public reimbursement in Ireland. A full health technology assessment of lecanemab is being undertaken by the National Centre for Pharmacoeconomics, NCPE, while a full HCA submission for donanemab is awaited from its manufacturer. Deputies will appreciate that under the Health (Pricing and Supply of Medical Goods) Act 2013, the HSE has statutory responsibility for making decisions on which medicines are reimbursed from the funds available to it. The Department and Minister are not involved in this process and cannot instruct the HSE to make a positive or negative decision. Those drugs are coming on stream.

In addition to these disease-modifying therapies, a blood test that was approved in May 2026 can rule both in and out Alzheimer's disease pathology. It is intended for people who attend specialist services with symptoms such as memory problems. It is not a screening test for healthy people without symptoms. This test will be available in Ireland by the end of the year and in many cases could replace lumbar puncture as a means of confirming Alzheimer's disease pathology. That will make a big difference. Something that came from Jordan and Cian, and more particularly from Helen Jolly, Cian's partner, was the genetic frontotemporal initiative, GENFI. We will look at that space. No one has a fountain of knowledge. If we can work with GENFI, which is based in a London university, and become part of that research, that would be great. It is all about getting synergies; it is not about operating in isolation. We owe it to people with dementia to put that place as well as the day-to-day measures, which are so important.

I attended the HSE's Dementia: Understand Together campaign launch with the GAA and the five McCague sisters, who were speaking about their father, the former president of the GAA Seán McCague. They were speaking about their late mother, who looked after their dad, and about the impact. A couple of things came across really well there, including the fact people with dementia need to be kept involved. People may say they are afraid they will interfere. You have to work around the person with dementia and what they want. They want to be involved and to go to their local GAA or community club and to have people visiting. This is all hugely important. Studies on longevity show that a key element is connection and connectivity.

A lot of people mentioned carers. We have a commitment in the programme for Government that by the end of the lifetime of the Government, the means test will no longer apply. We have made significant increases in the disregard for people receiving carer's allowance. The work that carers do is incalculable. It is phenomenal work. In many cases they are working with people with dementia. My vision for dementia care is, first, that we support the fantastic day-to-day work of groups like the Alzheimer's Society of Ireland, Western Alzheimer and community groups the length and breadth of Ireland. We will look at home support and then we need a dementia register and move towards statutory home care. I take Deputy Toole's point about rolling out music therapy. We are doing work in that space. Fundamentally, the Government's abiding objective is to ensure that people with dementia can continue living in their own homes with their families and supports.

Once again, I thank Jordan, Cian and Helen for being here today. It is hugely important. There were great contributions. I look forward to our continued engagement. Collaboratively we will work to battle dementia.

An Ceann Comhairle: I also welcome Jordan and Cian and their family and thank them for coming to tell us their family's story. They have been an inspiration country-wide. While that concludes the statements, I think I say on behalf of all Members that it does only that. Jordan and Cian and their family have left a lasting impression on the Members of Dáil Éireann.

Health (Provision of Contraception Prescribing Service in Retail Pharmacy Businesses) Bill 2026: Second Stage

Minister of State at the Department of Health (Deputy Jennifer Murnane O'Connor): I move: "That the Bill be now read a Second Time."

I am pleased to introduce the Health (Provision of Contraception Prescribing Service in Retail Pharmacy Businesses) Bill 2026 to the Dáil on behalf of the Minister, Jennifer Carroll MacNeill. The main purpose of the Bill is to make provision for the inclusion of retail pharmacy businesses as scheme providers and to provide a subset of contraception services referred to in section 67E of the Health Act 1970, the primary framework for the free contraception scheme. The Bill proposes to include pharmacists as prescribers of contraception in clearly defined clinical circumstances, in addition to their existing role in dispensing contraceptive medicines and devices. The plans for this were published in 2025, with an outline of the service fully agreed with our stakeholders in the pharmacy sector and included in the community pharmacy agreement. To enable pharmacy prescription, the Bill will amend the Health Act 1970, the Irish Medicines Board Act 1995 and the Pharmacy Act 2007 and will provide for related matters. The clinical basis for pharmacist prescribing is provided by the Health (Miscellaneous Provisions) Act 2024 and regulations made under it.

Clinical provisions for this service, like those that support the common conditions service, will be finalised by secondary legislation once this Bill is enacted. The Bill and the secondary legislation, training and clinical protocols that will follow it will support the terms and conditions for this service, as laid out in the community pharmacy agreement. All secondary legislation will be in place before commencement and launch of this measure.

The Bill will enable the prescription of certain forms of contraception, such as the pill, the patch and the ring, by pharmacists. However, as new contraceptive options come onto the market, there is some flexibility to include those also.

The Bill will make this service available under the free contraception scheme for people aged 17 to 35. It will also be available to private patients, with pharmacies setting their own fees locally. This option may be cheaper and more convenient than returning to the GP for every prescription for those private patients. Pharmacists already supply emergency contraception. Furthermore, we do not envisage that contraceptive devices such as coils or implants, which require minor procedures to insert and remove, would be suitable for pharmacy prescription.

At this point I would like to mention the national condom distribution scheme, which provides free condoms through a separate service. In line with introducing pharmacy prescription, we are also bringing the national condom distribution service into pharmacy consulting rooms on a phased basis. Efforts are also being made to make this service more accessible to GPs. Condoms are the only form of contraception that protects against HIV and STIs as well as unplanned pregnancy, so we aim to support everyone's health by making them more accessible.

The pharmacy service is a core part of our efforts to further support women's health services in the community, as laid out in our programme for Government and the national sexual health strategy. The report of the working group on contraception, published in 2019, was clear about the need to expand the range and capacity of services, as well as addressing cost barriers. This measure is a significant step in that direction, delivering convenience and savings in both time and costs for patients, taxpayers and the State. This service will increase capacity within primary care.

I also want to mention the GP training programmes that we have been supporting since 2022. This will enable more GPs and primary care centres to provide coils and implants, another measure that will add to capacity and contributes to the wider expansion of women's health that we have promised in the programme for Government.

The Minister and the Government have prioritised raising awareness and building treatment services for women who may be experiencing endometriosis; early detection and treatment are key elements of prevention and care. In addition to its primary function, hormonal contraception is an essential treatment for adverse symptoms associated with the menstrual cycle. Such symptoms range from heavy bleeding or period pain and mood disorders such as pre-menstrual syndrome and endometriosis. Despite periods being a normal biological process, our Healthy Ireland and health behaviour in school-aged children surveys tell us that 50% to 60% of women and girls miss school, college, work, social events or sport on occasion because of period symptoms. Endometriosis and similar conditions are at the more severe end of the scale and are estimated to affect 5% to 12% of women. Better access to hormonal contraception is part of the solution to this.

Yesterday we launched the women's health action plan in Tallaght Hospital and it was wonderful to visit the endometriosis hub there. It was great to meet the staff, and I was delighted to be there with the Minister, Jennifer Carroll MacNeill. We could see the progress. We can see those changes now start to happen, which is really good. It is making a wonderful

contribution to women's health, and that is so important. This Bill is another key element in widening our support for women's health.

I will now take the House through the Bill to outline the content of each section. The Bill makes provision to enable registered pharmacists to issue prescriptions for certain contraceptive drugs, medicines, products and devices. For that purpose, and to provide for related matters, the Bill amends the Health Act 1970, the Irish Medicines Board Act 1995 and the Pharmacy Act 2007.

Section 1 amends the definition of "scheme provider", which was previously limited to medical practitioners for the provision of prescriptions. The Bill expands the definition to include retail pharmacy businesses entering into an agreement with the HSE for the provision of pharmacy prescription services to women. The service will be provided by a registered pharmacist in accordance with relevant pharmacy legislation, including this Bill.

Section 2 amends section 32(2)(1) of the Irish Medicines Board Act 1995, and section 3 amends section 11 of the Pharmacy Act 2007, to support the clinical service and associated training requirements. These amendments ensure that the scheme is clearly enabled and cross-referenced through a refreshed legislative framework.

Section 4 is the final section and provides the Short Title and provisions for commencement.

Sections 1 to 3, inclusive, along with the clinical SIs to be drafted subsequently, align the relevant Acts to accurately define the new service. These sections also provide for clinical protocols, rules, codes of conduct and training provision for pharmacists who wish to provide the new service.

To sum up, the Bill will improve access to hormonal contraception; widen the range of services that can be delivered in the convenience of a local pharmacy; improve patient choice and convenience; save money for private patients and, separately, for the State by reducing costs under the free contraception scheme; and provide essential additional capacity for additional women's health measures, as promised in our programme for Government, the national sexual health strategy and women's health action plans.

Deputy Sorca Clarke: This Bill, which is overdue, is a small step in the expansion of community pharmacy and women's healthcare services. Sinn Féin will support the Bill. It is a sensible measure that recognises the expertise of community pharmacists and reduces unnecessary barriers for women who need repeat prescriptions for contraception.

Community pharmacists are among the most accessible healthcare professionals in the country. They are embedded in each of our communities. They are trusted and are often more accessible than a GP. Allowing appropriately trained pharmacists to prescribe repeat contraception following the initial GP consultation will make life easier for women. It will reduce unnecessary GP appointments and ease pressure on primary care.

While this Bill is welcome, it also exposes limits that exist in the Government's ambition for women's healthcare. Time and again we see individual announcements presented as major reforms while broader inequalities remain untouched. The clearest example of this is the free contraception scheme itself. Today if you are 35 years of age you qualify. Tomorrow when you turn 36 you do not. Nothing has changed about your healthcare needs overnight, yet

suddenly you are expected to pay the full cost yourself. To me that makes absolutely no sense. Women do not stop needing contraception because they have reached an arbitrary birthday. Nor is every form of contraception solely used to prevent pregnancy anymore. Many women continue to rely on contraception throughout their late 30s and into their 40s. Others use hormonal medication not only for contraception but to manage heavy menstrual bleeding, endometriosis, polycystic ovary syndrome and a range of other medical conditions, yet these women are excluded. Women experiencing perimenopause and menopause are in the same situation. In some situations, they are paying significant costs for hormone treatments that are essential to their health, their quality of life and, most importantly, that work for them and have been recommended by their doctor. Women's healthcare cannot continue to be designated around arbitrary age limits. It should be based on clinical need.

Research published earlier this year found that almost one in three women still experience barriers to accessing the free contraception scheme. Those barriers include eligibility restrictions, awareness, availability and access. This tells us that among some of those women who technically qualify, the system is still falling short. The Bill also provides the rest of the House an opportunity to ask a much bigger question of Government. Why do we continue to treat women's health as a collection of separate initiatives instead of building a comprehensive service? Women's health does not begin at 17 and it does not end at 35. It begins in adolescence. It continues through the reproductive years, pregnancy, postnatal care, potential fertility challenges, perimenopause, menopause and into older age. Yet, women are too often expected to navigate a fragmented system paying for consultation after consultation and moving between different professionals without a structured co-ordinated approach.

Sinn Féin believes there is a better way. We have proposed a structured women's health scheme delivered through primary care to bring together those GPs, pharmacists, practice nurses and allied health professionals in a co-ordinated model centred on women's needs throughout every stage of their lives. That would mean earlier intervention, better continuity of care, less duplication and ultimately better outcomes. It would also recognise what women have been saying for years. Our healthcare is not a niche issue. It is not an optional extra. It is not a specialist add-on. It is fundamental to our overall well-being and healthcare. While we support the legislation I challenge the Minister of State, the Minister, Deputy Carroll MacNeill, and the Government to go further and expand the free contraception scheme beyond the current age limits, ensure that hormone therapies are affordable and accessible to women who need them and embed women's health properly across primary and community care instead of relying on isolated initiatives. The women who fall outside of the current scheme, those aged over 35, those living with conditions that requiring hormone therapies, those navigating perimenopause and menopause and those who continue to face financial barriers deserve more than this small step, no matter how welcome it may be. They deserve a healthcare system that sees them and supports them throughout their life cycle and values them at each stage of all of them.

Deputy Cathy Bennett: I welcome this legislation that progresses the free contraception available for those aged 17 to 35 and will allow pharmacists to prescribe contraceptive medicines and products. What annoys me is to see that the Government has said the pharmacies will set their fees locally. This is not good enough and this is not free contraception. There has to be something put in place to ensure that the contraceptive is actually free when somebody

goes to the counter to purchase it. Pharmacists are entirely capable of providing enhanced care beyond that which they currently do. It is a positive step. Of course, when we ask more of our pharmacists it is incumbent upon them to ensure they are adequately supported, which is not happening at the moment and is not going to happen with this legislation. I hope that this measure does not become like the HRT and blister packs we have seen in the past. When the Minister fails to do the groundwork, the roll-out can be unnecessarily delayed.

A related issue is that the free contraceptive scheme is still limited to women aged 17 to 35. Did the Government forget about the women who can still get pregnant right into their menopausal years? It is a big failure that it did not recognise that and forgot the women from 35 to 50 years of age. Last August I described the pace at which it is being rolled out as woefully inadequate. That was in response to the Minister answering a parliamentary question I placed seeking information on the expansion of the scheme by alluding to pilot schemes and referencing the annual budget process. The scheme was first introduced in 2022 and limited to those aged between 17 and 32. The increase to 35 in 2024 was woefully inadequate. Now, in 2026 we are still in the same place. That suggests there is no political will.

I appeal to the Minister of State to make this a priority and let us dispense with the listless and lethargic pace we have seen to date. Women's health deserves to be embedded as a core service across pharmacy and community services. Not enough is being done for endometriosis. The Minister of State suggests that the pill is the solution; it is definitely not the solution. Endometriosis is a life-changing diagnosis and more needs to be done. Women with endometriosis are forced to go abroad. Ireland is nowhere near the point of providing vital care for women with endometriosis. The suggestion that free contraception is enough is a complete failure of this Government and I ask the Minister of State to rethink this and do more for women.

