



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

SEANAD ÉIREANN

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

Gnó an tSeanaid - Business of Seanad	211
Nithe i dtosach suíonna - Commencement Matters.	212
Disabled Drivers and Passengers Scheme	212
Aquaculture Licences	215
Institutes of Technology	219
Fire Stations Upgrade	222
An tOrd Gnó - Order of Business	224
Services for People with Disabilities: Motion	239
Teachtairacht ón Dáil - Message from Dáil	257
Education (Student and Parent Charter) Bill 2019: Committee Stage (Resumed).	257
Election of Acting Chairman	264
Illegal Drugs: Motion	264

SEANAD ÉIREANN

Dé Céadaoin, 13 Samhain 2019

Wednesday, 13 November 2019

Chuaigh an Leas-Chathaoirleach i gceannas ar 10.30 a.m.

*Machnamh agus Paidir.
Reflection and Prayer.*

Gnó an tSeanaid - Business of Seanad

An Leas-Chathaoirleach: I have received notice from Senator Keith Swanick that, on the motion for the Commencement of the House today, he proposes to raise the following matter:

The need for the Minister for Finance to make a statement on the extension of the qualifying criteria for a primary medical certificate for the disabled drivers and passengers scheme to individuals with severe cases of autism spectrum disorder and severe sensory disabilities.

I have also received notice from Senator Brian Ó Domhnaill of the following matter:

The need for the Minister for Agriculture, Food and the Marine to make a statement on the consultation process undertaken by his Department following applications for aquaculture licences in a special area of conservation.

I have also received notice from Senator Ged Nash of the following matter:

The need for the Minister for Education and Skills to make a statement on the strike action planned by members of the Teachers Union of Ireland at the Dundalk Institute of Technology on Tuesday, 19 November.

I have also received notice from Senator Michelle Mulherin of the following matter:

The need for the Minister for Housing, Planning and Local Government to make a statement on the provision of a new fire station in Crossmolina, County Mayo.

I have also received notice from Senator Paddy Burke of the following matter:

The need for the Minister for Housing, Planning and Local Government to make a statement on the Letterbrick water scheme, County Mayo.

I have also received notice from Senator Jerry Buttimer of the following matter:

The need for the Minister for Health to make a statement on the availability of drug and alcohol detoxification treatment in Cork.

I have also received notice from Senator Mark Daly of the following matter:

The need for the Minister for Health to provide an update on staffing levels and bed capacity in Kenmare Community Hospital, County Kerry.

I have also received notice from Senator Maura Hopkins of the following matter:

The need for the Minister for Health to provide an update on Cuisle accessible holiday centre, County Roscommon.

I have also received notice from Senator Jennifer Murnane O'Connor of the following matter:

The need for the Minister for Transport, Tourism and Sport to make a statement on passenger conditions on Irish Rail's Waterford to Dublin line.

I have also received notice from Senator Kevin Humphreys of the following matter:

The need for the Minister for Communications, Climate Action and Environment to direct the four Dublin local authorities to prepare an action plan on air quality in Dublin.

I have also received notice from Senator Máire Devine of the following matter:

The need for the Minister for Health to provide an update on the appointment of a sarcoma specialist for St. Vincent's University Hospital, Dublin.

Of the matters raised by the Senators suitable for discussion, I have selected Senators Swanick, Ó Domhnaill, Nash and Mulherin and they will be taken now. I regret that I had to rule out of order the matter raised by Senator Murnane O'Connor on the ground that the Minister has no official responsibility in the matter. The other Senators may give notice on another day of the matters that they wish to raise.

Nithe i dtosach suíonna - Commencement Matters

Disabled Drivers and Passengers Scheme

An Leas-Chathaoirleach: I welcome the Minister of State, Deputy Stanton.

Senator Keith Swanick: I welcome the Minister of State to the House. I have asked him to come to the House today to discuss the need to expand the qualifying criteria for a primary medical certificate for the disabled drivers and disabled passengers scheme to persons with severe cases of autism spectrum disorder and severe sensory disabilities.

