

DÁIL ÉIREANN

AN FOCHOISTE UM MEABHAIRSHLÁINTE

JOINT SUB-COMMITTEE ON MENTAL HEALTH

Dé Máirt, 13 Iúil 2021

Tuesday, 13 July 2021

Tháinig an Comhchoiste le chéile ag 1 p.m.

The Joint Committee met at 1 p.m.

Comhaltaí a bhí i láthair/Members present:

Teachtaí Dála/Deputies	Seanadóirí/Senators
Neasa Hourigan,	Martin Conway,
Gino Kenny.	Aisling Dolan.

Seanadóir/Senator Frances Black sa Chathaoir/in the Chair.

Business of Joint Committee

Chairman: Apologies have been received from Deputy Ward. At the outset we must agree the draft minutes of the meeting from our meeting last week, 6 July 2021, which were circulated earlier. Can I take it that these are agreed and that there are no matters arising? Agreed.

Impact of Covid-19 on Mental Health of Travellers: Pavee Point

Chairman: I will now welcome the witnesses who will be presenting virtually to our meeting today, which will focus on the impact of Covid-19 on the mental health of Travellers. From Pavee Point Traveller and Roma Centre, I warmly welcome Ms Ronnie Fay, co-director, Mr. Patrick Reilly, mental health worker, Ms Geraldine McDonnell, Traveller mental health community development worker, and Ms Lynsey Kavanagh, Traveller health policy and research co-ordinator. They are all very welcome to the meeting.

Before we hear their opening statements, I must point out to our witnesses that there is uncertainty if parliamentary privilege will apply to their evidence from a location outside of the parliamentary precincts of Leinster House. Therefore, if the witnesses are directed by me to cease giving evidence in relation to a particular matter, they must respect that direction. I invite Ms McDonnell to make her opening remarks.

Ms Geraldine McDonnell: On behalf of Pavee Point, we warmly welcome the opportunity to present to the committee. We commend the committee for giving visibility to the key issues affecting Travellers during this challenging time. Given the limited time that we have and the complexities of the issues that we wish to highlight, we are going to focus explicitly on key issues and strategic recommendations as related to Travellers.

It is important to acknowledge from the beginning that while Covid-19 has had a huge impact on people globally, it has disproportionately impacted on marginalised and minority communities, including Travellers and Roma. We know that Travellers and Roma who get Covid-19 are more likely to end up in hospital, go into intensive care units, ICU, and die from the virus than the general population. This should not come as a surprise to anyone given Travellers well documented poor health, severe overcrowding and lack of access to the most basic facilities on Traveller sites. All of us were told how important it was to keep our distance and wash our hands to stop the spread of the virus. How can we expect Travellers to do this when we are living on top of each other and many of us do not even have access to running water? We know that the past year has been difficult for everyone's mental health and we rightly hear about this in the media, but for my community, the Traveller community, this pandemic came at a time when our mental health was already at a crisis point. The shocking data on Traveller mental health is well known. As a community we are a high risk group for suicide and poor mental health, including frequent mental distress. We know that Travellers experience a six times higher suicide rate, which accounts for about 11% of all Traveller deaths. This means that one in every ten Travellers will die by suicide. This is unacceptable for any community, let alone my community.

As mental health workers in Pavee Point, we have seen how Covid-19 has impacted our community and the stress that it has caused. Could members imagine the stress of living on a site without any water, toilet or basic facilities, worrying about trying to socially distance one-

self and not spread the virus to one's family, or spreading it to one's older grandparents or older Travellers who are already vulnerable to the virus? Added to that, we must try to make sure that our children keep up with their education while often not having formal education ourselves, lacking computer literacy and digital skills. Most sites do not have Internet and it is hard to get space for children to do their work and concentrate in a crowded trailer or house.

The lockdowns were very hard for us. Most sites or group housing schemes no longer have green spaces, play areas or places for us to mix. We are increasingly forced to live in large ghettos on the outskirts of towns or near motorways. Where can our children safely play or go for a walk when there is no public lighting and no safe paths to walk? This all adds to our mental stress.

During the pandemic we have seen a lot of hate speech and anti-Traveller racism published on social media platforms. Imagine how this makes us feel. We are made to feel not welcome in Ireland, that we are second class citizens and that the country would be better off without us. This affects our health, especially our mental health. We have seen that in order to deal with this stress some Travellers, similar to the general population, have turned to drink and drugs, which has made the situation worse. We have witnessed the alarming numbers of Travellers self-harming and, unfortunately, Traveller suicides during this time. We personally know of two Traveller suicides in the past week alone.

We also know that similar to the general population, many Travellers did not have access to mental health services during this time. Instead, telemental health services were deployed to bridge the gap. We understand that this approach will be the one the services take in the future, but this approach is not suitable for the majority of Travellers given the well documented low levels of literacy which is needed to navigate technology, the lack of access to suitable technology and the lack of privacy when living in overcrowded accommodation.

Since the beginning of the pandemic, Traveller organisations and Traveller primary health-care projects have mobilised across the country to protect Travellers' health, including mental health. We have seen goodwill, support and collaboration from colleagues in the HSE and from Departments in working with us to ensure Traveller health concerns related to Covid-19 are addressed in an accessible and culturally appropriate manner. That has been especially important at this challenging time when Travellers have been scared of the impact of the virus on our families and the wider community. We are hopeful that this will become a legacy of Covid-19 as we move into the future. However, what the pandemic has taught us is that we need Government leadership and a long-term plan. Such a plan must be focused, strategic and well resourced if we are serious about having better outcomes and protecting the health of Travellers. I hand over now to my colleague, Mr. Reilly, to present our recommendations.

Mr. Patrick Reilly: First, we recommend the urgent publication and implementation of the national traveller health action plan without further delay. We understand this plan is being reviewed by the Department of Health. Travellers and Traveller organisations participated in consultations in 2018 and three years later, we are still waiting for this plan. We welcome the commitment in the programme for Government to implement the national traveller health action plan, but there have been major delays. We are concerned that our health is getting worse because of a blockage somewhere in the Department of Health and this plan not being prioritised. Is this fair? We need a health action plan and we need it now. Travellers cannot wait any longer. We are losing our people and we cannot wait any longer.