Deputy Sinéad Gibney: I will make a few key points. While we welcome this Bill, we believe that oral contraceptives should be available prescription free. The action plan does not have enough solid commitments when it comes to contraception, and essentially the barriers still exist and exclusion from the scheme is still an issue for some women. The Social Democrats welcome this Bill, which provides for pharmacists to re-prescribe certain contraceptives. However, we stand firm in the belief that oral contraceptives should be available prescription free. They are some of the safest and most thoroughly researched medications available and we must listen to the World Health Organization, to the Irish Pharmacy Union and to our own Oireachtas health committee, which have all now recommended that they be available over the counter. We understand that some medicines should only be available by prescription but there is no clinical reason for this to be the case for oral contraceptives. They are safe. They have been thoroughly studied and they are effective. The biggest issue with contraception is access. An additional hurdle of having to go to their GP means that some women simply cannot or will not access oral contraceptives, despite their wants or needs. This Bill is a welcome step to widening access, but we must think much bigger if we truly want contraception to be easily and freely available to all who need it.

I also welcome the publication of the third women's health action plan yesterday, but I am concerned we are seeing a repackaging of previous announcements and little detail on the timelines or funding commitments attached to measures. We need commitment from Government that the age expansion of the free contraception scheme will happen in the lifetime

of this plan. Furthermore, we need to see solid commitments on inclusive and women-centred healthcare to ensure everyone can access medications and care that meet their needs and that we are resourcing practitioners to provide that care. It is welcome that the Government has stated its intention to expand the age range for the free contraception scheme, but we need to know when that will happen. Women are delaying access to contraceptive care right now because they are anticipating being included in a public scheme. They are avoiding availing of long-term contraceptives because of high costs to get them privately and mixed messages about when they will be able to receive that care publicly.

People cannot make informed decisions about their care if they are left without a clear answer as to when the scheme will be rolled out to other age groups. *Caithfidh an córas athrú más mian linn freastal ar gach bean a dhéanann an rogha frithghiniúint a úsáid. Má tá baic rompu sa chóras atá againn, caithfear dul i ngleic leo.*

Barriers to accessing contraception remain and they are primarily shame, stigma and confidentiality. For many people, having to go to their GP and then to the pharmacy creates an insurmountable barrier. For those who lack access to transport, who live at home or who live in situations of coercive control, having to go to the GP triggers a world of questions in their lives that severely impact their right to privacy and their right to access this medication. This is doubly felt in rural areas. National Women's Council research indicated that those in cities, towns and villages were between 35% and 41% likely to use the free contraception scheme while the figure was only 26% in the countryside. The same research found rural women faced extra barriers around fear of judgment, stigma, lack of confidentiality and travel. This gap needs to be addressed. We know pharmacy prescribing and over-the-counter access is key to that.

Undocumented women, asylum seekers and those in the international protection system are still excluded, despite being among the most socioeconomically disadvantaged groups and much less likely to be able to afford contraception. The current age limitation also leaves many women out despite the fact that just because you are a certain age does not mean you want to have children. Every reduction in barriers to contraception is welcome, particularly in a country that not long ago banned it completely, but we have a long way to go to ensure everyone has access.

Deputy Jen Cummins: I read with interest of this item on contraception. I cannot help noticing it is happening on the day the decision on Bessborough has been made. Considering the whole mother and baby scenario that happened in this country and the devastation faced by so many people born in Bessborough or who had children in Bessborough and do not know where their children are, it is poignant to have this conversation today.

It is fantastic that women aged 17 to 35 can get free contraception. That is excellent but I agree with those who have said it should be extended to whenever child-bearing age ends. If it is 40 for me or 50 for you - whatever it is - that is what it should be. It should be based on the individual.

I agree with the previous speaker that it is very disappointing to learn migrant women are not included in this. A vulnerable cohort of people come here to seek protection and to be helped. They are in a vulnerable situation with regard to contraception. I am sure it would not cost that much money to include them in the scheme, so I call for that to happen.

I read in a report there is low awareness among women with disabilities and Traveller women. Why is that? We need things to be accessible to people. We need the message to be out there among disabled people that this is available to them if they are in that age group.

I was concerned that condoms are not included. Many other things are included, which is fantastic, but condoms are often used. They are quick and easy, etc. I know from being around third level institutions that you can get them there but not everyone goes to third level institutions and they might not be in a youth service. I know if you go to the HSE sexual health clinic, you can get them there. That should be brought in. Condoms are priced around €5 or €6 for a packet of three - I did a quick search before I came in here. That is a lot if you are a student or are on a low income. If we include other things, we should include condoms as well.

It is important to expand the scheme to as many women and people who need it as possible.

Deputy Jennifer Whitmore: I welcome the Bill. It is great to see progress in the area but an opportunity was missed to make the scheme accessible to everyone. Similar to my colleagues, one of the main issues I have is the age scope of the Bill. I am glad the national women's health action plan includes a commitment to expanding the age scope but this needs to be a firm commitment and it needs to happen sooner rather than later. We need free contraceptives to be offered to women of all ages.

The National Women's Council of Ireland undertook a survey of 500 women that was published this year. It found one in three still faces barriers to accessing the free contraceptive scheme - women in the Traveller community, women from migrant communities, women with disabilities. Reproductive health and contraception should be accessible to all; there should not be any barriers, particularly for women from marginalised or vulnerable communities. I hope the Minister of State, Deputy Collins, will continue to review the scheme to ensure that happens.

I want to talk more broadly about women's health. There is a huge problem with women's health, not just in Ireland but globally. There is insufficient funding, research and trust. It is not given the attention it needs. We are seeing some progress in women's health getting more attention but there is much more of a journey to go on that. Women are left suffering from invisible illnesses for years without diagnosis, treatment or even being believed.

The best example of that is endometriosis. My inbox was flooded in the past couple of weeks with people suffering from endometriosis or adenomyosis, which I was not aware of but which is a similar and equally debilitating condition. Symptoms are being dismissed, treatment is inaccessible and life is being made unliveable. Roughly one in ten women in Ireland has endometriosis. Many of these women struggle to be seen and just to be diagnosed. Often, their disorder is dismissed as simply period pains. A study a few years ago found it takes a woman an average of nine years to be diagnosed with endometriosis in Ireland. That is nine years of not being believed, of being in pain and of essentially putting life on hold. These are often young women. It is really not acceptable. It is a horrific disorder and it has a huge impact on those living with it. It can take their independence, leave them with limited mobility and bind them to their homes. They miss out on work, on family events and, really, on life itself. It is a gruelling disorder and we need to start giving it the attention and funding it deserves and calls for. We cannot continue to fail women when it comes to women's health matters. I ask that the Government put a large focus on treatment of those conditions.

Deputy Marie Sherlock: We welcome this Bill. The free contraception scheme launched in 2022 was ground-breaking at the time but access to it has been an issue. In that regard, it is most welcome that prescription rights have been extended to pharmacists by this legislation. The other critical thing is that for all those women not eligible for the free contraception scheme - and I will talk about that in a minute - it will lower the cost of renewing their prescription. I think we are all in agreement that when there is no medical need to attend a GP, it makes eminent sense to allow pharmacists operate to the top of their licence and to devolve greater care to them in the community. We welcome that.

There are cost barriers and geographical barriers, particularly for women in rural areas, to accessing their GP. An issue I have raised many times in this House is access to GPs in socially disadvantaged or fast-growing areas, where we know there is a lack of access or a long wait to access GPs. Empowering pharmacists to renew prescriptions is most welcome.

When the scheme was introduced, it was for 17-to-25-year-olds and then it was extended to women up to their 36th year.

The time has now come to extend the age range. We know the cost of extending it from 36-to 40-year-olds is just €5 million. It is not a big amount of money in the overall health budget but it would have a fundamental impact on women of this age. We know there are women well into their 40s who need access to contraception. We believe changing the age limit from 36 to 40, at a minimum, should happen now. As I said, it would be at not much cost.

The other key issue is access. We spent a bit of time during the week talking to the National Women's Council. The research it has conducted is very interesting, whereby 36% of survey participants spoke about very real barriers, particularly for those who do not have a PPS number, which is a requirement to access the scheme. There is an issue with regard to women in IPAS centres who do not have a PPS number. There is also an issue with regard to cultural prejudices, particularly assumptions by some healthcare providers that disabled women or LGBTQ+ women do not need contraception. We need to send out the very clear message that this should not be the case. I have already mentioned the geographical barriers.

We need to look at the measures that can be taken to ensure greater access to this very important scheme and in this regard we will bring forward amendments when this comes before the Dáil next week. We believe the Bill is very positive but it is timely to look at expanding the scheme to women aged up to 40 years. We also need to look at the age of access. We know the medical age of consent in this country is 16 but the age of access to the scheme is 17. We need to standardise this imbalance and ensure the age of access is 16. We also need to deal with the very specific barriers for women in IPAS centres and undocumented migrants who do not have a PPS number but very much should be able to access the scheme like every other woman in the country. I welcome the Bill but we need to do more to ensure it reaches all of the women in the country it should reach.

Deputy Brian Stanley: I welcome the opportunity to speak on the Bill. It is a step in the right direction by improving access to contraception through pharmacies. I believe the proposed legislation will be another step forward for women's health, their control over their fertility and improving reproductive rights. It will add another building block to enhancing and

developing a proper primary care system, which we are all supposed to be working towards in Sláintecare, but it is of course is limited.

The Bill will bring some benefit for women who have endometriosis and use contraception for this purpose, women in lower income groups and women in rural areas who may not have a medical card or access. To be able to obtain certain contraceptives directly through a local pharmacy will be a particular benefit in rural counties such as Laois and in rural localities where there are no family planning clinics. Crucially, this will take some of the excessive workload from GPs. We know it is becoming increasingly difficult to access a GP, and I have highlighted here many times the difficulties in County Laois. This scheme means contraception methods appropriate for safe administration by pharmacists, who are highly qualified to do so, will be administered in pharmacies and it is good day when we are doing it. Pharmacies open late in the evening and at weekends when GP surgeries are understandably closed. GP surgeries operate from 9 a.m. to 5 p.m. although some of them open in the evenings now. Pharmacies have longer opening hours and they are open on Saturdays. Some of them open on Sundays. This will improve access.

At present, women aged from 17 to 35 can get free contraception but I would like to see this being extended upwards to at least 40 years or possibly to the age of 45. Many couples are now leaving it longer to have children due to economic necessity. This is a story in itself. We talk a lot about reproductive rights for women and couples but, unfortunately, a lot of people, for reasons of housing, access to housing and economic necessity, delay having children longer than they would like to. This is an area we will come back to on another day. Will the Minister look at the benefits of moving the age upwards to at least 40 years? The Minister did say, or was certainly reported as saying a few months ago, that it was not on her priority list. It should be on the priority list because women are having children into their early 40s. If the scheme could be extended to the age of 40 it would be a big improvement, but I would like to see it going further than that.

A survey carried out four months ago by Trinity College found that the age limit was the most often cited barrier for women who want to access the scheme. One in three women face barriers accessing the free contraception scheme. It is good that two out of three are able to have it but one out of three is not and we must revisit this. I ask the Minister of State to take away this message.

While I am speaking on the issue, I want to mention BreastCheck, which has brought huge benefits in terms of early detection and has saved many lives. It has been a huge step forward in recent years but it needs to be extended further and I ask that the Minister considers this. Women aged between 50 and 69 can avail of it but several women have asked me to make the case for lowering eligibility from the age of 50 down to the age of 40 or 45. It would not break the bank to do so. I am raising this as serious issue because breast cancer is a huge issue in this country, as is ovarian cancer which I believe is harder to detect. BreastCheck has really been one of those game-changers and it would be a very positive health measure if we could lower the age at which women are eligible for BreastCheck.

The Bill is a step forward and I would like to see it going further. I would like to see the age of eligibility increasing to at least 40, which would only cost €5 million to €6 million as I understand it. It would be a huge change if we did this in the Bill and there is a budget coming up. I ask the Government to seriously consider this, along with lowering the age of eligibility

for BreastCheck. I understand that both have a cost but it is not hundreds of millions of euro and is a relatively small figure. I hope this will be given serious consideration by the Government. It would save lives, improve women's health and save money.

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Niall Collins): I thank all of the Members of the House for their contributions to the debate and I look forward to their support for the Bill as it is considered further on Committee Stage. All of the points raised by the various speakers will, of course, be considered in due course.

It is wonderful to have the potential to deliver a scheme that promises to widen the scope of what community pharmacies can deliver, add convenience for many patients and deliver cost savings. We also hope the scheme, along with the common conditions service, will pave the way for wider development of pharmacy services in the years to come. Given our growing and ageing population, continually delivering additional capacity is a key challenge that we, as a Government, are determined to meet. Our population has risen by more than 800,000 people since 2015, many of whom are in the key 17 to 55 age range most in need of reproductive healthcare. New schemes such as this will help us to meet demographic demand.

The Minister is determined to continue with her significant progress on supporting wider women's health in recent years. Since 2020, we have invested over €180 million in women's health; opened six specialist menopause clinics and a network of 18 see-and-treat ambulatory gynaecology clinics; opened regional and two supraregional endometriosis hubs and launched a national endometriosis framework; launched and expanded the free contraception scheme; launched the free HRT arrangement; launched a State-funded assisted human reproduction treatment scheme; provided period dignity grant schemes to support community measures; and delivered nine postnatal hubs and perinatal mental health teams in all maternity hospitals and units.

5 o'clock

The Minister was honoured to launch phase 3 of the women's health action plan yesterday in Tallaght hospital. Our new plan includes commitments to broaden delivery of our existing women's health supports, while deepening our research base, enhancing prevention and social inclusion, and, of course, prioritising care for more serious conditions, including endometriosis. It also includes further expansion of the free contraception scheme and its integration into wider sexual and reproductive health supports is a key element of the third action plan, and this Bill is a key part of its delivery. The Minister looks forward to further debate on Committee Stage and, ultimately, to enacting this very important legislation.