This issue is close to my heart. As a GP, I come across it frequently in my practice and I believe that this scheme needs to be altered. This issue was brought to my attention by Councillor James O'Connor who I welcome to the House today. A constituent of Councillor O'Connor who would have had to spend a small fortune on a vehicle which would be suitable for a child with autism spectrum disorder, ASD, expressed dismay that due to the lack of a severe physical disability her child, who requires constant care and attention, would not be considered eligible for a primary medical certificate. There is a clear and obvious need for the legislation to be updated to account for those with cognitive as well as physical disabilities.

The Disabled Drivers and Disabled Passengers (Tax Concessions) (Amendment) Regulations provide a tax relief to those in receipt of a primary medical certificate when purchasing a new vehicle. This was incredibly important legislation when it was instigated. It provides financial aid to families and individuals who are required to make significant monetary outlays to provide transportation or else be significantly constrained. The regulations were intended to help reduce the financial cost of transporting oneself or another when compelled to attend medical appointments, hospital appointments, etc.

A family with a child with severe ASD and sensory issues cannot be expected to use public transport. A child with that condition simply would not cope in those circumstances. The daily emotional stress and anxiety that both child and his or her family are being expected to deal with are unacceptable. In some cases, it is unsafe for the driver of the car if the child is exposed to that amount of tension and stress.

Persons with ASD tend to have problems with social interaction and communication. Children and young people with ASD frequently experience a range of cognitive, learning, emotional and behavioural problems. If one forces those who are predisposed to sensory overload to use public transport, it is cruel to them and, I believe, cruel to their families.

I would ask the Minister to seriously consider what it must take for this mother to transport her children around, one of whom could have a serious emotional episode or so-called "melt-down" on public transport because the child is so overwhelmed by strange people, strange environments, strange smells, strange sights and strange sounds. This is a traumatic experience. I believe that the current scheme is too restrictive and needs to be adapted.

Being a full-time carer to a child with ASD is not an easy role. When parents need to be constantly responding to the needs of others with whom it can be difficult to interact, it can affect their own emotional and physical health and their physical energy. Sometimes their own physical well-being is put on the back-burner. A simple act such as waiving the, value-added tax, VAT, or vehicle registration tax, VRT, on a car used to transport children could be a real bonus. It is a small and achievable ask. There is a clear oversight in the legislation. I ask the Minister of State to put forward proposals to extend the qualifying criteria for a primary medical certificate. There is no logical reason that the disabled drivers and disabled passengers scheme covering people with physical impediments could not be expanded to those with cognitive impairments. I ask the Minister of State to seriously consider this and to be sympathetic to my cause.

Minister of State at the Department of Justice and Equality (Deputy David Stanton): I thank the Senator for raising the matter. I wish to recognise my constituency colleague, Councillor James O'Connor, and welcome him to the House. I apologise on behalf of the Minister for Finance, who cannot be here this morning.

The disabled drivers and disabled passengers tax concession scheme provides relief from VAT and VRT up to certain limits, an exemption on motor tax and a grant in respect of fuel and the purchase of an adapted car for the transport of a person with specific, severe and permanent physical disabilities. To qualify for the scheme an applicant must be in possession of a primary medical certificate. To qualify for a primary medical certificate, an applicant must be permanently and severely disabled within the terms of the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994 and must satisfy one of the following conditions. An applicant must be wholly or almost wholly without use of both legs; wholly without the use of one leg and almost wholly without the use of the other leg such that the applicant is severely restricted as to movement of the lower limbs; be without both hands or both arms; be without one or both legs; be wholly or almost wholly without the use of both hands or arms and wholly or almost wholly without the use of one leg; have the medical condition of dwarfism; or have serious difficulties with the movement of the lower limbs.

The senior medical officer of the relevant local HSE administrative area makes a provisional clinical determination of whether the individual applicant satisfies the medical criteria. A successful applicant is provided with a primary medical certificate, which is required to claim the reliefs provided by the regulations. An unsuccessful applicant can appeal the decision of the senior medical officer to the Disabled Drivers Medical Board of Appeal, which makes a new clinical determination in respect of the individual. The regulations mandate that the board of appeal is independent in the exercise of its functions to ensure the integrity of its clinical determinations. After six months, a citizen can reapply if there has been a deterioration of his or her condition.