Second, we recommend that resources allocated to Traveller mental health must be spent on

Traveller mental health work. In 2018, we presented to the Joint Committee on the Future of Mental Health Care. It recommended that more resources and funding be targeted at the areas of highest need, with particular attention being paid to Travellers and to addressing suicide. It would be good if this committee could see what has happened to this recommendation. With the exception of the appointment of nine HSE mental health service co-ordinators for Travellers and dormant accounts funding, we understand that there is no dedicated budget for Traveller mental health. Since the co-ordinator posts were funded in 2015 and recruitment for the roles was undertaken in 2017 and 2018, one such community healthcare organisation, CHO, post has never been filled, at an approximate loss of €300,000, in addition to the loss of resources and support for Traveller mental health. This is unacceptable, given the current Traveller mental health crisis, higher rates of suicide and poor mental health among Travellers. While we acknowledge dormant accounts funding from the Department of Health, it is imperative that this is mainstreamed and that ongoing Traveller mental health work receive sustainable and ring-fenced funding to respond to Traveller mental health inequalities, especially in the post-Covid-19 context. I hope we will get to that stage. Pavee Point, alongside other Traveller organisations, is ready, willing and able to undertake this work in partnership with the HSE and Department of Health.

Third, we recommend that Traveller mental health is prioritised within the Department of Health and the HSE. Traveller health structures at national and regional levels often lack high-level engagement from the Department of Health or the HSE and, as result, Traveller mental health remains marginalised. We recommend that there be representation of HSE mental health heads of service on national and regional Traveller health structures, given the documented mental health crisis our community is living with. Traveller representation on mental health structures at national and local levels must also be prioritised. We have seen evidence of this in our own area where we have engaged with the local structures and have witnessed the difference that such collaboration can make. Following our presentation to the Joint Committee on the Future of Mental Health Care in 2018, the development of a Traveller and Roma mental health action plan was recommended and we welcome the commitment in this regard in the programme for Government.

Fourth, we recommend the implementation of ethnic equality monitoring across all health data collection systems, including mental health. Without this, we are basically invisible in mental health policy and service provision because we are not being counted. Information on ethnicity is not being collected, despite this being Government policy. We recommend the implementation of ethnic equality monitoring, including a standardised ethnic identifier consistent with the national census and inclusive of Roma, across all routine data administrative systems in mental health services, and including the National Self-Harm Registry Ireland. The World Health Organization, WHO, supports our position on this aspect. As Dr. Mike Ryan said last week, “What gets measured gets done”. If we do not measure things according to groups, then we are never going to have the data to identify the extent of the problem and make sharp improvements. This is straightforward: without those data, we will continue to be invisible and we will be having this conversation year in and year out.

We thank the Chair and the members of the committee again for their time this afternoon and we welcome comments and questions.

Chairman: I thank Mr. Reilly and Ms McDonnell for their informative and concise presentations. Senator Conway has to leave early, so I call him to contribute first.

Senator Martin Conway: I thank our guests for coming in today. I apologise for the time

change but other matters were going on. Unfortunately, though, that time change has torpedoed all our schedules. I have great admiration for the work Pavee Point does. It can sometimes feel like two steps forward are being made, only to end up then taking five steps backward. I state that because housing obviously is a major problem. Proper and appropriate accommodation for members of the Traveller community is an enormous problem. It is a situation that clearly leads to mental health challenges and especially during the pandemic we have experienced in the last 18 months.

My next point may be somewhat off topic but it is relevant. Turning to the local authorities and their role in this matter, could the witnesses give me an example of best practice that they are aware of in this regard? I refer to a local authority and its engagement in respect of Traveller accommodation. I also ask them to give an example of worst practice by a local authority. I ask that because I always find it astonishing that central government allocates millions of euro to local authorities to upgrade and provide accommodation for the Traveller community, while year after year only a small proportion of that money is ever drawn down and spent. The Government, therefore, can make policy and allocate funding provision in the budget for Traveller accommodation but the local authorities are just not spending those funds. I would like the witnesses' views on those aspects. If they may not be in a position to answer now, perhaps someone in Pavee Point might respond on that point.

My other question concerns the oversight function referred to in the fourth recommendation. Can the witnesses point to somewhere in Europe that we could learn from and emulate best practice in respect of such oversight? Those are two of the thoughts that occurred to me during the comprehensive presentations of our guests.

Ms Ronnie Fay: With permission from the Chair, I will answer.

Chairman: Yes, that is fine.

Ms Ronnie Fay: I thank Senator Conway for his questions and comments. He rightly alluded to accommodation having a huge impact on people's health. It has presented a particular challenge in respect of mental health during the Covid-19 pandemic. I would be slow to recognise a particular local authority for its good practice, because there has been little good practice in this regard that could be emulated. The Irish Human Rights and Equality Commission, IHREC, has conducted an equality audit of all Traveller accommodation programmes and made specific recommendations to each local authority regarding required improvements in their work concerning the provision of accommodation. Those findings are being launched tomorrow. We have not had sight of them yet, but I will refer the Senator to that information when it is available. Recommendations will be made regarding each local authority and it will be important that all Oireachtas committees monitor their implementation. As Senator Conway rightly says, many local authorities do not draw down the funding. Between 2000 and 2017, the expenditure for Traveller accommodation fell from €135 million to €20 million and since the establishment of the Traveller accommodation programmes in 2000, a total of €69 million has never been drawn down. There are complex reasons this happened but poor, overcrowded living conditions leads to poor health. According to the All Ireland Traveller Health Study, there are 134 excess Traveller deaths per year. When Travellers are dying from respiratory and heart complaints and cancer, you have to ask yourself why are they dying in greater numbers at all levels for all illnesses. For us, that is linked to institutional racism. Cancer does not affect a Traveller's body in a particular way. It is because people are either not getting access to services, not getting timely access to services or not receiving quality services.

In terms of the oversight issue the Senator asked about looking at Europe. I would have to be very proud of being Irish and very proud of our NGO sector and the collaboration we have with the State in Ireland. We can be very proud of that. The big fault we have in Ireland is we do not implement policy that we have developed. We have much better consultative forums, we have much greater participation of NGOs but where we fail abysmally is in implementing agreed Government policy. If you look at the Traveller accommodation plans, there never seems to be any sanctions. We warmly welcome the recent report of the Office of the Ombudsman for Children in terms of a particular site and the impact it has on children. What we need to focus on into the future - that is why we would highlight the need for the ethnic data - is outcomes, how is policy implementation and identifying the blocks, that is, why the policy is not getting implemented and why we are not achieving good outcomes.