Question put and agreed to.

Ábhair Shaincheisteanna Tráthúla - Topical Issue Matters

An Ceann Comhairle: 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 Shane Moynihan - To discuss provision of a new school building at Scoil Chrónáin.

Deputy Barry Ward - To discuss increasing public participation and interest in the work of the European Union.

Deputy Roderic O'Gorman - To discuss the increasing processing times for residence permit renewals.

Deputy Sinéad Gibney - To discuss the closure of Carlow College.

Deputy James O'Connor - To discuss new proposals of Local Link services for the east Cork area.

Deputy Malcolm Byrne - To discuss the need for the development of Bunclody Community College, County Wexford.

Deputy Ruairí Ó Murchú - To discuss the issues being created in the court system by the new legal aid model.

Deputy Louise O'Reilly - To discuss the tenant in situ scheme and resulting impact on homelessness in Dublin Fingal West.

Deputy Jennifer Whitmore - To discuss proposed changes to the Dog Breeding Establishments Act 2010.

Deputies James Geoghegan, Rory Hearne, and Marie Sherlock - To discuss ongoing issues with scramblers in the north west and the enforcement of Grace's law and to discuss the enforcement of e-scooter legislation.

The matters raised by Deputies James Geoghegan, Rory Hearne, Marie Sherlock, James O'Connor, Jennifer Whitmore, Barry Ward and Louise O'Reilly have been selected for discussion

Saincheisteanna Tráthúla - Topical Issue Debate

Road Safety

Deputy James Geoghegan: A lot of us have submitted Topical Issue matters on related issues. I want to focus on the number of children presenting in Temple Street Hospital with head injuries from the use of e-scooters. This is an issue that we have heard the clinicians, in particular, Irwin Gill, neurodisability consultant, speak out on for some time. It is now, however, becoming acute. One of the statistics I find most concerning is that all these child injuries and long-term head injuries have all happened since the legalisation of e-scooters. Before we had e-scooters and a regulatory regime for them in May 2024, kids were not suffering these head injuries. They were not getting access to the e-scooters. It is important to note that all the kids being treated by Irwin Gill and others in Temple Street Hospital are not supposed to be using these e-scooters. If they are in a children's hospital, they are all necessarily under the age of 16. This is something we need to tackle urgently, even if this includes going to the level of mandatory insurance for e-scooters.

Deputy Marie Sherlock: I join Deputy Geoghegan in raising these concerns. The question has to be asked at this stage as to what it will take for the Government to respond to what is a

very real crisis among the communities I represent and many other communities across this country. This is literally a life-or-death issue, or, many times, a fate almost as bad as death in terms of the horrendous acquired brain injuries that impact every facet of a young person's life. It is simply devastating to think that there are children as young as six, seven and eight, who are the same age as my own, going around on scooters and being facilitated in having access to them.

We hear all the comments about An Garda Síochána needing to be resourced and equipped but the time has come for radical action. This falls to the Minister for justice, but also to the Minister for Transport. We need a registration system and drone detection technology, which has been rolled out in other cities. We must make sure we have a specialised Garda unit that will effectively target children and those underage. We also need to make sure that we tackle the retailers illegally selling scooters capable of operating above the speed limit.

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Niall Collins): On behalf of the Minister for Transport, I thank the Deputies for raising these important issues.

On 1 April, the Road Traffic Control of Certain Vehicles Regulations 2026, known as Grace's law in memory of Grace Lynch, were signed into law. These regulations implement an explicit ban on scrambler use in any public place and strengthen existing provisions and powers of enforcement by An Garda Síochána.

Since July 2023, off-road scramblers have been illegal for use on public roads and it has also been illegal to drive them dangerously anywhere, even on private land. An Garda Síochána has full powers to seize a scrambler being driven dangerously in any location, even where gardaí have the reasonable belief that the vehicle will be driven dangerously, and they can enter the curtilage of a dwelling to retrieve a scrambler after the fact. It has also been an offence to sell or otherwise supply a mechanically propelled vehicle, MPV, such as a scrambler, to a minor since 2004.

Regarding the question from Deputy Sherlock, the Government introduced a comprehensive suite of regulations in 2024, a list of which is available, to govern the safe use of e-scooters in public places. Key restrictions relate to an age limit of 16 years, speed restrictions of 20 km/h, the prohibition on use on a footpath and the prohibition on carrying passengers or having a seat. E-scooters which do not conform to the e-scooter regulations are illegal for use on Irish roads. The enforcement of all road traffic legislation is a matter for An Garda Síochána.

Regarding injuries caused by, or as a result of, the use of e-scooters and e-bikes, the Department of Transport does not retain specific data on these issues. Our colleagues in the Department of Health would be more suitable for a response on this issue.

An Ceann Comhairle: To be fair, we are way ahead of time, but I am going to let the other Deputies respond first and then let Deputy Rory Hearne in at the end. I call Deputy Geoghegan.

Deputy James Geoghegan: It is not the Minister of State's fault. He is here to read out the responses he has been given. It is, though, a really pathetic response from the Department of Transport to say it "does not retain specific data on these issues".

To be fair to the Minister of State in the Department, Deputy Canney, he has stated publicly what is being done in trying to examine every measure to respond to this issue. In fairness to him, I know how aware he is of the injuries. We need to take decisive action. There are no easy answers. A draconian ban is perhaps not conducive to mobility in this city. However, we need to look urgently at licensing the use of e-scooters because the facts are what the facts are. There are children with head injuries in Temple Street Hospital, and the number has been growing at a significant rate since the regulation of e-scooters in Ireland.

Deputy Marie Sherlock: I find the reply we have been given deeply upsetting. This is not directed towards the Minister of State, but to the authors, the Department officials and the senior Ministers. It reflects no recognition of the crisis out there. The reality is that we can have all the powers we want in the world but if there is no enforcement, there is no point in having those powers.

This is what is happening in our communities now. We need to see the Government, as a whole, taking this seriously. The Minister of State said that the Department of Health would be more suitable to get a response from. Come on; we have to do better than that. The reality is that I am not in favour of an outright ban because there are people using these scooters legitimately but we need to go after the many who are not and the retailers.

Deputy Rory Hearne: Go raibh míle maith agat. I appreciate having this time. The scourge of scramblers in Dublin North-West has not, unfortunately, let up. The number of scrambler and e-scooter-related accidents is on the rise again. A young garda was injured last week when stopping an e-scooter in Finglas, just a short distance from where poor Grace Lynch lost her life in January after being struck by a scrambler at a pedestrian crossing. Despite Grace's law, scramblers are still scourging communities in my constituency such as Finglas and Ballymun and in other parts of the city.

A resident of Finglas to whom I spoke earlier this week said that when they leave their house, it is completely normal to encounter multiple scramblers travelling at speed, often on one wheel, while weaving between traffic. This is particularly nerve-wracking when this person has their two young children with them. The issue is not confined to the roads and footpaths. Scramblers are used to transport and deal drugs in the local park, in the Tolka Valley Park, and cause fear and intimidation.

Last week, I also attended a vigil to mark Grace Lynch's birthday in Finglas. I spoke to her parents, Martin and Siobhán, who are still grieving Grace. Martin told me that when they campaigned for Grace's law, they did not expect that they would then have to campaign for its enforcement. It is to the Government's shame and a failure of this State that parents grieving their daughter killed by a scrambler now have to campaign for the enforcement of this law. Today, Martin told me that nobody really understands the pain until it knocks on their door.

They are calling for real action to prevent any other family from having to go through what they went through.

I also want to highlight that John Joe O'Connell, the vice president of the GRA, said on Radio One this week that its members are tasked to intervene and stop the illegal use of scramblers and e-scooters but they just do not have the training, resources or protection to do

that. That is the Garda Representative Association saying they do not have the resources. They need to be given the resources and training.

Deputy Niall Collins: The Department of Transport is examining the issue of mandating the use of protective equipment for e-scooters and e-bikes along with other road safety-focused measures. Proposals in this regard are under consideration by the Ministers. The Department is also considering the matter of registration for e-scooters. Any system of mandatory registration requires significant development work to act effectively and efficiently. A registration system for e-scooters would need to address issues including how to verify the identity of individuals who use them, safe and visible placement of registration plates and sufficient resourcing for the registration body. In addition there are no harmonised technical specifications for e-scooters equivalent to EU-type approval for other vehicle types in place across the European Union. These issues would need to be carefully addressed and assessed.

Deputy James Geoghegan: There is the glaring reality that we in these Houses and the Government have to be honest about - a law was passed in 2024 to regulate e-scooters. Some countries have no regulation of e-scooters but what has actually happened since we made e-scooters legal to purchase in Ireland is that more children have life-long head injuries and are showing up in Temple Street. That is the regulatory regime we in these Houses passed. This is despite every effort by the Garda and others to encourage parents not to purchase e-scooters for their kids - they should not have them. I see in my own constituency gardaí seizing e-scooters right, left and centre. Parents get very upset when they are seized and the gardaí get it in the neck from them. There is very little from an operational point of view that anybody can do. We have to seriously consider the growing number of kids presenting in Temple Street and examine what is taking place in other jurisdictions. It is an issue being discussed among neurosurgeons across the world. In Queensland they have to wear helmets but it does not make much of a difference in terms of the children presenting. It is the e-scooters, the road surface and the kids using the e-scooters on the road surface.

Deputy Marie Sherlock: On the point that An Garda Síochána has full powers, I know from talking to gardaí on the ground locally in Dublin North Central that they are very active in seizing scramblers and I urge them to seize e-scooters as well. The fundamental issue is that challenging a person under 18 has become a bit of a no-go area for many in An Garda Síochána because of the consequences if that child is injured. That is why we need a wholly radical response. This is not just about the injuries although they are to the fore of our minds. It is also about intimidation within communities. People are afraid to walk even on the footpaths because of the speed and impunity with which people travel on e-scooters. We need to change that.

Deputy Rory Hearne: A key aspect the Lynch family asked for is pursuit training for gardaí. The GRA representative was on the radio saying they have no pursuit training. Gardaí are in the situation where they want to pursue and there is a law which says they should stop the use but they do not actually have the training to do it. That is a minimal, basic thing the Government could do now - roll out training of gardaí so they can pursue safely and not be followed up. We are seeing a ridiculous situation where gardaí are being arrested for pursuing, which is completely illogical. Gardaí need to be resourced properly. We want our communities

to be safe. It is not fair or right that our most disadvantaged communities are most exposed to this lack of safety and the gardaí do not having the resources to do policing.

We are concerned about the EU Presidency and the reduction in Garda resources as a result. Disadvantaged areas like Finglas and Ballymun should not be paying the price for that.

Bus Services

Deputy James O'Connor: I raise the issue of improving Local Link services in the east Cork constituency. I highlight specifically the need for better public transport. Thousands of people across the constituency are concerned about this problem. I also acknowledge that over 1,200 signatures were collected by our office through Councillor Patrick Mulcahy specifically about ensuring there are more fit-for-purpose Local Link services. East Cork is an area that suffers from significant traffic congestion. We need substantial upgrades to the N25 road infrastructure. We also seek better community bus services, whether delivered through Bus Éireann, PSO or Expressway services, but Local Link also needs the attention of the Government. I am glad the Minister of State, Deputy Collins, as a rural Deputy is here to answer for the Department.

We have proposed a number of routes that will address issues in respect of communities and villages that are yet to be connected to local towns. One issue of concern is that Ballymacoda, Shanagarry, Dungourney, Lisgoold and even Midleton train station, an important end line point for the metropolitan rail service in Cork, have no bus services through Local Link. We want to propose for consideration, through the agencies involved and Government, that funding be put in place to address this critical shortfall. We proposed a number of routes to the NTA and submitted the signatures in respect of this and to Cork County Council's sustainable travel unit.

It must be taken into account that we have had huge population growth in the area and there are large villages that do not have bus services in place through Local Link. I acknowledge how successful Local Link has been in the areas it does service. We hear great reports about people delighted they are able to jump on a bus, go into their local town, do their shopping, spend money in their local community, support local businesses and get back home all within a respectable timeframe. Where the investment has been put in, it has worked. It would be so welcome for it to be acknowledged by Government that we need to see the villages I referenced provided with a proper and fit-for-purpose bus service. There are a number of options available. Funding needs to be put in place. I am eager to hear what the Minister of State has to say.

Deputy Niall Collins: I thank Deputy O'Connor for raising the proposed routes for east Cork. The Minister for Transport has responsibility for policy and overall funding in relation to public transport but neither he nor his officials are involved in the day-to-day operation of public transport services. I am sure the Deputy knows that. The statutory responsibility for securing the provision of public passenger transport services nationally rests with the National Transport Authority. The NTA works with the public transport operators which deliver the services and have responsibility for day-to-day operational matters. That said, I reassure the Deputy the Government is strongly committed to providing all citizens, including people in

east Cork, with reliable and realistic sustainable mobility options. Public transport plays a key role in the delivery of this goal.

To support this objective, in budget 2026, the Department of Transport secured €940 million in funding for public service obligation and TFI Local Link services. That was an increase from €658 million in 2025. This funding will go towards funding and subsidising existing public transport services while maintaining targeted fares including initiatives such as the free travel for all children up to the age of nine and the young adult card for those aged 19-25 as part of the NTA's national fares strategy.

The Department continues to engage with the NTA to ensure existing levels of service, resilience and driver shortages are considered to ensure that planning and strategic decisions are informed by operational and resource considerations. Some €31 million of this funding has been secured for continued investment in our rural transport service provision in 2026, a 38% increase on last year's funding. This funding ensures continued delivery of vital transport services across rural Ireland, building on the significant increase in funding in recent years. In County Cork in particular, funding increased by 47% between 2024 and 2025, boosting passenger numbers by 95%.