The scheme represents a significant tax expenditure. Between the VRT and VAT foregone and the fuel grant, the scheme's cost rose from €50 million in 2013 to €65 million in 2016 and 2017, increasing further to €70 million in 2018. This figure does not include the revenue foregone in respect of the motor tax relief provided to members of the scheme. The disability criteria for the tax concessions available under the scheme have changed over time. When the scheme was first introduced in 1968, the legislation only allowed for one medical ground. In 1989, four new medical grounds were added and one new medical ground was added in 1994. I remind the House that the scheme was examined in 2015 in order to target available resources at those most in need. This resulted in the creation of a new category of adapted vehicle called the extensively adapted vehicle, allowing claims of up to €22,000 where the cost of modification exceeds the cost of the vehicle itself. Furthermore, access to the scheme for charitable organisations was significantly broadened in 2018 by the removal of the requirement for 50% of the people availing of the services to hold primary medical certificates.

I understand and sympathise with any person who suffers from a serious disability and cannot access the scheme under the current criteria. However, given the scope and scale of the scheme, any possible changes can only be made after very careful consideration, taking into account the existing and prospective costs of the scheme, the availability of other schemes which seek to help with the mobility of disabled persons and the interaction between each of the schemes. The Minister for Finance tells me he has no plans to change the current criteria or make any other changes to the scheme.

Senator Keith Swanick: I thank the Minister of State for his reply but I cannot accept it. I think it is disgraceful. I am sure the Minister of State will agree that this scheme is antiquated. It is antiquated in the qualifying criteria requiring people to be wholly without the use of one or both limbs etc. I deal with this every day of the week in my surgery. Not only are the qualifying

criteria antiquated, the appeals process is antiquated as well. If somebody is refused a primary care certificate, where can he or she go for an appeal? Disabled people are expected to go to the National Rehabilitation Hospital in Dún Laoghaire for an appeal. They must travel from all over the country, making a trip of four or five hours duration from north-west Mayo or Cork, to sit in front of somebody and be refused again. That is one antiquated element of the scheme.

If we are serious about being an inclusive society we need to include people with cognitive impairments, as highlighted by councillor O'Connor. Small changes would save this country a lot of money and make our society a lot more inclusive. We are not asking for a lot. We are asking for people with serious diagnosed cognitive impairment to be considered for this. I do not accept that the Minister of Finance has no plans to change the scheme. I will work with Councillor O'Connor to introduce legislation in this regard. The appeals scheme needs to change and we need to include people with cognitive impairment.

Deputy David Stanton: I thank the Senator. I appreciate his passion in respect of this matter. As stated, I understand and fully sympathise with any person who suffers from a serious disability and who cannot access the scheme. However the scheme and qualifying criteria were designed specifically for those with severe physical disabilities and are therefore necessarily precise. As the Senator, who is also a GP, will recognise, they have to be precise. The Senator appears to be suggesting a new and altogether different scheme for people with cognitive disabilities. Perhaps the way to go is to implement a totally new scheme-----

Senator Keith Swanick: The appeals process-----

Deputy David Stanton: -----rather than the current scheme, which is for people with severe physical disabilities. The Minister has no plans to change the medical criteria for accessing the disabled drivers and disabled passengers tax concession scheme. However, the Department of Health is working on revised proposals for a transport support payments scheme, which will make individual payments as a contribution towards the transport costs of people with severe disabilities who are on low income and cannot access public transport. There is some ongoing work in this area which might be of help. This scheme would replace the motorised transport grant, which was closed to applicants in 2013.

Senator Keith Swanick: Would the Minister not consider operating the appeals system locally, rather than having people travel to Dún Laoghaire from all over the country?

An Leas-Chathaoirleach: I respect the Senator's position but, under the rules, I am not allowed to let a Senator comment again-----

Senator Keith Swanick: This is every important-----

An Leas-Chathaoirleach: -----after the first supplementary question. I am sorry about that. However, the Senator and the Minister of State can have a chat about it on the margins. I welcome the Minister of State, Deputy Andrew Doyle. He is making a grand entrance.