Senator Martin Conway: How do the witnesses find the local Traveller accommodation consultative committees, LTACCs, in each of the local authorities? Do they find them to be effective? Do they need to be overhauled or reviewed? Is there anything that we can be doing better to support the local Traveller accommodation consultative committees? I would consider these committees a useful forum. There are some counties where there is very little Traveller participation in them which is a pity but, overall, the structure works well. I would be interested in the witnesses' thoughts in terms of what can be done better and whether there is a role of oversight in terms of mental health issues that the LTACCs could take on.

Ms Ronnie Fay: If it is okay, I will respond to that. I suppose we have found that there are good LTACCs and there are bad ones. We can send the committee more detailed information after this presentation.

The LTACCs are not an effective tool, and it is related to my earlier point in terms of implementation. Often they result in being a talking shop. The conversations happen but the action does not happen and the improvements do not happen.

What we saw during Covid, which is interesting and is something we would strongly recommend, is that public health needs to engage in Traveller accommodation issues. With the involvement of public health departments and doctors, we saw during Covid that we could get water, toilets, electricity, hardstand and rubbish collection delivered in a short space of time because public health and the Public Health Act superseded the local authority. We need to look at it as a potential enabler in terms of future delivery of Traveller accommodation.

We will send in more detail. There are concerns about some of the LTACCs. In some cases, local councillors deliberately go on them to make sure there is no site provided in their part of the constituency. There are some local authority officials who leave much to be desired in terms of their public sector duty to promote equality, combat discrimination and protect human rights.

As I say, in some areas - the Senator himself alluded to it - there is not effective Traveller participation but I would say that is the least of our problems. Some of the reasons people choose not to participate is they feel it is a complete and utter waste of time - you go there, you raise the issues and very little happens.

Something Pavee Point has been calling for for many years is a Traveller agency which will look at the oversight of all Traveller policy because accommodation is a key issue but so are health, education, employment and culture. We will not get ten agencies but if you look at what happened in Northern Ireland at a time of huge discrimination against Catholics, the power was taken out of the hands of local unionist-dominated councils and put into the Northern Ireland

Housing Executive to try and ameliorate some of that. If you look at it in terms of the Republic, there is the National Roads Authority. There are examples where national institutional mechanisms have been put in place to try and address some of these issues. We would say the current structure is not working in terms of policy implementation for Travellers and we need to improve it. I am sure Senator Flynn will have much more to say on that issue from her own experience and expertise.

Senator Martin Conway: Senator Flynn absolutely would. I thank Ms Fay. I appreciate the comprehensive answers.

Chairman: I thank Ms Fay for her answers. Deputy Gino Kenny is next on the list. Then we will have Deputy Hourigan and Senator Dolan.

Deputy Gino Kenny: I thank everybody for coming in today. It was a sobering commentary on Traveller mental health in the past 18 months. A situation that was dire prior to the pandemic has been exacerbated because of this terrible virus.

I will maybe ask Ms McDonnell a question. Dr. Mick Ryan from the World Health Organization, WHO, addressed a Galway Traveller movement event last week. Dr. Ryan stated, in general terms, that Ireland and other countries are underestimating a “tsunami of mental health issues” that are emerging as the pandemic continues. In terms of the Traveller community, how was this exacerbated? Ms McDonnell alluded to it already in her statement, but in what Ms McDonnell, friends and her family have seen, how was this exacerbated in the past 17 months?

Ms Geraldine McDonnell: I am sure my colleagues can jump in and join in on this as well. For me, on the ground, living as a Traveller woman and working during the pandemic, there are many issues, as we all know, that Travellers face in relation to their mental health. You are living in severe overcrowded accommodation, trying to work, trying to find space for your children to sit quietly doing their home work and to keep up with their studies, and trying to encourage them to see past the deadlines and into the future of where they need the education and that they need to put in the work. It is almost impossible when you are living in these situations where you are fearful of the virus for yourself and you are fearful for your children. Personally, I have lots of family who are living in one yard. There could be three mobile homes - all separate families living very closely together. It all has a great impact on your mental health.

From personal experience, we would know many Travellers who, if they were accessing mental health services, would look for somewhere out of their local area that they would not be seen by other people to be attending these services but that is not supported by the mental health services. In some of these services, we would push for the ethnic identifier but it would not be a question that would be asked. During the pandemic, I was pregnant. I was having my first baby. There is a maternity hospital that I was attending that was supposed to be asking all of these ethnic questions. They had the training already delivered and the ethnic identifier question was a question that should have been asked. Only for I had the education that I knew this question had to be asked, I had to alert the hospital that I was an Irish Traveller where this question was not asked of me. On my level of care after I had the baby, I had to alert the hospital to the fact that my baby was an Irish Traveller and that it would need a specific different type of care. That had a great impact on my mental health during the pandemic. I was trying to work, I had my first baby, and I was dealing with everyone else. I was worried, not being able to visit friends and family. I was fearful that I was going to pass the virus on. My family’s overall health is already poor. I was fearful that I would potentially cause more harm than good to my family.

Mr. Patrick Reilly: I would like to come in on the question that Deputy Gino Kenny asked. I would like could come back to the first point he made, which was that this was already a crisis stage for Travellers. He referenced Dr. Mike Ryan talking about a tsunami of mental health problems coming the line. We could see this once the virus entered Ireland last year. Mental health was already at a crisis stage. Suicide and funerals were so common, we did not wonder about them anymore. It was that common.

Ms Fay spoke specifically about what happened to Travellers in the lockdown. Basic human needs, such as running water and access to safe and adequate electricity, were provided through the work of the Travellers' organisations. As Ms McDonnell said, Traveller parents had to homeschool, shop, and cook for their children. Travellers have had bad experiences in schools themselves. There is a low level of literacy. That was added stress for Travellers. They had to worry about parents and loved ones. The lockdowns of 5 km and 10 km meant they could not visit or check in on family. I live on a site with my older grandmother. She depends on family members to get her medication, as well as to read the instructions for her medication, so that she knows to take it at the proper time.

Although there was isolation, we were already in a lockdown before lockdown ever happened. There is racism and discrimination online, as seen by anyone who watched Sky Sports recently, especially after the match where England players experienced racism and discrimination because of their skin colour. Travellers experience racism because of their ethnicity. We have seen that on social media. Our young population was exposed to that. The community development approach that Travellers took within the organisations was crucial. Health care workers on the ground need to have the trust of Travellers. I see Senator Eileen Flynn nodding. It was important to get proper, right, accessible information. There was so much misinformation flying around that the virus was not real and the vaccines are going to do this and that. That was scaremongering.