The hugely successful Connecting Ireland rural mobility plan is a major public transport initiative developed by the NTA to increase connectivity outside our major cities and towns. Some 185 new and enhanced services have been implemented since 2022, linking more than 240 towns and villages to the public transport network. These services now provide new transport connections to 41 higher education facilities and 61 healthcare facilities and offer 71 connections to rail services, allowing passengers to connect to the wider TFI network. Approximately 600,000 people now have access to these new or enhanced bus services. Increased services have led to exponential growth in passenger numbers, with more than 8 million passenger journeys recorded across Connecting Ireland services in 2025. The expansion of rural bus services has brought life back into our villages, towns and urban centres, offering an accessible and sustainable alternative to travel by private car.

The NTA has stated that a number of new routes and route enhancements under the Connecting Ireland initiative are yet to be implemented in County Cork. The timetable for implementation of all new and enhanced services is subject to funding, operational readiness and capacity. The public transport sector is currently experiencing a significant workforce shortage, particularly among drivers and mechanics. Therefore, the focus for 2026 is on ensuring services already in place can operate reliably and sustainably. The NTA is managing the 2026 allocation by prioritising delivery of existing programmes. Decisions on future new or enhanced services are a matter for the NTA, which must consider the existing levels of service and funding availability and reach agreement on priorities with the national co-ordination unit. I assure the Deputy that the Government recognises that transport connectivity is hugely important for people who live and work in rural Ireland.

Deputy James O'Connor: I acknowledge the response. I am coming to this with a solution-focused approach. I have seen in Athlone in particular how successful a local town-based bus service can be in providing state-of-the-art public transport connectivity for people living in the housing estates and satellite urban areas near the town. Midleton is one of the fastest growing towns in Ireland. A new town adjoining Midleton, Water Rock, is currently under

construction and is expected to have a population of more than 4,000 in the near future, so we need to see some level of commitment.

The information I submitted outlines three different options that would involve a northern and southern orbital route around Midleton and Youghal, which would allow these villages the option of having a proper Local Link service to those local areas. I am also looking at finally having an in-town service for the Midleton-Ballinacurra area, which would give people the option of leaving the car at home. The distances are just that bit too long to walk, if people are doing the shopping and other things as they go about their daily business. This is one way of providing a service that would meet people's personal requirements. We need measures in the short term that deal with the traffic congestion we have been having lately around Midleton and on the N25 corridor until that road infrastructure is upgraded, which will happen in the medium-term future.

Will the Minister of State give me an idea of whether the Department will commit to looking at this, following on from my raising it with him and the Department?

Deputy Niall Collins: Rather than rehashing what I was given as a closing statement, I will convey to the Minister for Transport and his officials the points raised by Deputy O'Connor in relation to his constituents in east Cork and about the new routes which are available. He is well aware of the commitment of the Government and the commitments in the programme for Government to continue to roll out public transport services and to provide as much co-ordination and linkages as possible. That being said, there is a backdrop of challenge in getting bus drivers and mechanics in particular, as I pointed out, and that is dampening the progress we are trying to drive. I will convey the message on the Deputy's behalf and on behalf of his constituents.

Animal Breeding

Deputy Jennifer Whitmore: I am happy to see the Minister, Deputy Heydon, is amending the Dog Breeding Establishments Act 2010 and is introducing some stronger regulations for dog breeding. They are long overdue. I am also pleased to see that many of the proposals he is including are proposals I included in my dog breeding Bill last December. We debated that Bill in the Chamber last December so I am pleased to see those suggestions being carried forward into this legislation.

However, there are a number of glaring gaps in what the Minister is doing. The first, and probably most important one, is that no cap is included in the Minister's legislation. Currently, dog breeding establishments can have up to 300 breeding females. There could be 300 breeding females, plus all their pups and 50, 60 or 70 male dogs on site. That is a huge number of animals. If we are trying to move away from being known internationally as the puppy farm capital of Europe, we need to curb, and have some level of control over, the number of pups being produced at these sites. The only way to do that is through a cap. I understand the Minister has said there are some legal concerns about it. Other countries have done it. I do not see why we cannot do something similar. There are not many breeders who have that capacity to breed, so I am not sure why the Government is closing an eye to the very large breeders. My Bill included a cap of 30 and I ask that the Government consider including that cap in this

legislation. As I said, unless a cap is put in place, the integrity of the Bill will be undermined. It is fundamental.

In my legislation, I suggested a 1:10 staff to dog ratio and the Minister is including a 1:20 ratio. That is too high. It is one staff member looking after 20 breeding females, plus all their pups and whatever male dogs are on site. That is a lot of animals in one person's care, making sure they are fed and watered and being domesticated. Ultimately, these pups will end up in people's homes and it is important they are socialised and get used to being handled by people and played with. I cannot see how one individual can deal with that many breeding females and pups. A person could have more than 100 animals in their care. It is an important time in the development of a puppy. Socialisation has to happen at that stage and that ratio is not sufficient. Therefore, I ask that this be addressed in the legislation.

As I said, we debated my Bill in the Dáil last December. During that debate, I agreed to a nine-month delay in voting on the Bill because I was promised by the Minister that I would be included and involved in the development of the Minister's Bill. I heard zilch - nothing. There was no consultation on anything substantive. I did not even know when the Bill would come out. When I hear from the Government that the Opposition never provides any constructive solutions, I will say that was a constructive Bill. The Government agreed it was constructive-

An Ceann Comhairle: Thank you, Deputy.

Deputy Jennifer Whitmore: -----and promised it would work with me on it and it did not. That has completely undermined trust in the process.

Deputy Niall Collins: I thank Deputy Whitmore for raising the issue, which I am taking on behalf of the Minister, Deputy Heydon. I will convey to him her disappointment at the lack of engagement that she pointed out.

Reform of legislation governing dog welfare is a key priority for the Government.

In order to bring a coherent approach to dog control, policy and legislative responsibility under both the Control of Dogs Act 1986 and the Dog Breeding Establishments Act 2010 transferred to our Department last year. In both cases, local authorities retain responsibility for operational and enforcement matters.

In relation to dog breeding establishments, I am pleased to confirm that the dog breeding establishments (amendment) Bill 2026 is being actively progressed. The Bill has 17 heads and addresses three core areas: welfare and breeding standards, sales and record keeping, and administration and enforcement.

On welfare and breeding standards, the Bill will place enhanced duties on operators covering the socialisation and habituation of dogs so that female breeding dogs and pups receive the exercise and social interaction that are so important to their well-being. It will introduce a four-litter lifetime limit, extendable to six litters only with veterinary certification, and a cap of one litter per year, giving female breeding dogs rest and recovery between litters. The Bill will also introduce new minimum and maximum breeding age limits, prohibit the mating of female breeding dogs that have had two caesarean sections and impose a ban on

inbreeding, addressing a practice associated with severe health problems for dogs and pups. A mandatory minimum staffing ratio of one full-time equivalent staff member per 20 female breeding dogs will also be placed on a statutory footing, ensuring animals receive proper daily care and attention, with a two-year transition period to allow operators to adjust in a timely and responsible manner.

On sales, the Bill will ban third-party sales from dog breeding establishments. It will be unlawful for operators to sell dogs under eight weeks of age or to sell them from any premises other than where they were born and reared. Prior to any sale, prospective buyers must be shown the pup's biological mother on site. Dog breeding establishments must notify local authorities of all sales of pups from their premises.

On administration and enforcement, authorised persons will be granted new powers to seize and detain dogs where it is reasonably suspected that an offence has been committed. Penalties for the most serious offences will be significantly increased to a fine of up to €250,000, five years' imprisonment or both. This will bring the sanctions under the 2010 Act in line with those available under the Animal Health and Welfare Act 2013.

At present, the Minister has not included a hard legislative cap on the total number of female breeding dogs at a dog breeding establishment in the general scheme of the Bill. Legal advice indicates that there are difficulties with such an approach. There are also practical issues that would have to be explored further. The Minister is considering the matter. The Bill addresses concerns about excessive numbers through other means. The mandatory staffing ratio of 1:20 creates an indirect but real constraint on establishment size. The strengthened and improved notice regime will explicitly empower authorised persons to require a reduction in the number of dogs on premises where welfare concerns arise. Local authorities also retain the ability to set conditions on the number of breeding females as part of the registration process. This avenue remains open to them, particularly in respect of new applications.

The Minister hopes to bring forward this legislation as soon as possible. He looks forward to working with Deputies and Senators across the Houses on this important issue.

Deputy Jennifer Whitmore: Part of the Minister of State's response reads, "The mandatory staffing ratio of 1:20 creates an indirect but real constraint on establishment size." I am really not sure what the rationale behind that is. I assume the Minister of State means that people will not want to employ a lot of staff because it is a cost to them, but if somebody has 20 breeding females and each has an average of five pups, you are looking at 100 pups. That is a minimum of €100,000. It is a lot of money. This is big business. I do not think having to pay a staff member minimum wage to mind the pups is going to be much of a constraint. I ask the Minister of State to ensure there is a proper constraint on the size of these premises, which are essentially production lines. The only way to do that is to put in a cap. I ask that the Minister of State look at a cap. If the Attorney General needs to look at other countries that have brought in similar measures for guidance as to how to do it, I suggest he do so. It is fundamental that a cap is included in the legislation.

In November, the consultation on the animal welfare strategy began. It closed in January. Nothing has been published yet. There are still no details and we have not seen the submissions from that consultation. The dog control stakeholder group was established in 2024. I believe that group has reported, although I am not sure. When is the Minister going to publish both of

those reports? It is really important that he is transparent about whatever came out of those two consultation processes. The results must form part of the discussions on the development of this Bill.

Deputy Niall Collins: I again thank the Deputy for raising these issues. Animal welfare is something we all take very seriously and that we are all very committed to. It is opportune that this legislation is being updated. A lot of the points Deputy Whitmore has made are very valid. I respect her in that regard. I will ask the officials to send the Deputy an update on the two consultations she has referred to.

European Union

Deputy Barry Ward: There is little doubt about the positivity we associate with membership of the European Union. Some 82% of Irish people favour membership of the European Union, the highest rate of approval of any European state. However, a lot of people talk down the European Union in the public discourse, suggesting that it is somehow a bad thing or that it does not do things the way they would want it to. I would join with them on certain matters. No multinational organisation like the EU is ever going to be perfect. It will never do everything I would want it to and it will never satisfy me in every respect. However, on the whole, we are very lucky to be part of the European Union.

The Ireland of 1972 or 1973, before we joined what was then the European Economic Community, was a wholly different country from the Ireland of today. To look at it from a purely economic standpoint, the value of being part of the Single Market is enormous. In 1973, we imported €340 million more in goods than we exported. In recent times, we have had an export surplus. We have exported more than €53 billion more than we have imported. While we cannot assess these things only in terms of economics, GDP per capita has increased, living conditions have improved, the rate of employment has increased and the value of our economy has increased.

On consumer and workers' rights, many of the rights that employees in this country enjoy were handed down from the European Commission. Ireland was sitting around the table for those discussions, but they were still handed down. Health and safety rights have also come from the European Union. There are people alive in this country because laws put in place by the European Union prevented them from dying in workplace accidents. Our membership of the European Union has had benefits in terms of the Good Friday Agreement. The European Union gave us support in achieving stability in Northern Ireland. It has also given us freedom of movement, the opportunity to travel around Europe without restrictions. Last year, more than 10,000 Irish students went abroad on the Erasmus+ programme.

The list goes on and on, but some people will tell you that being part of the European Union is a bad thing. As we hold the Presidency of the Council of the EU and are at the heart of Europe, leading the agenda and setting the tone in respect of our priorities during the Presidency, what is the Government doing to communicate to Irish people just how lucky we are to be part of the European Union? I do not say that as propaganda, although I have no doubt that some will accuse me of doing so. The objective figures do not lie.

You can find fault with the European Union. Elected representatives in this country will often say that Brussels is imposing something on us or that Europe is forcing us to do something else. Let us not forget that we are Europe. When decisions are made in Brussels, our Ministers sit around the table. Our MEPs sit in the Parliament, making those decisions. Let us not abdicate responsibility for politically unpopular decisions, which are still the right decisions, made at European level with the involvement of Irish people.

What is the Irish Government doing to communicate to Irish people in clear and unequivocal terms that we are lucky to be part of the European Union and that the benefits we get from our membership are unparalleled among those arising from forces that have an impact on the quality of life in this country? What programmes will the Government put in place to counter some of the stuff online, which is not true and is inaccurate? If we do not fill that space, others will.

They will fill it with misinformation and disinformation that will convince people that being part of the European Union is a bad idea when, as I said, every objective measure shows the opposite.

Deputy Niall Collins: I thank the Deputy for raising this issue. I welcome the opportunity to address how we can further increase public participation and interest in the European Union. Our current six-month term of Presidency of the Council of the European Union is a unique opportunity to engage with people across Ireland and the European Union. It is our priority to ensure that the Presidency is experienced by all citizens and communities across Ireland. The Minister, Deputy McEntee, earlier this year set out her intention to maximise 2026 for a genuine reflection and sustained conversation on Ireland's enduring place in the European Union. The Government wants to foster a national conversation on Europe to consider Ireland's membership of the Union and what it means to people today. We believe that EU membership is about being aware of the advantages of membership and making sure these are understood by the public. We want to encourage the Irish public to participate in that national conversation.

Alongside the formal Presidency programme, a nationwide outreach and engagement initiative is connecting people across Ireland with the work of the European Union and Ireland's European role. This includes local events, educational initiatives, cultural exchange and community partnerships. The programme is designed to make the Presidency visible, accessible and relevant to people of all ages and backgrounds. The Minister, Deputy McEntee, also recently announced the successful grantees for the communicating Europe initiative 2026. This provides funding to voluntary organisations, educational bodies and civil society groups. The focus of projects this year is on Ireland's 2026 Presidency as well as the related county pairings programme. This pairs counties with an EU member state, encouraging communities across the country to engage directly with their European partners throughout the Presidency term.