Aquaculture Licences

Senator Brian Ó Domhnaill: Cuirim fáilte roimh an Aire Stáit. I wish to raise a very important and emotive local issue concerning applications to the Department of Agriculture, Food and the Marine for foreshore oyster bed licences in Ballyness Bay, County Donegal, which is

adjacent to where I live. The area covered by the applications is very extensive. The overall footprint of the combined applications covers an area in the region of 46 ha. For anyone not from a farming background, 46 ha equates to 45 to 46 GAA pitches. We are talking about a small and confined bay in County Donegal. Ballyness Bay is a special area of conservation, SAC. It is one of the most beautiful areas in the country, with lovely golden beaches running along the coast, and is promoted as a tourist hotspot. A lot of work has been done in recent years to augment the tourism sector in that area to provide opportunities for local businesses.

It has come to light that in March and April of this year the Department of Agriculture, Food and the Marine advertised that a number of applications for oyster farms had been submitted. Notice was placed in *The Donegal Democrat* for one week only. *The Donegal Democrat* is not in extensive circulation in the area in question. A local community organisation, Save Ballyness Bay, tells me that only 15 copies of *The Donegal Democrat* are sold in Falcarragh, the primary town near Ballyness Bay, each week. Other newspapers, such as the *Tirconaill Tribune* or the *Donegal News* are widely circulated in the area but the Department of Agriculture, Food and the Marine chose to advertise this in a newspaper that is not. There were 72 hours of public consultation afforded through being able to view the documentation in the local Garda station. However, the Garda station only opens from 10 a.m. to 1 p.m. and if gardaí are called out, it may not be open. Therefore, the public consultation was completely inadequate. The vast majority of people, including me, as a local public representative, did not become aware of the applications until June, so after the public consultation period had elapsed. The only reason I became aware of them was that a local concerned resident raised them with me.

There was a lack of consultation. It is very important to have consultations about these applications because it affords the Department an opportunity to garner a better understanding of how people in a local community feel about large-scale applications. Consultation also allows experts to make an input into the system. Therefore, the decisions that would be arrived at, following meaningful consultation, would clearly be better in public policy terms. This is a public policy decision. If these proposals in their entirety were to be granted, according to members of the local community, thousands of whom have signed petitions, it could devastate tourism potential of the area, not to mention the ecological damage it could cause to the SAC.

The Minister of State has a background in farming. This area is part of a special protected area or special area of conservation. If local farmers want to dig a drain, they must first get the permission of the National Parks and Wildlife Service, NPWS, and they can only cut silage or hay at certain times of the year. However, in this case, there has been no consultation whatsoever, or at least there is no paper trail, between the Department and the NPWS in respect of these applications. There is something not right here and I call on the Department to set aside these applications and initiate further public consultation to afford everyone in the local community, including experts and applicants, an opportunity to have their say before a decision is arrived at. Otherwise, a decision will have been taken in the dark.

I am not satisfied with the appropriate assessment that was carried out for these applications. It was carried out by the Marine Institute, which is funded by the Department. There is a conflict of interest. The appropriate assessment should have been carried out by an independent organisation at arm's length from the Department to facilitate an objective analysis. I expected an environmental impact statement would have been required because every planning application for a one-off house in proximity to an SAC requires one. I have major questions about these applications.

13 November 2019

I thank the Leas-Chathaoirleach for his latitude.

An Leas-Chathaoirleach: I thank the Senator.

Minister of State at the Department of Agriculture, Food and the Marine (Deputy Andrew Doyle): I thank the Senator. I will deal with his specific questions in the second part of my contribution.

An aquaculture licence is required by law for the cultivation of finfish, shellfish and certain marine plants such as seaweed. My Department considers all applications for aquaculture licences in accordance with the provisions of the Fisheries (Amendment) Act 1997, the Fore-shore Act 1933 and application EU legislation.

The licensing process involves consultation with a wide range of scientific and technical advisers, as well as various statutory consultees. The legislation also provides for a period of public consultation. In addition, the Department must adhere to a wide range of regulatory requirements and other legislation that impact on the licensing process.

On appropriate assessment, a key component of the aquaculture licensing process is a series of measures designed to address the impact of aquaculture on the environment. This series is known as appropriate assessment or AA. This process arose from a European Court of Justice case against Ireland in 2007. The European Court of Justice declared that, by failing to take all the necessary measures to comply with the EU habitats directive in respect of authorisation of aquaculture programmes, Ireland had failed to fulfil its obligations under that directive.