It is important to have a relationship with Traveller organisations. I know I said it in the recommendation. They should be nothing for Travellers, without Travellers. We are here as members of Traveller organisations. We know Travellers best. Who knows Travellers better than ourselves? Ms McDonnell spoke about being a Traveller mother. I am a Traveller man. What works from one community might not work for another. People can take what I am going to say in any way that they want, but as a Traveller man I am fed up with having the same conversation over and over. We are losing young Traveller men and women. We are here, but it is as if our voice is not heard. I know Deputy Gino Kenny was there in 2018. There were good presentations, submissions and actions yet, here we are further along, still having the same conversations. It is hurtful.

Deputy Gino Kenny: I agree with Mr. Reilly. We have had this conversation in regard to Traveller issues three or four years ago at the committee. It seems like a broken record. It is shocking to hear statistic relating to the numbers of suicides in the Traveller community. It is beyond words, sometimes, how this can be happening. The State and the authorities are essentially allowing it to happen. It should not happen and it has to be addressed in a fundamental way, so that we do not have this conversation again in another three years. If the fundamental issues are not addressed then we will be having this conversation in three years. In that time, hundreds of men and women from a Traveller background will be dead. This is the sombre narrative we have to address collectively. Fair play to Mr. Reilly for that honest testimony.

I have one last question for Ms Kavanagh. It is on the report by the Ombudsman for Children on housing and living conditions in the Traveller community. The report stated that poor

living conditions were exacerbated by Covid-19 and all that came with it. Would Ms Kavanagh like to comment on report in respect of Travellers' mental health in the context of settings and accommodation?

Ms Lynsey Kavanagh: Both Ms McDonnell and Mr. Reilly were candid and clear about the impact of Covid-19 on children's education, as well as their mental health. The population of the Traveller community is young. More than half of Travellers are under the age of 25. They live in overcrowded accommodations and they not have access, as Ms McDonnell said, to basic play sites or footpaths. On top of that, they had to live with lockdown after lockdown during Covid-19. It has had a huge impact on mental health. We, therefore, welcome the report of the Ombudsman for Children. Although it was shocking, we were not as shocked to read it as others. We have been hearing for years about the dire situations on sites. Although it was shocking, we welcome that this has been documented. We are now hoping for clear action. There were clear recommendations set out by the ombudsman. We hope that clear action happens and that the recommendations are implemented. As Ms Fay said earlier, we are great at developing policies. We have great consultative mechanisms but we tend to fail on implementation across the board. Given the level of health inequalities, the poor mental health and the fact that Travellers are dying at exponentially higher rates, action is needed now.

Chairman: I thank the witnesses and Deputy Kenny. I welcome Senator Eileen Flynn. She cannot participate because she is not present in Parliament; she is in Donegal, but it is great to see her online today. I call Deputy Neasa Hourigan.

Deputy Neasa Hourigan: I thank everyone for being here today. I would be hard pressed to find a group with whom I would like to talk through the mental health impacts of Covid-19 more than the Traveller community. It is a timely discussion. I have a couple of questions. I will start with the slightly dry question of the issues around data. We hear over and over again at the health committee and this committee and in a number of other areas about a lack of data collection and the failure of the State to provide disaggregated data. It is a particular problem in the health system. Only a few weeks ago at the health committee, we heard from NGOs in the area of cardiovascular health and they said they could not get the long-term services that people recovering from stroke and heart disease require because they do not have access to the disaggregated data. I cannot recall who said what gets measured gets done. I am interested in the issue of allowing budgets to follow the numbers of people who need a service. I would like to unpack that a little because there is a particular challenge with mental health given that it always sits on such a spectrum. The witnesses are dealing with people who have significant challenges and are at risk of self-harm, but then there are cohorts that just need ongoing support. I am mindful as well that we are trying to bring in well-being indicators which would affect budgets, but that is all predicated on having enough data to do that. Could we talk about that for a moment? What do the witnesses think the barriers are to that? What we are hearing at other committees is that there is concern in particular Departments relating to GDPR and sometimes people are reluctant to provide particular information. Do the witnesses think that healthcare staff or staff at the point of access to education or whatever else need training in how to broach that kind of data collection? What do they think could be done?

Ms Ronnie Fay: My colleague, Ms Kavanagh might come in as well. For us, it is ironic that we keep hearing from the State that it wants evidence-based planning and policies, yet it cuts the hands off us by not giving us the tools that would give us the evidence so that we can argue for what we know is needed.

Regarding ethnic data, early on in Covid we knew that Travellers and Roma were more vul-

nerable and we asked the HSE, as far back as last March or April, to put ethnicity as a category on all the Covid tracking and testing information. To be honest, it did finally get introduced, but again, as the Deputy said, some of the people did not feel comfortable and they did not ask the questions so it did not get implemented. We had the experience of piloting the ethnicity question in the Rotunda Hospital more than 20 years ago. Exactly as the Deputy said, we provided training to the staff on why they needed to do this. We worked with Travellers, Roma and other minority ethnic groups to explain that this question would be asked and what the purpose of it was in order that both the service providers and the service users would understand. We had 100% take-up and then after five months or so it went to zero. We wondered what had gone wrong so we went in to find out. The person who had been asking the question at the point of registration had gone on maternity leave and the new administrator did not feel comfortable asking the question, so it was not asked. It just shows the importance of ongoing training. Data disaggregated like this can be particularly sensitive but it is totally legal, and it must be done with a human rights framework, which means everybody gets asked the question, not just minorities.

Ms McDonnell gave the example of the maternity hospital. Travellers have 20 times the rate of galactosemia, which means that if a baby is breastfed, brain damage could be caused. They have to get the heel-prick test done quickly and get the results so that they are not exposed to danger but also facilitated to breastfeed. Traveller women had come to me at the time and said they were being discriminated against as they were not allowed to use formula milk and they were given a special soya milk. I thought that was most peculiar. Being young at the time I went to hospital and asked what was going on. They explained the rationale, which was a very good one, but no one had explained it to Travellers. They were experiencing it as discrimination when in fact it was well intentioned, which shows the importance of collaboration and education and training.