We also want to strongly focus on young people and efforts to engage with them are at the heart of the Presidency outreach programme. Some of the efforts include a range of resources and activities that have been developed to help children and young people better understand the European Union, Ireland's Presidency priorities and the importance of European co-operation in everyday life. As part of this work, a children's book on Ireland's EU Presidency priorities is being produced and will encourage young readers to engage with the work of the

Presidency and Ireland's priorities in an accessible way. It will be online, with copies distributed to sixth class students across the country in September of 2026. Additional resources aimed at secondary school students and young people aged 15 to 18 are also being developed to support active citizenship and participation during the Presidency period.

Another important way the Government aims to increase public participation and interest in the work of the European Union is through its EU jobs strategy. The strategy, A Career for EU, aims to improve Irish participation and success rates in EU recruitment processes for institutions such as the European Commission, the European Parliament and over 50 EU agencies. It responds to projected shortfalls of Irish staff arising from high levels of recruitment among senior and long-serving Irish officials combined with insufficient recruitment at entry and mid-management grades. The strategy has three focus areas promoting EU careers in Ireland, particularly within the education system and professions, providing training and support for Irish candidates and advocating for reform of the EU recruitment processes. Outreach and awareness raising have expanded significantly, with third level careers events alone estimated to have reached approximately 30,000 students in 2025. Hundreds of Irish candidates received targeted training supports across multiple EU recruitment competitions including EU-specific practice materials and interview preparations. Ireland also continues to work with like-minded member states on structural reforms including supporting the European Parliament's defence of nationally based competitions before the Court of Justice of the European Union.

Deputy Barry Ward: I acknowledge all of the factors the Minister of State set out. I welcome them all and it is really important that we spread that message. The second part of the Minister of State's response is really important and that is the EU jobs part. I would not necessarily limit it just to the European Union. There are other international institutions within Europe where there is a transmissibility between them and the European institutions. As Chair of the Joint Committee on European Union Affairs, I visited Luxembourg earlier this year with some colleagues. What is apparent is that there has been a lag in the number of Irish people applying for jobs, and that there are people at the higher levels of management within European institutions who are now coming to retirement and there are not people in the middle level to fill their positions. It is really important, not from the point of view of influence but from the point of view of presence, that there are Irish people around the table when decisions are being made so that the Irish perspective is understood and heard.

The Minister of State made reference to the supports that have been given to people applying for jobs within the European Union. I think we need to formalise that and I have called for this before. We need to push it further than that. We need to have a dedicated unit within the Department of foreign affairs or elsewhere that does not just advertise the jobs and make sure people know about the opportunities that are available, but also explains to them what that package entails because it is not just about pay. It is about conditions and the other things that come with it. It is about what working for a European institution entails, and then also goes that step further of properly preparing them for the jobs. I understand we are not in first place in terms of European Union countries in doing that. Other countries are much more proactive about placing their citizens in an advantageous position as they apply for those jobs. One of the key things we can do to involve the citizens of this country in the opportunities that Europe presents, in addition to all the things I said earlier, is to allow, encourage and enable them to

apply for and obtain jobs within European institutions that can then help present Irish perspectives but also share the benefits with the people in this country.

Deputy Niall Collins: The strategy I referred to, A Career for EU, is delivering results. Ireland has 43 permanent officials at key entry grades in the European Commission as of December 2025. That is up from 30 in 2022. A total of 1,733 Irish people applied to the AD5 competition, which is the first large-scale graduate recruitment competition since 2019, placing Ireland tenth out of the 27 member states on a *per capita* basis. In January of 2026, Dr. Lorraine Nolan took up office as the executive director of the European Union Drugs Agency. That makes her the third Irish national currently leading an EU agency. There is a lot going on in that space but the points the Deputy raised are very relevant and pertinent. It is certainly something we are going to seek to keep prioritising.

Rental Sector

Deputy Louise O'Reilly: My Topical Issue relates to the tenant in situ scheme and the resulting impact on homelessness in Dublin Fingal West. I submitted this Topical Issue because I gave a commitment to two families in my constituency that if the opportunity presented itself, I would advise somebody in the Government of it. As I said to them, I could not guarantee who it would be given the nature of Topical Issue debates but I would advise somebody in the Government of what is happening. They genuinely feel that perhaps if the Government knew or was aware of the impacts of the policies it decides in this House and puts through with its majority, things would change and it would have some compassion because they are in quite desperate situations.

One case involves a family of four - mam, dad and two children - who were living in Rush. They received a notice to quit and their landlord was amenable to selling that property to the council. They contacted the council and got a response, which I have here on my phone. Obviously, I made a representation for them. The response stated that the council responded to the landlord explaining that it is not in a position to accept new expressions of interest in the tenant in situ scheme due to lack of funding and would notify the tenant accordingly. Of course, the tenant knew already. Their notice to quit expired and they are now living in emergency accommodation. Mam, dad and two children are all living in one room, in this heat, with no air conditioning. As the Minister of State can imagine, they are in quite a desperate situation.

The second case concerns a family whose notice to quit expires in September. I wrote to the council again on their behalf. The landlord contacted the council. This was a sale that was being done as a result of a bankruptcy, so they were dealing with an agent. The agent was very happy to sell to Fingal County Council. They got the same reply. Their house has now been sold. It has been sold to another landlord and that landlord would like them out quicker than their notice to quit will allow, but they are going to stick where they are. To date, they have sent out nearly 300 requests following advertisements they have seen and, indeed, places where they thought they might get somewhere to live.

They, too, fear that they will be heading to emergency accommodation. I am not sure if the Minister of State is aware of what emergency accommodation is like. I am, and I would not like to live in it. I certainly would not like my daughter or grandson to live in it. I do not think

the Minister of State would like to live in it and I do not think he would like his family to live in it either. However, unless there is investment in the tenant *in situ* scheme, that is where that family are heading.

The mam works in north County Dublin. She has she has a good job and she works hard. The dad is receiving chemotherapy at the moment and he is absolutely frantic about what going into emergency accommodation will mean for his treatment. This landlord was willing to sell to the council under the tenant *in situ* scheme. We contacted the council and we were told it did not have the funds to be able to purchase it. This family will now join that other family in emergency accommodation.

I am sure I do not need to tell the Minister of State this because he is probably aware of it. Emergency accommodation is very expensive as well as being grim. It is somewhere that he would not want to live and I certainly would not want to live in it either. It is also very expensive. Investing in somewhere permanent for this family to live actually makes sense and there is a good value for money argument to be made in that regard.

Deputy Niall Collins: I thank the Deputy for raising this important matter and providing me with an opportunity to update the House. I am replying on behalf of the Minister for housing, Deputy James Browne.

Tenancy sustainment, or tenant *in situ*, is not a stand-alone programme or scheme. It is a priority category under the Department of housing's social housing second-hand acquisitions programme which helps prevent social housing supported households in the private rental sector from becoming homeless. Such acquisitions are an option for local authorities to support households in the most precarious housing situations. They are, and will continue to be, available to local authorities for use as a last resort when all other options have been exhausted. However, they will never be the sole, or even the primary, option.

The default first options should almost always be securing the sustainment of the tenancy with the landlord, securing alternative accommodation through the tenancy sustainment and placefinder services, or allocating a local authority or approved housing body tenancy via a new build home or re-let. Where acquisitions are deemed necessary, local authorities may pursue individual priority acquisitions without recourse to the Department once they satisfy the broad parameters and criteria of the second-hand acquisitions programme.

A total of €373 million is available for drawdown by local authorities and approved housing bodies under this year's programme. With more than 17,000 persons in emergency homeless accommodation, including more than 5,000 children, the primary focus of this year's programme is to help households exit emergency homeless accommodation into permanent housing. To this end, the largest share of funding available for drawdown, €150 million, is ring-fenced for acquisitions supporting households out of homelessness. Thereafter, €50 million is available to approved housing bodies for urgent acquisitions for older persons, persons with disabilities, care leavers, etc.

The remaining €173 million comprises €157 million for local authority priority acquisitions, including tenant *in situ* purchases, and a contingency of €16 million for local authorities that have drawn down most of their allocation but can complete further acquisitions and draw down the funding from the Department before the end of the year. Fingal County Council has been

allocated an initial €30.7 million, with €6 million and €7 million earmarked for approved housing body and local authority priority acquisitions, respectively.

Consistent with the eligibility criteria introduced last year, refurbishment or adaptation costs are no longer an eligible cost for tenant *in situ* acquisitions. Generally, extensive refurbishments should not be required on these properties. They already benefit from significant Exchequer-funded rent supports through the housing assistance payment or rental accommodation scheme and, critically, must comply fully with the housing standards for rental houses regulations.

If refurbishment is required, local authorities need only undertake works necessary to comply with the regulations, effectively ensuring homes are immediately safe, secure and warm. In such cases, local authorities can draw on the significant rental funding available to them through their respective annual budgetary processes. Notably in Fingal County Council, successive budgets have facilitated an increased level of funding to housing maintenance, with an approximate 50% increase since 2020 alone. The 2026 budget includes an additional increase in housing maintenance allocation.

Deputy Louise O'Reilly: I sometimes wonder if the Minister of State must be embarrassed reading such a script. He said that tenant *in situ* will never be the sole or even the primary option. I have outlined to him how it was not. When this family got their notice to quit, they sent out hundreds of emails. They replied to hundreds. They registered with estate agents. They tramped the roads. They did everything they possibly could. Their very last resort was to contact a local politician which, as we all know, people do not do easily or lightly, but they do because they have to. So, it was not the only resort.

The council was willing to buy the property but it lacked the funding. It had exactly what the Minister of State outlined in his script. No extensive refurbishments were required - happy days; tick that box. What it did not have was money. However, the Government has money to keep them in emergency accommodation, which as the Minister of State and I both know is grim. It is not where he would want to raise his family, certainly not where I would want to raise mine and definitely not where they want to be.

I fully appreciate that the Minister of State read out the script on behalf of the senior Minister and, in many ways, I do not envy him having to do that. The family have done everything and they still ended up in emergency accommodation. I ask the Minister of State to please bring this message back to the senior Minister. They ended up in emergency accommodation, which will have to be paid for. Grim and all as it is, it is expensive. The reason they ended up there is that there is not sufficient funding for the acquisition programme. That is what they need. People in my constituency wait on the housing list for over 14 years. These people have been on the list for ten years, meaning they are half a decade away from being housed. They have to go to private rented accommodation, and when they cannot do that, they have to go to emergency accommodation which is both grim and expensive.

Deputy Niall Collins: I will absolutely bring the comments the Deputy has made on behalf of her constituents to the attention of the Minister. I will also convey to him her comments on how Fingal County Council has exhausted the process. I will make him aware of that.

Social Housing Passport Bill 2026: Second Stage [Private Members]

Deputy Eoin Ó Broin: I move: "That the Bill be now read a Second Time."

The idea behind the social housing passport is a very simple one. It allows people on local authority housing waiting lists or in receipt of social housing supports like the housing assistance payment, HAP, and the rental accommodation scheme, RAS, to be able to move from one local authority to another and to take their years on the list or on transfer list with them. It was a long-standing commitment of Fine Gael, the Labour Party and, indeed, until recently, the Minister of State's party. Alan Kelly, when he was the Minister for housing back in 2014, included it in his housing plan at the time. Simon Coveney, when he was the Minister for housing in 2016, included a commitment to introduce a social housing passport. In 2016, the Minister of State's party colleague the Minister, Deputy Darragh O'Brien, also made a commitment to introduce a social housing passport in his plan. I was genuinely surprised when that commitment was not repeated in the programme for Government and was not contained in the current housing plan. It is a very simple solution to a very real problem affecting large numbers of people and there simply is no sensible or credible reason not to do it.

The Bill I am introducing with my colleagues here this evening is very simple. It gives the Minister for housing the power to put in place a social housing passport by way of regulations. The fine detail of that would be a matter for the Minister and Government, but the legislation sets out a number of core principles of how the passport would work. First, importantly it would be for both people on the list and people in receipt of social housing support, such as HAP and RAS. It is not just the 61,000 households on our council lists but also the 55,000 or so households in HAP or private sector RAS.

6 o'clock

Second, and also important, is that it would not simply allow people to move freely around the country and change housing list. The legislation sets out the minimum criteria against which a tenant would be able to access the passport, for example, if they were able to take up an employment or educational opportunity in another county, if there was a healthcare arrangement involved, if they were fleeing domestic, sexual or gender-based violence, or other exceptional and compassionate grounds. A relatively narrow set of circumstances would allow somebody to apply for it.

I will give a few concrete examples of why this makes eminent sense. Somebody living in Dublin is seven, eight or nine years on a local authority housing list and is in employment, and their employer offers them a job in Cork in the Minister of State's own constituency. This gives them an opportunity to advance economically and they would still be eligible to remain on the local authority housing list in Cork as they would in Dublin. Therefore, because they have a live offer of a job, instead of what we ask them to do now, which is to choose between giving up their many years on the list and giving up the opportunity for employment advancement, they would be able to apply to Cork city or county council, provide the evidence, move onto that list and take their years with them. Therefore, they would not lose the opportunity for their permanent affordable home, nor would they lose the opportunity to advance economically.

There is a particular problem with how this challenge operates in Dublin, because unique to Dublin, we have four local authorities. While you are still only allowed to be on one list, you

are allowed to have areas of choice in the other neighbouring local authorities. I am not sure if Cork city and county councils do that; they might be the only other in the State. In Dublin, somebody starts on the Dublin city list but cannot find rental accommodation in the city, so they end up renting in my constituency or Deputy O'Reilly's constituency in south Dublin or Fingal. They could be renting for a long time, and eight, nine, ten or 11 years pass before they approach their eligibility date for a social home. However, their children are all in school and the local clubs. The person may have local employment. They are rooted in the community in south Dublin or Fingal. However, because of the way in which the council lists operate, they will never get a permanent home in that local authority area. Their only option will be to eventually take up an allocation in another part of the city beyond the catchment area of their employment, educational supports, friends and family. They then face a dilemma, because many people do not understand this when they go on the list. They only begin to understand it many years later. They have to decide whether to give up those years and start again on the list in the local authority in which they are living or completely uproot their family to move to another part of the city. That does not make any sense whatsoever.

I understand that one of the reasons for it no longer being part of the programme for Government housing plan is because there was concern among the County and City Management Association, CCMA, and the local government sector about having too liberal a regime. I fully support that. I do not believe that people should just be able to move around for no reason. There should be very clear, legitimate and sensible reasons, and if the reasons we have set out here are not to the Minister's liking, this allows him to set the regulations in whatever manner he decides.

It is disappointing that the Minister of State has tabled his 12-month amendment. This Bill says to the Minister to go away, do the regulations and consult with his officials, and there is no need to delay that for 12 months. I presume the only reason the amendment is here is so that the Government does not seem to be voting against the Bill. I do not believe anybody could say that it was anything but eminently sensible legislation.

Notwithstanding the fact that the Government is not moving forward with the passport, it gave a commitment last year - something that my colleagues, Deputies Devine and O'Reilly, had been raising regularly - to at least introduce a social housing transfer protocol for women experiencing domestic, sexual or gender-based violence. That was published last weekend, and I welcome it. However, even with that, there is a problem. The way in which the circular is set out, it only applies to households on council lists. That means households in emergency accommodation, living with family or friends, or in the private rental sector receiving rent supplement, because that is not a social housing support. That is only about half the people who might actually need this. By excluding social housing tenants in receipt of HAP or RAS - the approximately 55,000 households that would need this vital and, in some cases, life-saving transfer protocol - they will not be able to access it at all. It is disappointing that, when several journalists have contacted the Government and the Department looking to confirm on the record that HAP and RAS tenants are not included - we know that they are not - and set out why and if that will be reconsidered, instead of giving a straight answer that, yes, they have been excluded, and explaining why or giving a commitment to review and change it as a matter of urgency, there has been an attempt to confuse things, saying that HAP people can move into HAP tenancies in other local authorities. Of course, you can have HAP all over the State, but what you cannot do as a HAP tenant under this transfer protocol is move your HAP transfer list

from one local authority to another and take your years on the list with you. You are punished if you try to do so.

The Government has made its position clear. The Minister of State has a well-crafted script from his officials, which is absolutely fine, but I cannot imagine that, knowing the realities of life as he does, being a constituency politician like the rest of us, he does not see the value in this. I make a personal appeal to him that, whatever he says on the floor here today, he use his influence in government if he believes this is a good idea. He might use his influence inside the Department and reopen the conversation with the Minister about a full-fledged social housing passport, as proposed. It is one of those occasions where you might not think it is a huge issue, but it affects thousands of people.

I thank my colleagues, including my constituency colleague Deputy Ward, who is not here today because he had another engagement. He wanted me to put on the record the actual experience of a constituent of his for whom this issue was very pertinent. I will read it into the record, if that is okay with the Minister of State. The woman in question said, "When I registered with [Dublin City Council] I was already staying in Saggart", which as the Minister of State will know, is in South Dublin County Council, "but the sad part is I didn't know I had to register with [South Dublin County Council] and the lady I spoke to at [Dublin City Council] did not redirect me he just registered me." Sonas, which is her domestic violence support organisation, asked her to reach out to Deputy Ward and share her entire story, which is the information I will now outline:

The reason this matter is so important to me is because I am a survivor of domestic abuse. The father of my child subjected me to severe abuse and made threats against my life, including telling me that if he ever found me, he would kill me and dump me in a dumpster. These threats and experiences caused me years of fear and trauma.

For the last number of years, I have finally been able to rebuild some sense of peace and safety in South Dublin [where she lives]. I do not have family in Ireland, and the only support system I have is the community I have built around me here over many years. It has taken a very long time for me to feel safe enough to live without constantly looking over my shoulder.

The thought of being moved to the Northside [to the Dublin city list, which she is on] leaves me extremely vulnerable. I know nobody there, and I fear that I could come into contact with people connected to my abuser, forcing me to relive trauma that I have spent years trying to overcome. I cannot imagine having to start over again [on the south Dublin list] while carrying that fear, not only for myself but also for my child.

Another constituent wrote:

You wouldn't believe how this affects my mental health, I am 16 years on [the Dublin City Council] list only that I am from the DCC area reason why I started my application with them, I moved to Clondalkin when I was pregnant with my daughter who now is 16 years old and we've set roots here, my both children go to the local Irish schools, my daughter is a Ranger in the local girl guides, my son plays GAA for Clondalkin along with other afterschool activities, I am a preschool and afterschool teacher in the Clondalkin area 13 years now. We have solid roots here and became apart of the community. Recently I've being in touch with other local TDs to voice my story and I know I am not the only one.

These are two cases - the case in Saggart and the case in Clondalkin. Neither of these people can access the social housing passport protocol, as the Minister of State has set out.

Both have compelling reasons that they should be able to do so.

I look forward to the Minister of State's speech. I look forward to hearing why he thinks it is sensible to defer giving the Minister the power to set out the regulations as he sees fit. I ask him again to see the sense in this and talk to his colleagues. I am sure his backbenchers have many constituents like ours who see this as a sensible move. It would be one of those rare occasions, if the Minister brought in his own legislation, where this House would be unanimous in saying that the Government is doing some good on housing, and we all support it. I am not precious about the Bill in front of us. I would quite happily withdraw it tomorrow and give all the credit and kudos to the Minister, Deputy Browne, if he wanted to do it himself, because the crucial thing here is that there is a cohort of people who are being treated unfairly by being denied a reasonable chance of progressing in their life because of a very bureaucratic rule. Let us get rid of it. Let us put a social housing passport on the Statute Book and let people get on with their lives in the way that we would all like them to do.

Minister of State at the Department of Housing, Local Government and Heritage (Deputy Christopher O'Sullivan): I move:

To delete all words after "That" and substitute the following:

"Dáil Éireann resolves that the Social Housing Passport Bill 2026 be deemed to be read a second time this day twelve months, to allow for further consideration of the proposals in the Bill."

Before I go into the detail of the amendment and the rationale of the crafted speech, explaining why we are moving the amendment, speaking frankly, of course there is a lot of sense in the Deputy's proposal. In his opening statement, he outlined probably only two circumstances where it makes sense that there is flexibility and mobility between local authorities. Absolutely. I will come back to the horrible situation, as the Deputy outlined about a constituent, where someone is fleeing domestic violence and in constant fear, but there are other reasons, including educational, health, family, and personal reasons. There are so many reasons. The Deputy is right that there would be broad consensus that doing something in this area would make sense. We will, however, move the timed amendment.

We need balance. We represent different constituencies and different local authorities. I remember the approach to social housing allocations in Cork being amended. Cork moved away from a localised allocation and broadened it to the entire county. That change was met with a lot of resistance, and we can understand why. Someone in my hometown of Clonakilty could be on the housing list for a number of years and then, for example, someone from Mallow or Youghal, a completely different area of the county, might come in and there would be a backlash to that. It made sense, however, because at the end of the day, that person in Youghal was desperately in need of social housing too and was assessed in that regard. Time is needed to make sure this is standardised.

The other thing is something I am sure the Deputy will have dealt with in his time as a public representative. When I was a councillor, something that came up a lot was that when people were doing their income returns they were assessed and told that if there was a change in their

circumstances, they had to inform the council. They then found that because their income had pushed up above the threshold, they were taken off the social housing list. Then, a year later, their income may have fallen below the threshold, and they would be back at square one. The point of the timed amendment is that we look at these many inconsistencies in detail. There is a lot of validity and sense in what the Deputy is saying, and I do not think there is any issue with saying that.

That said, I have moved the amendment, and I welcome the opportunity to speak further on the Bill. Having carefully considered the proposal contained in it, the Government's view is that significant policy, operational, legal and administrative issues remain unresolved. For that reason, we believe the Bill requires further examination and development before proceeding. Accordingly, we are proposing that a timed amendment of 12 months is appropriate in order to further consider the Bill and allow these important matters to be fully assessed. This is not an attempt to dismiss the underlying objective. Rather, it reflects the fact that the issues involved are complex and require careful consideration to ensure that any changes introduced are fair, evidence-based and capable of successful implementation.

Social housing is fundamentally based on an assessment of need and an allocation of scarce resources. Every local authority is required to operate within a consistent statutory framework, but it must do so in the context of local circumstances. Housing demand in Dublin differs significantly from that in Donegal. The pressures experienced in Cork city are different from those faced in Longford and Leitrim. Availability of housing, demand for support, demographic trends, employment patterns and local housing markets vary considerably throughout the State. For that reason, while social housing assessments are governed by national regulations, local authorities retain responsibility for adopting allocation schemes and reflect the realities of their own areas.

This is not an accident of policy. It is a deliberate feature of the system. It ensures that elected members, through the adoption of allocation schemes, can respond to the particular circumstances facing their own communities while operating within nationally prescribed rules. As a result, local authority allocation schemes have evolved to reflect those differing circumstances while operating within a national framework.

The Bill proposes a system through which applicants could effectively transfer waiting list time, list position or housing support between authorities. Any proposal which seeks to do this must therefore grapple with the reality that these lists are not interchangeable. They are not created under identical conditions. They do not reflect identical housing markets. They are not responding to identical levels of demand. That distinction is critically important.

Therefore, before legislating in this area, a number of important questions require further consideration. First, there are significant issues of fairness and equity. Under the proposals as drafted, a household could potentially relocate from one local authority area to another while retaining waiting time accrued elsewhere. While this may benefit the household seeking to move, it could also affect households which have been waiting for housing support within the receiving authority for many years.

A key question that requires further examination is how any transfer system could balance mobility of one household with fairness for other applicants already waiting in that area. Further, to allow a household in receipt of social housing support to transfer to another local

authority, as outlined in the Bill, requires further consideration. One household may have spent many years on a waiting list prior to allocation in an area experiencing extreme housing pressure and limited supply. Another household may have spent a shorter period waiting in an area where housing demand is lower and allocations occur more frequently. The Bill assumes that these previous waiting periods can be treated as directly equivalent. Housing allocation must always involve consideration of the wider community of applicants. Every decision affects not only the person receiving assistance, but also every other person awaiting assistance. This is why the Government believes that the issue warrants detailed analysis before any permanent legislative framework is established.

There are substantial differences between local authorities that have not been fully addressed in the Bill. The Bill as it stands assumes a degree of standardisation which does not currently exist. Income eligibility thresholds vary between local authorities. Allocation systems also vary between local authorities. Some local authorities place particular emphasis on waiting time. Others use more complex prioritisation approaches. Transfer arrangements also vary. In that context, waiting list positions are not directly comparable. A person who is high on one list is not necessarily comparable to someone on another list because the underlying rules, priorities and housing pressures may be entirely different.

The Bill as it stands would therefore require local authorities to recognise and effectively backdate applications that were assessed under different systems and according to different local priorities. Some local authorities place considerable emphasis on waiting time when prioritising allocations. Others utilise broader systems which take into account multiple factors. Some authorities face acute supply constraints in particular housing categories, while others experience very different patterns of demand. In practice, this means that waiting list positions are not standardised. The Bill as written would require local authorities to compare applications which have been assessed under different rules, entered onto the lists at different times and prioritised according to different criteria.

Before establishing the national transfer mechanism, further work is required to determine how applications assessed under different systems could be compared fairly and consistently. Without such examination, there is a risk of unintended consequences for both applicants and local authorities.

There are significant operational and administrative issues that require further scrutiny. At present, no shared national ICT infrastructure exists that would facilitate the type of real-time transfer of social housing applications or social housing support and associated records between all authorities envisaged by the Bill. This is not a minor administrative adjustment. This goes to the heart of whether the proposed scheme could operate effectively in practice. The scale of the technological challenge is particularly significant. A national information technology platform capable of facilitating the type of real-time transfer system envisaged by the Bill would need to securely share sensitive applicant information between all local authorities. Most importantly, implementing such a system would require significant investment and specialist development, with robust governance ensuring compliance with data protection obligations, substantial lead-in time and ongoing support and maintenance.

At a time when the Government and local authorities are focused on accelerating housing delivery, reducing homelessness and supporting increased social housing supply, we must be satisfied that any new programme represents an effective use of finite resources. Before

imposing new statutory obligations on local authorities, it would be prudent to undertake a detailed assessment of implementation requirements and timelines. Further analysis is also needed to establish whether expected benefits of the proposed scheme are proportionate to the likely costs involved.

The Bill also proposes an all-island dimension. While we fully support practical co-operation across this island, where appropriate, we must be realistic about challenges involved. Social housing systems in Ireland and Northern Ireland operate under separate legislative frameworks, separate administrative arrangements and separate allocation systems. The Bill assumes a degree of automatic recognition between those systems that simply does not exist. No detailed policy development or feasibility assessment has demonstrated how much an arrangement could operate. Given the complexities already identified within our own system, the prospect of creating a cross-jurisdictional social housing passport would present even greater challenges.

For all of these reasons, the Government is not opposing the Bill but seeking time to consider these important matters in detail. While these matters are being considered, it is important to remember that there are already measures within the current framework that facilitate housing mobility in certain circumstances. The four Dublin local authorities have arrangements within their county, allowing social housing applicants to apply for housing in up to two of the other Dublin authorities simultaneously. Similarly, arrangements apply in the two Cork local authorities and the two Galway local authorities. Crucially, the Government recognises the need for mobility, particularly in exceptional circumstances.