I asked how they knew so-and-so was a Traveller and they said it was by their name or address. I said lots of Travellers live in houses and are now beginning to marry settled people. There are different Traveller names. Not every Joyce or McDonagh is a Traveller. What they were doing was well intentioned but very poor practice. That is why we would say in terms of human rights it should be a universal question that everybody is asked. All of us should be asked the question. It is based on the principle of voluntary self-identification. One cannot be ascribed a label and be told one is a Traveller and be put in a box. It is up to the individual to identify. The information that is collected must only be used for the purpose for which it was collected and not for other purposes that would make people suspicious. Ethnic data is really important. It has to be done within a human rights framework, but consistent questions are needed. That is why we recommend the census question on ethnicity. Then we will have comparative data. Although people may change jobs or Departments in the public service and Civil Service, they know why they are asking the question, because it is the same question no matter what Department or agency they are working in, and equally the service user knows. It is the same as the way traditionally in Ireland people might have been asked their religion or gender. It becomes the norm and then everybody understands. That is what we promote. Ms Kavanagh might want to talk about GDPR.

Ms Lynsey Kavanagh: To follow on from Ms Fay, there is no impediment to the collection of ethnic data as it relates to GDPR or data protection legislation. That has been used as the rationale by some State agencies and Departments not to do it. The Department of Education has an ethnic identifier in its primary school online database, which is its data collection system, and other State agencies have also implemented the ethnic identifier. Pavee Point worked

to support the implementation and roll-out of the ethnic identifier. That is one of the key issues and we are saying there is no legal impediment. The Data Protection Commissioner has confirmed that. Some of the barriers were highlighted by Deputy Hourigan and Ms Fay in terms of data collectors being uncomfortable asking the questions. It is important that we build training mechanisms into any roll-out of the ethnic identifier. Some 98% of people answer the census question. It is the same question on ethnicity, which is a testament to the fact that people are very comfortable once they know the rationale for why it is being asked. That is one of the key pieces to ensuring that where the ethnic question is introduced that people are given a clear rationale and that those who are asking it are also given adequate training.

Some mental health services have an ethnic identifier but others do not, so there are massive gaps and it is very much fragmented. We are saying it is Government policy and we want to make sure that it is rolled out across the board so that we have the evidence and the data to make smart, effective policies.

Deputy Neasa Hourigan: It is an important point. The disaggregated data issue does not just touch on the Traveller experience, as other cohorts and communities are affected. The further we go on with this discussion, the more it is emerging as a bigger issue than people realised.

As we are talking about different communities and challenges with mental health I would like to discuss particular groups within the Traveller community where their challenges intersect with other communities, for example, if someone is a Traveller and has a disability or is a young person who does not have access to green space or the ability to ring a mental health service if he or she needs to because of the lack of private space. Ms McDonnell referred to the specific experience of women. How can we support people where two groups or experiences intersect and there is a more complicating factor such as people with disabilities or women having a baby? I do not know who to direct that question to.

Mr. Patrick Reilly: It was a broad question in a sense. For anyone that is experiencing mental distress and reaching out for support, first and foremost, the support needs to be there and there should not be a worry. The Deputy touched on young Travellers for example. I worked with young Travellers, including my own nephews, and they said they worry about being discriminated against before it even happens. We must think about the impact that has. I will refer to our collaboration with the HSE. This touches on the issue of the ethnic identifier that Ms Fay spoke about. Members might be aware of the national service whereby people can text “HELLO” to 50808. We worked with the HSE to train more than 500 volunteers. The service now allows people to text “Pavee” to 50808. The word “Pavee” is the word for “Traveller” in our language. When the service sees the word “Pavee” in a text, it will know that a Traveller sent it. We are catching Travellers there. In the absence of the ethnic identifier, we cannot wait around. It is as simple as that. We worked with the HSE to provide this training. It is a useful service for Travellers. Travellers on a site or sitting outside on the step can text the service and get support. There are people there who are trained up for that.

I will go back again to the idea that one shoe fits all. I said this at a meeting during the term of the previous Oireachtas. Services are tailored to deal with anyone who comes in the door. Everyone is treated the same. That has the potential to do more harm than good even though people might not think that is the case. What works for one community might not work for another. The importance of those data Ms Fay spoke about is that service providers like to know who is coming into their services. They want to provide a good service. With those data, providers can tailor their services to their service users. It is therefore very important that these data are collected. I am on a halting site at the minute. If I fill the trailer with ten or 11 Travel-

ler men and we make decisions for women without women present, how will those decisions fit when they fizzle down the line? I hope that answers the Deputy's question. It was a broad question. Ms Fay may have something to add.

Ms Lynsey Kavanagh: It is important to note that Pavee Point and many other Traveller organisations always take an intersectional approach to our work. We recognise that Travellers, Roma and other peoples are not homogenous groups. Mental health is not homogenous either. Traveller women's perinatal mental health is different from Traveller men's mental health. We always adopt that intersectional approach. As Mr. Reilly mentioned earlier, we always adopt both a mainstream and targeted approach to ensure that services are accessible for Travellers and are intercultural. We work with our colleagues in the HSE to make sure that is the case. As Mr. Reilly said, unless we have the data to allow us to identify people, it is very difficult for mainstream services to do that. That is why we have spent the past 30 years talking about this *ad nauseum*. To inform services and policies and to ensure equity across the board, data are needed. That is the key point. Such data are needed if we are to ensure the intersectional concerns the Deputy has raised can be addressed in an equitable way.

Deputy Neasa Hourigan: I know Senator Flynn cannot speak today so I will paraphrase her and say how important it is that mental health services meet people where they are.

Senator Aisling Dolan: I am in the convention centre so I hope everybody can hear me okay. I am in one of these great boxes with no light. I thank Ms Fay, Ms Kavanagh and Mr. Reilly from the Pavee Point Traveller and Roma Centre for coming to speak to us. I got to hear last week's very powerful session with the Galway Traveller Movement, Ms Kathleen Sweeney and Dr. Michael Ryan. Dr. Ryan is a wonderful speaker and he had some great quotes. He spoke about being an incurable optimist, which I thought was a wonderful way to describe a man who has been handling one of the most pressurised jobs in the world this year and trying to look at vulnerable populations. He spoke about how the UN is a voice for those who cannot speak for themselves. He spoke about change and about how, if we want to change things, we have to change how we think. I have spoken about unconscious bias previously. This is something we all have, whether we like it. It is a result of our environment, education, society and many other factors. With regard to unconscious bias, it is important that we all actively work to increase our awareness of our own actions. Dr. Ryan spoke well in saying that it is not just a matter for the State, the Government or local authorities, but for all of us in society working together. It is very important that all parts of society work together.

I will go through a few points on which I have taken notes and then ask a few questions, if we have time. I apologise. The division bells have started going off the very minute I get to speak. I hope everyone can hear me okay.

Chairman: We can hear the Senator very clearly.

Senator Aisling Dolan: That session was about building homes, health and hope. Some key issues were spoken about, such as social determinants in the context of mental health. Deputy Kenny mentioned the tsunami of mental health issues coming down the line. That is very important. I have a question for Ms Fay and Ms Kavanagh. What are the areas we should focus on with regard to building awareness of bias? What can we and our organisations do?

My second question is on the social determinants. These include housing, accommodation, employment and education. A wide range was mentioned. It was an interesting debate. It was about looking at the most vulnerable in the community. I have an interest in two areas in partic-

ular. I spoke with Ms Nora Corcoran, a project manager for the Galway Traveller Movement. She had put together a report. We might try to get an article about that event, how important it was and the quality of the speakers into our local magazine for Galway and Roscommon, which is based in Ballinasloe. Ms Fay mentioned access to facilities and how the public health Act had superseded local government. In our local area, the local authority provided water and Portaloos for families who were not living on proper halting sites. This happens and I understand that.

Another element I will ask the witnesses about is that of education. I know the Minister, Deputy Harris, indicated in March that approximately €300,000 had been ring-fenced for higher education. What has the impact of this been? Another important point is that secondary school students sometimes do not have space to study. As spokesperson on education, this is something I am conscious of. We are trying to look at spaces. In Ballinasloe, we have a study centre where space is provided. However, it is not operated on a not-for-profit basis. It is a facility offered to parents to accommodate their children studying in a focused way. Could we consider using community spaces to allow children somewhere to study? I may come in again at the end but those are my questions for now. I thank the witnesses.

Ms Ronnie Fay: The bias the Senator has mentioned is an important issue. The Black Lives Matter movement has made it more acceptable to talk about racism, which is what we are talking about. We are talking about people being discriminated against but the State is not taking enough action. We warmly welcome the development of a new national action plan against racism, which is under way. It is key that the specific issues involved in anti-Traveller and anti-Roma racism are addressed in the plan and that the plan is not based on colour alone. While colour is important, ethnicity is equally as important in an Irish context. It is not about a hierarchy of oppression but about looking at the reality. I talked earlier about the 134 excess deaths per year. In our view, this is down to racism. With regard to the national action plan against racism, we welcome the active engagement of Traveller representatives on the steering committee. It is important that representatives of Traveller organisations are included in the mechanisms that are developed in respect of oversight and implementation of the plan. It is great to see because the previous action plan ran out in 2008. Despite our organisation and many UN bodies calling for it, the State has been slow to address the issue. We warmly welcome that. As the Senator said, Dr. Mike Ryan talked last week about deep biases in the way systems work and that everybody needs to take responsibility, including politicians on local authorities, who can feed racist rhetoric that results in people not being given basic human rights in terms of a safe place to live. The Senator talked about the social determinants of health, mental health issues and their consequences. In that context, an interesting figure from the census is that 40% of Traveller households have more people than rooms compared to 6% of the majority population. It shows that Travellers are living in very overcrowded spaces and they have larger families and fewer rooms than the majority population. I am not saying that a room to yourself is the answer to dealing with mental health issues or anything else but, clearly, having space is very important, whether it is to do homework or feed a baby. All those broader social determinant issues need to be dealt with.

We have been looking for ethnic data from homeless services. Again, it is meant to be on the pathway accommodation and support system, PASS, but it is not disaggregated, collated or analysed and action is not based on it. We know from the Department of Housing, Local Government and Heritage figures that in excess of 13% of Travellers are homeless, which would be more than 600,000 people, were that figure aggregated up for the majority population. Clearly, homelessness has a major impact on mental health, as Ms McDonnell said, particularly during

the Covid pandemic.

As the Senator probably knows, since there are many Travellers in Ballinasloe, the extended family is very important to them, including the support they get from peers, parents, aunts, nieces and all of that, especially when a woman has a baby. Normally, when the woman comes home she is looked after and other women do the housework, help with the cooking and cleaning and let her take six weeks off, which is the minimum needed to look after herself and her baby. If someone is homeless, isolated and in substandard accommodation, that will clearly affect mental health because all the extended family support is missing.

Pavee Point is very clear about the social determinants of health. We have identified this in our work for the past 30 years, as we have for the right to health. Healthcare has to be accessible, affordable, available and appropriate. We know these things but, unfortunately, the State does not listen. We have a particular challenge with the Department of Health in terms of the lack of priority it gives to Traveller health and its refusal to convene the Traveller health advisory committee since 2012. The Department states it is all the responsibility of the HSE, whereas we say the Department is responsible for policy. We need to be in there at policy design stage in order that we can promote an intercultural approach and are not seen as awkward when a policy comes out and we state that it excludes Travellers. We are then seen as awkward and always complaining whereas if we were in there by design, we could anticipate some of the problems and that would, hopefully, build trust. We certainly saw that during the Covid pandemic when we worked hand in hand with the State and managed to get some very good initiatives. We hope that a joined-up Government approach, pooling of resources and responding to emergency needs will be a legacy of the pandemic.

Vulnerable members of the community were talked about. Throughout the pandemic we highlighted the fact that there were particularly vulnerable Travellers and Roma and the State worked with us on that. We need that to continue and we need the involvement of public health. The Senator talked about education. While there have been very important initiatives that we warmly welcome, and a new higher equity of access plan is being developed, getting a target in the last equity plan was what resulted in a real change in third-level access for Travellers. We saw the numbers increasing and they have gone up - Ms Kavanagh might have the figure - from a very low base that has been doubled in the last five-year plan, which is really good.

That is happening at third level but we need a comprehensive transformation of the education system. We need a national Traveller education strategy, which is committed to in the national Traveller and Roma inclusion strategy. This has to happen so we can look at early years, primary, secondary and third level education. The ones who make it to third level are privileged but two thirds of Travellers have left school by 15 years of age. We need to get them earlier and we need to have the groundwork done in order that we can bring about a transformation in Travellers' education experience and outcomes. We need the ethnic data to be able to see what is happening.

We did training with St. Patrick's College a few years ago and some of the teachers there had returned from doing their teacher practice. We asked them for feedback on what the experience was like and one of them was appalled. She gave an example from a classroom she was in where the teacher asked the children what they wanted to be when they grew up. The children said nurses, doctors, fire fighters and so on. A Traveller child said he or she wanted to be a nurse but the teacher said "Oh, you're going to get married" and just skipped to the next person. What was that telling the Traveller child if teachers have such low expectations? I am not saying all teachers but unconscious bias-----

Senator Aisling Dolan: That is anecdotal. It is very tough and we see this in all walks of life. We cannot just pick out one grouping when it happens in all walks of life. It would be great to get more training. Funnily enough, this is an issue we are looking at in the education committee in the context of the roll-out of the FUSE programme. That programme is about looking at areas of inclusion for children from all kind of backgrounds because we have a lot of different minority groups for many reasons, such as disabilities and so on, where children can be challenged. There is a wider perspective here when it comes to bias.