Under existing legislation and guidance, local authorities have long provided significant mobility supports, especially to victims or survivors of domestic violence. Households may move and relocate between housing authority areas under the housing assistance payment scheme, where the household income is within the relevant income limits. Local authorities will also prioritise allocation to those households they consider to be most in need at any moment in time. Local authorities may also provide for exceptional or emergency cases to qualified households, allowing immediate housing outside of normal waiting list priorities should circumstances require, including in cases of domestic violence.

The Government also fully recognises that there are situations where mobility is not simply desirable but necessary. All Members will be aware that the Government has developed a specific protocol to enable victims and survivors of domestic, sexual and gender-based violence to transfer social housing waiting list time between local authorities. This protocol was developed following detailed engagement between the Department, local authorities and relevant stakeholders. It gives effect to a commitment contained in *Delivering Homes, Building Communities 2025-2030*, which recognises that fleeing domestic violence continues to be a significant factor in presentations to homeless services, and committed to removing barriers faced by victims and survivors. In circumstances where a person may have spent years waiting for social housing support, the prospect of losing all accumulated waiting time could understandably act as a deterrent to relocation, even where personal safety demanded it. This is a focused response, addressing a clearly identified need, allowing support to be provided where personal safety and protection are at stake. This approach reflects our view that mobility is required and reforms should respond to genuine need while protecting fairness within the

wider social housing system. This demonstrates that where specific barriers have been identified, policy responses can be developed in a measured and evidenced manner.

The Government remains committed to improving how social housing supports are delivered. We want a system that is fair, efficient, recognises exceptional circumstances and that continues to prioritise those households with the greatest need. That is why we are seeking time to carefully consider this matter in detail to determine how any broader mobility framework would interact with existing arrangements and to ensure reforms are sufficiently developed, fair and workable. Deputy Ó Broin made some good points in his opening remarks which are hard to dispute in terms of why there should be some type of passport or mobility between local authorities. He set them out very well. In the example where someone is fleeing gender-based or domestic violence, we have proven that we can do it and show that degree of flexibility. The timed amendment indicates that we are not necessarily disagreeing, but the Deputy might also accept in the circumstances I outlined in my speech that there are complexities, not just the IT and administrative complexities, but the fact that within different local authorities there are variations that may be difficult to overcome. All of that evidence, the benefits, the cost and the resources that will be put into it have to be examined. In my time as Minister of State, timed amendments are not all that frequent. Let us face it, the Government either proposes amendments or opposes most of the legislation coming from the Opposition. A timed amendment is an indication that we are certainly willing to work with all parties to try to find a solution to some of the genuine issues outlined by the Deputy in his opening remarks.

Deputy Máire Devine: I think the Minister of State should welcome this legislation. I think in some of what he said, he has, but this timed amendment of 12 months is disappointing. We live in a society in which we have seen, in the last decade and a half or two, the explosion of harm against women and often their children. It has become quite scary for women in this country and worldwide. It is to keep us in our boxes and to make sure we do not go any further. The guys want to have their say still, albeit in an aggressive and violent manner.

Being the spokesperson for domestic and gender-based violence in my party, my concentration will be on those fleeing or attempting to flee domestic and gender-based violence. I acknowledge the recent introduction of the protocol for transfer by the Minister, Deputy Browne. I think it was last week. Again, as my colleague, Deputy Ó Broin, has said, it needs to be in the Statute Book. A protocol is a bit wishy-washy - no offence meant. It does not give robustness and comfort to those trying to flee terror and flee those who would harm them and, in some cases, take their lives. I think three women have lost their lives in this country in the last week and a bit. That is significant. That shows that we need to be urgent about it. A timed amendment of 12 months does not cut the mustard, to be honest.

There are often years of trauma and violence. Every one of us in our constituency office will deal with women coming in and I see the terror on their faces. It takes them a good few visits before they actually say that they need to leave and that they do not know how much longer they can stay safe there. We know the time when women leave is often the most dangerous time for them and their children. The refuges are often very full and oversubscribed. They often turn away people. I think they turned away several hundred women and their families in the last few months. It is concerning. Housing is a human right. Protection of bodily integrity, of mental well-being and of safety is a human right. We need to act with that lens. It is so heartbreaking for me and everybody in constituencies who come across it. I am

trained, to some extent, with my previous profession, but most of our staff are not. I have made sure a lot of Sinn Féin office staff have been trained in how to deal with it because it can be overwhelming as it is on the increase.

There is a timed amendment on this legislation, which would allow a simple and practical issue that somebody cannot live next door, on the same street or in the same neighbourhood as their abuser. It is a no-brainer. It is about trying to get away to settle somewhere, to feel safe somewhere and to add to another community that will promote family life, safety and the joy of living from day to day as opposed to always looking behind in terror at what has been done. It could be a simple thing. I have taken the differences throughout the councils throughout the country into account. Surely that is what Committee Stage is there for. I am not sure about the 12-month delay. It will still have to go to Committee Stage regardless, so maybe we should do a robust Committee Stage on this. I urge the Minister of State to introduce this.

We cannot sit back. This is too urgent for over half the population in this country. The exclusion of HAP and RAS from the protocol is also concerning. As Deputy Ó Broin said, 50,000 households would not be eligible if they were to try to avail of this.

It is incumbent on us to care for our communities and society and give very basic care so that someone who needs to is able to say: "I am out of here. I am gone. I do not want to leave a trace behind me. I want to go somewhere where I will not bump into this person." Kids will be traumatised as well. That person will be able to avoid bumping into someone who means them harm and has probably harmed them for years.

I urge the Minister of State to roll back on that. Committee Stage is the place to battle all this out.

Deputy Louise O'Reilly: I am sure the Minister of State is aware but we are really only having this debate because of the housing crisis being created by his Government and its policies. Notwithstanding that, there are many consequences of its housing crisis and this is one. It does not affect an awful lot of people but for those it does, the impact on them is absolutely huge.

The Minister of State cited all the difficulties, including the operational issues, the technological challenges and his concerns about the lack of standardisation. On 5 February, I raised a question on Questions on Promised Legislation on a matter that was unrelated to this. The Tánaiste, the Minister of State's boss, took the chance to update me. He said:

While I am on my feet, I also want to say the Deputy raised an issue with me before in the House in relation to victims and survivors of domestic abuse, when they are moving from one local authority list to another, and the time they were on the previous list not being recognised. It is an important issue. I acknowledge and thank the Deputy for raising it. On foot of that, the Minister for housing has said he will issue a direction to all local authorities to make sure that issue is rectified.

He did not see any of those problems the Minister of State outlined; he just said it would be done and rectified. Those were his words and he is the Minister of State's boss. I just wonder sometimes when there is confusion like that coming from the Government. Sometimes it seems like people might not acknowledge the work that has gone into a proposal that is being made. It is four or five years since I raised the issue and I raised it in relation to a constituent of mine.

I have used various names for her because I will not her name out of fear for what could happen to her. This woman lives in north county Dublin. She was almost murdered by her partner. He served time in prison and the Minister of State will know that people do not go to prison in this State unless they have done something very serious. He nearly killed her and he went to prison. He has done his time; that is how long the housing list is. He is out and he lives in the area where she was originally on the housing list. Nobody explained to her when she fled domestic abuse and a man who was trying to kill her and her kids and she went to north county Dublin. The local authority continued to write to her to check that her circumstances had not changed and she had not somehow fallen out of eligibility. She had not. She has been 14 years on the list and now she is number two on the list for the area where he lives. She has a notice to quit. She is due out of her home on 20 July. Because she is a HAP tenant, she is not covered by that circular. When he Tánaiste told me it would be done and rectified, I told her that. I told her the Tánaiste, the deputy Head of Government, the deputy boss man, said it would be rectified because it is an anomaly. The Minister of State knows that; we all do.

It has been created by the housing crisis. Nobody should have to wait the time that people have to wait to be housed in this State. Nobody gets a free house. We know people pay their differential rent. She now finds herself in a situation whereby as a HAP tenant, she might not be covered by that protocol. I just cannot understand that when she spent all those years on the list. She works damn hard in north county Dublin in a job that the Minister of State or I would not fancy doing, but she does it and she has raised her kids in north county Dublin. It is not that she will not move because it is awkward for to get the kids out to school or anything like that; it is that she cannot go back. I have letters, which the Minister has as well because I have sent them to him, from An Garda Síochána saying she cannot go back because that man potentially will still do her, and her children, harm. Her notice to quit expires on 20 July. I am hoping there is something in the piece of paper the Minister of State has that is going to give me some comfort that this woman will be safe.

The timed amendment is not often used. It is a facility open to the Government and I understand that sometimes it is necessary. I have brought forward legislation and timed amendments have been moved to them. I get how it works – I have been here and seen it done but I do not see the purpose of it in this instance. The legislation does not say that the HAP passport, as we have called it, or whatever way the Government wants to put it, has to be introduced immediately. It actually provides for time for that. It gives the Minister the power to do it. The Minister of State is right that there are issues around standardisation but there is not a local authority in the State where a person would wait for less than 11 years. The Minister of State might know. People would be lucky if they were housed in some places after 11 years. People are setting up their whole lives because of this. If people move to another place beyond one list because they simply cannot get anywhere else to live, in that time they could have children, get a job, put down roots, join a club and be a really active member of the community along with their kids being active members of the community and then have to move or be faced with a choice of losing all that time. That is time invested. These are not people who do not work. Most of them work very hard but they do not earn the kind of money that means they can buy a house which is the only way they will get that security. They want that security for their family and to be able to raise their kids knowing where they are going to live this time next year. That is not outrageous or unreasonable. There is nothing in the operational and technological issues the Minister of State has outlined or in the concerns he has about

standardisation that should prevent this legislation from going to the next Stage. As my colleague said, any issues with the legislation can be outlined on Committee Stage and can be dealt with then. The legislation does not mandate the Government to provide the passport immediately. It gives the Minister the power to do it. I do not understand why any Minister would not want that power unless he or she was not interested in resolving the issue. I am sure that is not the case but the Minister of State can clarify that in his concluding remarks.

This is an issue I have raised previously. I was very taken by this individual case and for that reason I have raised it seven times or more in this House. I did go to my constituent on 7 or 8 February after the Tánaiste gave me that commitment and I told her that I thought she would be okay and she would be able to take her time with her and I genuinely hope that she will.

The other problem this woman has, through no fault of her own, is that the vast majority of the emergency accommodation is in Dublin city. If people approach staff of the Dublin Region Homeless Executive, they cannot necessarily tell them where they are going to be housed because they are dealing with a constant emergency. Without a guarantee for where she is going to be housed, she has a genuine concern about having to leave the place she is in now. She also has a notice to quit. There is no refuge in north county Dublin, in case the Minister of State thinks that might be a solution. There will be one at some point in the future but there is not one now. It would not be appropriate for this woman to go to a refuge in any event because she has somewhere to live now. She is very close to being housed.

On the timed amendment, I recognise that in some instances there are genuine issues that have to be worked out but none of those issues prevent this legislation passing here this evening. Any issues with the legislation can, of course, be dealt with on Committee Stage as the Minister of State knows but there is nothing in the legislation that mandates it to happen immediately. The legislation gives the Minister the power to do it.

All the issues the Minister of State has identified - the operational issues, the technological challenges and the concerns about the lack of standardisation - the Minister will be empowered then to deal with, and then we can make a real change. The length of time people spend waiting for social housing, which I fear will get longer because the Government keeps missing its targets, which are already too low, is quite scandalous. I am sure the Minister of State will agree with that. Life happens while you are waiting, and that makes it very complicated for people. The Minister of State has acknowledged that victims and survivors of domestic abuse are a separate and discrete category. It is not fair to ask them or any other person to have to choose between waiting 11 or 12 years on a housing list or taking up a job opportunity or an educational opportunity. I think the legislation means that the Government could get working on that very quickly.

Deputy Rory Hearne: I commend Deputies Ó Broin, Ward and O'Reilly on bringing forward this Bill. I support it completely, and the Social Democrats will support it as well. We think it is very straightforward and sensible legislation that should be pursued and implemented as quickly as possible. It is disappointing that the Minister of State has tabled the timed amendment. I understand that he says that it is to engage with the Bill. I genuinely hope he means that and this is not just a delay tactic. I would have thought that the Government would have just allowed it to go forward to committee and we could engage with it and progress it.

That is not to say this is not complex. It is complex, absolutely, and I acknowledge that, but there is clearly a need for it as well.

We have heard cases put forward today. I think there is an acceptance that in previous Government commitments there has been an acceptance that there is a need for a social housing passport. It makes sense. What is clear when you read the Bill, as put forward, is that it is not a generalised free-for-all whereby people can go wherever they want. It very clearly sets out that it is on exceptional grounds and based on need. A number of them are outlined, such as domestic violence, situations of education, employment, medical treatment and compassionate grounds. We can think of many circumstances where there might be a situation.

Ireland is a small country. It is not some massive place where people do not have connections. People have family connections across this country. I think of someone who falls ill, someone who acquires a severe injury and who wants to try to move back close to family, adults who have children and whose parents may be living elsewhere or have moved elsewhere and who want to try to get support from them because childcare is so expensive. There are many reasons we could see situations - and we know of them - in which people would be able to move and bring their time spent on a housing list with them.