On housing, we have seen the largest budget ever, more than €3 billion, allocated to housing this year. The Department has looked at reducing homelessness targets. From my perspective, Galway County Council is the second-lowest funded council in the country and it is very important that we see resources allocated. The Minister has noted that project teams will be assigned to housing within local authorities so that will be a higher resource. The Minister also stated this year that the Department is looking to take more ownership of the allocation of Traveller housing by directly supporting local authorities in delivering that.

On the other areas Ms Fay mentioned, I note that Mr. Reilly mentioned the recommendations for which I thank him. Ms. Fay mentioned the noting of ethnicity, which is done through the census. I will highlight that the HSE has undergone an incredible year. It has been our front line against this pandemic and it has saved everyone's lives. I worked in National University of Ireland, NUI, Galway and I had the opportunity to work in health innovation in University Hospital Galway, UHG, and, as with anything, which is incredible, they triage based on need. That is how the health service works. It is those who are in most need of medical attention that get immediate attention. It is incredible that that is how it has to be triaged.

There has been a lack of beds, supports and everything else but there has been incredible investment this year in health alone. The community healthcare west organisation has a specific grouping looking at mental health within the CHO in that area. It has conducted workshops on inclusion and diversity that particularly looked at issues with a Traveller voice. Mr. Reilly spoke about "nothing for us without us" so it is very important that we are looking at having more of these workshops where we are speaking and ensuring that our voices, and Traveller voices, are heard.

On the ethnicity issue, again, that information is gathered through the census. On the HSE gathering data and having registers, there are so many areas for which we do not have registers. We do not have a register for diabetics or diabetes. We are talking here as if it is very simple matter but there are many things for which we do not have registers. It is probably a case of the HSE and the healthcare system not being as advanced as we would like them to be in terms of software, online or electronic medical health records. We saw all of these issues, and they are being looked at now, during the vaccine roll-out. Now is the period in which there is an investment into the healthcare system and into looking at how we can bring an awful lot more of our systems in healthcare online and we would be able to gather more data in a better way and gather the information that is needed to form an evidence base for policy.

I welcome the information from Ms Kavanagh on GDPR. I was not aware of it. I was going to ask that question. She has caught me before I asked it. I have taken on board the two areas Mr. Reilly mentioned. With regard to the Traveller health report, I do not know if he wants to make any other comment on that, but I thank him for highlighting the recommendations and I take that on board.

Ms Lynsey Kavanagh: One of the other pragmatic approaches to looking at inclusion is the

implementation of section 42 of public sector duty. All public bodies in Ireland, including the HSE and anybody else that is receiving public money, to promote equality, prevent discrimination and protect human rights. That could also be looked at because public bodies should be doing that already. It is really important. With regard to the other point around registries, it is not that we are looking for registries, we are looking at where data collection systems exist at the moment where the ethnic question could be built into those systems to inform services and policies. It is not that we are looking for a whole different system to be put in place, but we know the HSE has capacity in this area. As I said earlier, there are examples of services that have an ethnic identifier in place but it is not being used; the data might not be collected; might not be collected in line with human rights approaches; and is not used to inform services and policies. It is not that we are looking for something new, we are looking for the question to be rolled out and implemented in systems in which they exist at present.-----

Senator Aisling Dolan: That is the challenge because the HSE cyberattack has taken the legs from under the health service and there are many systems that it is slowly bringing on board. I will find out more information about this. I know from my previous roles that software is not always integrated in the health system. It is not integrated, for example, between primary care and the hospital system. The issues Ms Kavanagh speaks of are being made out to be a little more simplistic than perhaps they may be, in terms of delivering this within the health service. It is something we may need to take into account.

Ms Lynsey Kavanagh: With all due respect to the Senator, Sláintecare sets out a clear vision on population health profiling and part of the budget and plan of Sláintecare is to have an integrated infrastructure system. Notwithstanding all of the issues and the cyberattack and the technology issues at play, if we are to be serious in addressing Traveller health and not just Traveller health and if we are really serious about ensuring we are making clear and effective policies and services, we have to invest in the infrastructure and IT. That is not just Pavee Point saying it. It is a Government commitment and we are saying it needs to be prioritised. However, I understand the complexities around the infrastructure, notwithstanding the recent cyberattack.

Senator Aisling Dolan: It is very difficult. Looking to see how the Central Statistics Office, CSO, can help us in gathering data would be a good step. There may be multiple ways of looking at how we gather the evidence base Ms Kavanagh speaks of. I understand some of the challenges may be more so in the Department of Health and the HSE. There is an investment this year specifically in e-health. I hope this is where we will see great gains in the years ahead. I thank all the witnesses. It has been a great debate and I really appreciate their input.

Chairman: I want to check in with Ms Fay, Ms McDonnell and Mr. Reilly, if any of them want to respond to Senator Dolan?

Ms Ronnie Fay: As a follow up to the point Senator Dolan was making on e-health, it will be really important we quality-proof e-health, because if we do not, people who are already marginalised and may not have technical skills, phones or privacy, can be further marginalised. Part of our ethnic equality monitoring processes requires us to quality proof. That is why we are saying we need stakeholder engagement and Traveller proofing in all of these things. I take on board the complexities. We originally piloted the ethnic issue on the HYPE and then discovered it did not talk to the GPs. We have been there. Initially, when we looked for the ethnicity, we were told there were computer problems, then we were told there were personnel issues. We have a long history of trying. Taking a pragmatic approach and making sure that it benefits a whole range of groups is really important. We are ready, willing and able.

We harnessed the Traveller infrastructure among Traveller organisations but especially Traveller primary health care projects and did our best to mitigate the impact of Covid-19. As Senator Dolan has said, last week, the committee heard examples from Ms Kathleen Sweeney who is co-ordinator down at the Galway Traveller Movement, GTM. The irony is that many of those workers are on minimum wage and barely get 12 hours per week and if they go over a certain point, they lose their medical cards. One of the things we have been asking the State to do is recognise the important role of primary healthcare projects and give all Travellers, given their health inequities, the benefit of a medical card until such time as the health inequities are levelled up.

We do not think that is too big of an ask because given that 80% of Travellers are unemployed, the majority have a medical card anyway. However, for these key people who have the trust of the community and the partnership with the State agencies, there is a real danger we will lose some of them. We also need to look at their terms and conditions in order that they are better remunerated and people who have worked for 20 or 30 years in this really different work should not have to retire with nothing. Their terms and conditions need to be looked at. As I said, we need the Traveller health action plan. There has been no increase in the core funding for Traveller health in terms of the health development money. There has been once-off dormant accounts and that kind of funding since 2008, before austerity. We are seeing the impact of that and we need urgent publication, implementation, budgets indicators, timelines and resources for the implementation of the Traveller health action plan, given that Traveller health is at crisis point and given that has exacerbated the mental health issues that predated Covid-19. I do not know if Mr. Reilly or Ms McDonnell want to add to that.

Mr. Patrick Reilly: I was going to come in and speak about what Ms Fay covered in the second half of her piece, with regard to the importance of the primary healthcare projects. I know Senator Dolan spoke about the HSE and how it has saved lives during Covid-19 but I guarantee her the primary healthcare workers have saved many a Traveller life and unfortunately, as Ms Fay highlighted, they are working under that umbrella of uncertainty. Traveller infrastructure needs to be taken seriously. It is far too long saying “we need to be doing this and that”. We have great examples of the positive and great work we are doing. That needs to be at the forefront. We are here. We are ready to do this and we did not just come here today and whinge and moan although God knows, we have much to whinge and moan about. We gave solutions here today. We have given tangible solutions. We spoke about the training on ethnicity. We spoke about things that can be done with regard to education. Ms McDonnell and I are in Maynooth doing our first year of the youth and community degree and it was some year. We came in, sat down, took off our coat and put it back on because we were out due to Covid-19. We are good models to other Travellers. We want to be in those spaces. We want Traveller doctors and solicitors but, by God, there are barriers there and they are not because Travellers create them but because we are Travellers.

Chairman: Does Ms McDonnell want to come in?

Ms Geraldine McDonnell: I will follow up on the points Ms Fay, Ms Kavanagh and Mr. Reilly have already made. With regard to the primary healthcare workers, I see them as the most important Traveller workers. In the context of Covid-19, when everyone was told to keep their distance, stay away and keep to themselves, the primary healthcare workers have been putting themselves in that situation, have been going out on the ground, collecting the work and giving support to other Travellers in a very serious situation while having the added stress and worry for themselves of going out onto the sites if they were not living there and possibly bring-

ing the virus back home. That has a great impact on a person's health and overall mental health.

Ms Fay made a point earlier about the example of one teacher in school. I was engaged young, but when I was engaged to be married it was not a case of me thinking that I was going to get married and drop out of school or that I did not want education and did not want to work. However, when I came into school one of my teachers noticed that I was wearing an engagement ring. I was also called aside and told: "Geraldine, it is okay if you do not have the homework in this week, it is okay if you do not attend this class and it is okay if you do this." I was told all these things that it was okay not to do, whereas the previous week I was told to have my work in, to have something done and that I needed to be in school. It was assumed that I was just going to get married now that I had an engagement ring and that I did not need education. These are the barriers that Travellers are facing.

Then there is an added thing. I was in a large secondary school. I was the only Traveller in my year of more than 90 girls. There is the added pressure that there are not many Travellers in education, and one is also being singled out and highlighted in front of one's peers at a young age. That has an impact on one's mental health at a time when overall mental health for teenagers is very important. A young person's image among his or her classmates and peers is very important for the young person, and not just for a Traveller. However, when somebody is being called up in front of her classmates and being highlighted, as to whether she is going to get married and whether she will drop out of school, it adds an extra little layer to an issue somebody already would not need when in school.

Senator Aisling Dolan: I thank Ms McDonnell and Ms Fay. These are the things we have to change, including that commentary. Perhaps the teacher who said it did not consider the impact it had on Ms McDonnell in terms of her classmates and her ambition and dedication. What I would love to see is training and learning. We are trying to promote the apprenticeship programme, that sometimes it is not just the sole routes or some of the mainstream routes. There is learning at all ages and going back into education for anybody. Well done to our guests. It is a great achievement, and they will be real advocates for their community as well. I thank them for going through it and giving me that information. In the education committee we are going through the report on how to support building more inclusion and everything else, as well as recommendations for the Department. I will take this with me as well.

In the last communication I had from Ms Nora Corcoran she told me a little about what the Galway Traveller Movement and what the volunteers did during Covid. They worked with the health units and the Traveller health units in the HSE. They did wraparound services and brought out groceries, masks and sanitisers. They worked with the nurses there as well. People really pulled together and that is very positive, but there is such a worry about the things that are out there now. They spoke a great deal about the high suicide rate in the Traveller community. All I can say is that we will take heed of the points made here today, and I will be happy to link in with the witnesses at any stage in the future. I thank the witnesses.

Chairman: We have almost used up the time and I wish to make some comments. First, I am inspired by your fantastic presentations. I have worked with the Traveller community with an organisation called the RISE Foundation. I learned from phenomenal women in the Traveller community. I looked on them as warrior women, to be honest, because of the daily discrimination they had to face. People do not really understand it. I think about it to this day, what it is like even to walk down the street and have comments made. There was one story about a woman who got a house in a housing estate. There was a little green outside the housing estate and she sent her little boy, who was only five or six years of age, to play football with the other

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children. He went out, played and had great fun with the children. On the next day he was sent out the children were told not to play with him. That is the daily discrimination. There was devastation for that family and for the little boy. I still carry it with me today.

I hear what our guests are saying. I thank Geraldine McDonnell for her fantastic presentation. Mr. Patrick Reilly's recommendations were very powerful and they will definitely go into our report. I worry about implementation and action. I understand his comment about the many reports and conversations. There is no doubt that we need more action and we need to change. We need to change the discrimination that happens every day to the Traveller community. I believe there is hope with having Senator Eileen Flynn in the Oireachtas. She is a powerhouse. I am very happy that she is a colleague and I know she is doing great work here, so there is hope in here with Senator Flynn.

I thank you all. I did have a few questions but perhaps we can have you in at another time. They were about alcohol harm and mental health and whether alcohol harm has increased in the Traveller community. However, perhaps we will return to that at another time. We appreciate you attending the meeting today and I am sorry that we have run out of time. It was a powerful presentation and I thank you all very much.

Ms Ronnie Fay: We thank the committee for the opportunity.

The joint sub-committee adjourned at 2.27 p.m. *sine die*.