As I said, the Bill sets out very clearly that the Minister can and should put forward regulations that would stipulate what the grounds are. Of course, the councils could find ways in which it is not about even equivalence of time to a person living locally but is about being able to transfer the time and the need. We want to make social housing and public housing what it is in other countries, which is a tenure that people really want to live in and aspire to live in, but one that is not stigmatised, which, unfortunately, is what 40 years of Fianna Fáil and Fine Gael housing policy has done. It has undermined and stigmatised it. I have written a lot about this, about how it was stated many times that social housing estates were failed, that it was a failed tenure, that it just created ghettos. This was a whole shift away from social housing. It is fundamentally why we are in this crisis, but part of it is that kind of overly bureaucratic approach to the delivery of social housing. Social housing should be a tenure that enables people to live the lives they want to live. In particular, Fine Gael is a party, it says, about employment, enterprise and enabling people and helping them lift themselves up. Surely the ability to move for employment would be a key thing that would enable people to do that. We all believe social housing, receipt of social housing and receipt of social welfare should not stop people advancing in terms of employment, education or social mobility. They should be able to go along with them in order that they facilitate and support them, but this is actually stopping that because there are inevitably people turning down employment and education because they would lose their time on social housing waiting lists. Creating a modern public housing system that supports people to develop in their lives and progress should include this measure. As I said, it is not a free-for-all but has very clear grounds set out around it.

I want to talk a bit about the issue of the housing assistance payment and RAS because there is a real issue, as the Minister of State knows, with HAP in that people in receipt of it, once they get it, are taken off the housing waiting list and are asked if they want to go on a transfer list. Some people fill out that form; others do not or are not aware of it. We therefore have these 56,000 households that are not on the housing waiting list. I am really shocked that the new measure the Government has brought in for victims of domestic abuse and people fleeing domestic violence and domestic abuse does not apply to HAP or RAS. I am absolutely

astounded by that. It is completely wrong. People on HAP, as I am sure the Minister of State is well aware, are evicted and are at high risk in terms of housing poverty and housing insecurity. HAP is a precarious form of housing, and the idea that their housing needs are met is just completely flawed. Looking at domestic violence, Deputy O'Reilly set out a case which is really heartbreaking, and it is wrong that someone is left in that situation. We are seeing an epidemic of domestic violence by men, and the housing crisis is absolutely worsening it, with women not having the freedom to leave and being stuck in situations. That is absolutely wrong. It puts their lives in jeopardy and, ultimately, in some situations, is inevitably leading to them being murdered or losing their lives in their own homes because they cannot find a safe place. Refuges are full. One way the State can support women leaving situations of domestic violence is enabling them to move with a social housing passport. It should be applied to the housing assistance payment and RAS. I assume - I hope - that that will be done as soon as possible because it is absolutely wrong that the State is leaving people in that situation. In particular, I hope the Minister of State intervenes in the case Deputy O'Reilly has brought up. In addition, as Deputy Devine said, this situation is unacceptable to us as a society, so we need to do everything we can.

I thank the Deputies for the work done on the Bill. I support it and I hope the Government is genuine in terms of engaging with it.

Minister of State at the Department of Housing, Local Government and Heritage (Deputy Christopher O'Sullivan): I thank all the Members who contributed. I reiterate - and it is not disingenuous to say - that I genuinely hear what they are saying. The proposal makes sense. I hope as well, however, that they will understand that, yes, we were able to do a focused protocol on people fleeing gender-based violence and domestic abuse. I might come back to some of the issues Deputy O'Reilly raised specifically. The broad national approach to this does require further consideration. I do not necessarily think it can be done on Committee Stage. Deputy Ó Broin asked me to use influence. I know where the Minister, Deputy Browne, stands on this and he does see value in what is proposed. Within the Department, we will use those interim 12 months wisely to research and assess the different issues I raised, such as the IT, the administration, the variation in approach and the pros and cons, for want of a better term.

I gave the example in County Cork where, when the approach was changed in allocating houses in my home town of Clonakilty to people on a waiting list in Youghal on the other side of the country it was initially received with a bit of resistance but that is now the standardised approach. If we were to do this on a national level despite the terrible circumstances people will be fleeing, such as domestic abuse, I am sure the majority of people would fully understand those circumstances and the other circumstances we mentioned like education, work and health, etc. It just all needs to be assessed. I say again I think the proposals broadly make sense.

As the Bill stands there remain significant unanswered questions concerning fairness between applicants, consistency between local authority systems, implementation, capacity, costs, governance arrangements and the feasibility of cross-jurisdictional operation. The all-Ireland approach raises further legal and practical difficulties as social housing support in Ireland and Northern Ireland operates under separate legislative, administrative and allocation frameworks. These are not peripheral issues. They are central issues. The Government

believes that legislating before those matters have been fully examined would be premature. For that reason, we are proposing a timed amendment for a period of 12 months to allow further consideration of this Bill. That period would allow for detailed engagement with local authorities, other key stakeholders and relevant Departments to further examine the administrative, legal and financial implications and to allow a more comprehensive assessment of how mobility objectives might best be achieved without creating unintended consequences elsewhere in the system. This approach reflects a commitment to careful policymaking and to ensure that any future reforms are evidence based, practical and fair for all social housing applicants and tenants. Important flexibility already exists within the current framework. Local authorities have long provided significant mobility supports under existing legislation, as well as guidance, particularly to victims of domestic violence. For many years local authorities have supported victims and survivors of domestic violence under the Department's policy and procedural guidance for housing authorities in relation to assisting victims of domestic violence with emergency and long-term accommodation needs. This was first published in 2017. Through these arrangements local authorities can prioritise cases through allocation schemes and assist with access to HAP and RAS supports to work with existing social housing tenants where tenancy issues arise. More recently the Department has worked closely with local authorities, particularly through the CCMA housing committee with a range of stakeholders to develop the new protocol for victims and survivors of domestic, sexual and gender-based violence. To transfer social housing waiting lists between local authorities, the protocol will form part of the updated guidance currently being prepared by the Department. It has been positively received by organisations that work directly with and advocate for victims and survivors.

The guidelines are from 2017. This is what has informed and guided local authorities with regard to situations where those who are fleeing domestic violence can be accommodated in other local authorities. Through the protocol, as the Deputy pointed out, if you are on the housing list that transfer is now possible. We are saying that we are going to update these guidelines. Perhaps that is the key opportunity to look at the situation outlined by Deputy O'Reilly where someone is a HAP tenant. Under the legislation someone who is a HAP tenant is considered housed. Deputy Ó Broin and I can both see the difficulty in that. There is an opportunity there when those guidelines are being updated. We are currently in the process of updating those guidelines. Perhaps that is something that can be-----

Deputy Eoin Ó Broin: The Minister of State is confirming to the House that they do not currently apply to HAP or RAS tenants currently. That is the position.

Deputy Christopher O'Sullivan: There is-----

Deputy Eoin Ó Broin: That is just factually correct.

An Ceann Comhairle: The Minister of State's time is up. The Deputy has ten minutes. He can put it to him.

Deputy Eoin Ó Broin: Sure.

I thank the Minister of State for his reply. My natural disposition as a person is to treat people at face value, but ten years in this House has made a bit of a cynic of me. When I see the timed amendment, given the fact that a commitment was made by three previous Ministers to introduce the social housing passport over a period of 14 years there was clearly plenty of time to have considered those matters. The Minister of State and I also know it is normal for legislation to be passed in this House but for another 12 months to be required for regulations before the intent of that legislation becomes operational. However, I will put my cynicism to one side and genuinely engage with him at face value. Let us test this over the next 12 months. I will respond constructively to a number of the issues he has raised.

First, it is obviously the case that different local authorities operate different allocation schemes. We have three different bands of income eligibility for social housing and different local authorities have a mixture of time on list or priority. It is quite a complex system. We also have a situation where there already are opportunities for people to move within local authorities or across local authorities, such as HAP crossovers where those issues are addressed simply. When you move from HAP in the local authority whose list you are on to HAP in a neighbouring local authority, you accept the fact that the HAP rates in that neighbouring local authority could be lower. That is the fact of moving from one administrative arrangement to another. Likewise, Dublin City Council has six or more areas of choice. I find its system probably one of the most complicated in the country. People move from area of choice to another over the lifetime of their wait for social housing. That means as a consequence that people can move down the list as well as up. That issue of potential inequity the Minister of State mentioned is already part of our system and it would have been part of his own system prior to the creation of a single area of choice. The real inequity of course is somebody having to lose their time on list to move to another local authority. That is the fundamental question here. While I appreciate his Clonakilty and Youghal example has some relevance, we are not proposing that people can do what is currently possible in Cork. He knows that and has been clear about that. We are setting out five specific sets of circumstances where that would be permissible. Under our scheme, the person moving from Youghal to Clonakilty would have to have a specific reason like taking up a job or education in Clonakilty or accessing long-term medical treatment, etc. It is much more specific and much less likely to create some of the tensions he mentioned. Of course, we used to have intercounty transfers, and we used to have intercounty mutual transfers. They used to be part of our system, albeit in an *ad hoc* manner.

With respect to the challenges on the administrative burden and cost I again think the HAP crossover shows there are straightforward ways to do this. I acknowledge it would create a small amount of additional administrative burden, but you are not talking about creating some new mammoth system. I think the issue of technological challenges is a bit of red herring. Nobody is proposing the need for a national IT system. We can already deal with intercounty protocols of various kinds using the existing systems there, imperfect as they are. The fact that the domestic, sexual and gender-based violence transfer protocol has been introduced, albeit on a limited initial basis demonstrates that those problems can be overcome. I am not at all suggesting that a Bill like this would pass through the House and then, within days, those systems would be in place. I accept it would take some time and engagement on those but I do not think there is as much of a challenge as the Minister of State suggested.

He is correct that we have made provision in the Bill for an all-Ireland dimension. It is general. It is a "may". It is following engagement on a cross-jurisdictional basis. Having lived

there and having been a tenant of the Housing Executive for nine years, I am aware the systems are different. If we think the intercounty local authority complexities are complex here, they are even more complex there. I do not for a moment think that would be a quick or straightforward challenge. For people who live across the Border regions, there is real value in looking at it, which is why we put it in the Bill.

On the protocol, which was published last week, the Minister of State is not the first person to say to me that when it is revised, there might be a way of looking at addressing the issue of HAP or RAS tenants. That is quite a big admission, literally a few days after the thing was introduced. Let me make the case in the few minutes I have for why that issue needs to be addressed much more urgently, separate to this legislation. I do it by illustrating the absurdity of the arrangement that is proposed. As we know, people living in the private rental sector in receipt of rent supplement remain on the local authority housing list. They are not defined as in receipt of social housing support as per the legislation or adequately housed. They are renting and they are in receipt of rent supplement.

7 o'clock

If a woman in that situation is at risk of, or is experiencing and seeking to flee, serious domestic, sexual or gender-based violence, she will be able to access the protocol. That is a really good thing and I welcome it. However, if a woman living on the same street in a similar private rental property who has been on the council list for the same length of time happens to be in receipt of HAP because of the consequences of the Housing Act 2010, is not on the principal council waiting list and is in receipt of social housing support, she is deemed under law to be adequately housed and will be denied access to the protocol. That makes no sense. Let us park the issue of whether people on HAP or RAS are adequately housed; that is an argument for another day. It would not have been administratively or legally unduly complex to have included HAP and RAS tenants in the protocol. It would have required a bit of extra work and flexibility, but how can we stand here and say a woman in need of the protocol on rent supplement can access it but a woman in need of the protocol on HAP cannot? It makes no sense.

When I say this to some people - and I take it from the Minister of State's reaction when Deputy O'Reilly and I raised it - there is some surprise. People's initial reaction is it does not make any sense. Obviously, it throws up a broader question. Those folks are on transfer lists and other people are on transfer lists. How do we start to disentangle that? I do not for a moment suggest those things are not tricky, but let us deal with the numbers. According to the latest summary of social housing needs assessments, 61,000 households are on council waiting lists, although we know a large number of them are single people. About 49,000 households at the end of last year were on HAP, while there were about 7,500 private sector RAS recipients of the 14,000. That brings us to over 56,000. They are predominantly families and people with children. In fact, there is a larger number of women with children there. So when I say potentially half the cohort of people who will need access to the protocol will be denied, that is just a statistical fact. I have said publicly, including to the Minister of State, Deputy Cummins, last week, and will say it to the Minister, Deputy Browne, when I have the opportunity, that I do not think we can wait for a review of the protocol to fix that. Ministerial direction needs to be given to the officials, who in turn have to go back to the local authorities. There will be some local resistance to this. I have talked to the local authorities and I get it,

but that needs to be urgently changed. That circular needs to be revised and reissued as a matter of urgency. If we do not do that, we will put a cohort of women at serious risk and in precarious positions.

I fully accept the Government's bona fides in introducing that protocol. Deputy O'Reilly welcomed it last week when it was published and I am welcoming it today. I know the Government is trying to do the right thing but it cannot do the right thing when half the cohort of people who need that crucial intervention are denied it for narrow, rigid, bureaucratic reasons.

I may regret saying this, but I will take the Minister of State at his word that he and his partners in government are genuinely interested in getting this proposal right and are willing to work with all of us in opposition to address it. I look forward to all the Opposition being invited up to the Custom House, having tea and biscuits with Nina and the team and teasing these issues out along with the local government sector. I think we have technical solutions to some of the issues the Minister of State raised. I know some of the arguments some in the local government sector are making are not as problematic as they may seem. If in six months - and definitely in 12 months - there is no movement, I will come back here and say, "Minister, I was wrong to take you at face value. I should have allowed my cynicism to shine through because you haven't taken the issue seriously." Let us fix it. It can be six months, 12 months or whatever length of time the Minister of State thinks it will take, but let us do it. Nobody in this debate has said it should not be done or that there are not good reasons to do it. I am willing to work with anybody in government, and with any officials in the Department or the local government sector, to get it right. Let us go and do it.

Amendment put.

An Ceann Comhairle: In accordance with Standing Order 85(2), the division is postponed until the weekly division time on Wednesday, 15 July 2026.

Cuireadh an Dáil ar athló ar 7.05 p.m. go dtí 2 p.m., Dé Máirt, an 14 Iúil 2026.

The Dáil adjourned at 7.05 p.m. until 2 p.m. on Tuesday, 14 July 2026.