The EU habitats and birds directives have resulted in the designation of certain bays by the National Parks and Wildlife Service as special areas of conservation and-or special protection areas for birds. These are known as Natura 2000 sites and most aquaculture takes place within or adjacent to them.

In the negotiations to address the ECJ judgment, the Department agreed a process with the European Commission and the NPWS that would govern the State's processing of aquaculture licence applications. The appropriate assessment process is managed, in the main, by the Marine Institute via environmental and scientific contractors commissioned by the institute to carry out the necessary fieldwork and desk analysis. To date, the Marine Institute has submitted appropriate assessments on 32 bays to my Department, of which Ballyness Bay is one.

Ballyness Bay in County Donegal has been designated an SAC. There are also a number of other special areas of conservation and special protected areas close to Ballyness Bay. Full consideration was given to the likely interaction between these areas and the proposed aquaculture activities. No aquaculture operation currently operates within the Ballyness Bay special area of conservation.

The appropriate assessment considered 20 applications for aquaculture operations in the bay, which consisted of 14 for the cultivation of oysters only, five for the cultivation of oysters and clams and one for the cultivation of clams only. The number of sites being applied for has subsequently been reduced to 18 applications as applications for two sites for oysters were withdrawn.

As part of the statutory and public consultation process, the legislation requires periods of statutory and public consultation in respect of these applications. All observations received

within that period are carefully considered by the Department.

In accordance with the applicable legislation, notice of the applications concerning the Ballyness Bay was published by the applicants, not the Department albeit under the instruction of the Department, in the *Donegal Democrat* on various dates between 14 March and 26 March. From the date of the relevant notice, the public had four weeks to make written submissions or observations to the Department on the applications specified in the notice. During that time, the application documentation was available for inspection in the Garda stations specified in the public notices and on the Department's website.

In addition, the legislation governing aquaculture licensing provides for an appeals mechanism. Any member of the public who wishes to appeal a ministerial decision may do so by submitting an appeal to the aquaculture licences appeals board, which is an independent body established by statute.

The Department has received a number of representations from members of the public and public representatives on the licensing process as it affects Ballyness Bay. In addition to general complaints concerning the appropriateness or otherwise of intertidal aquaculture in Ballyness Bay, there have been specific concerns expressed concerning the consultation process. Specifically, the placement of public notices in the *Donegal Democrat* is regarded as inadequate by a number of members of the public and public representatives. However, the procedures in respect of the public notices adhere fully to the legislative requirements. In addition to the public notices, the applications were available to view in specified local Garda stations and on the Department's website.

In conclusion, the licensing process in respect of Ballyness Bay conforms fully with all legislative requirements. The legislation is designed to protect the public interest, including the applicant. The statutory and public consultation phases in respect of the applications referred to in Ballyness Bay have concluded. It is, therefore, essential that I do not engage with parallel discussions outside of the statutory process. As the applications referred to by the Senator are the subject of ongoing detailed considerations as part of the process, it would not be appropriate to comment further pending a conclusion of that process.

An Leas-Chathaoirleach: I thank the Minister of State. Senator Ó Domhnaill can ask a brief supplementary question.

Senator Brian Ó Domhnaill: I thank the Minister of State for his reply. As expected, he gave the standard reply from the Department, which is very disappointing.

I think that the manner in which this has been dealt with by the Department is grossly disingenuous. I hold the Department of Agriculture, Food and the Marine in very high regard. It is an excellent Department with excellent officials but it has got this wrong. The fact that all of the local sentiment is not being taken into consideration prior to a decision and ministerial order being made regarding this application is dreadful. A public meeting was held in August that was attended by over 700 people. A petition has been signed by over 3,000 people. The reply referred to a number of members of the public. Over 3,000 people are concerned about the process and that number is growing. The process within the Department has now alienated applicants from those who have concerns, which is wrong.

I call again on the Minister to review this. The case of Ballyness is not an isolated one.

This is happening all over the country. The manner in which these applications are being dealt with is wrong. Local communities in the areas concerned deserve to have an input. What is striking is that the National Parks and Wildlife Service is completely silent on this application. I do not know why. I know the Department may have stayed within the legislative framework but the process is wrong.

Deputy Andrew Doyle: I will certainly bring the Senator's concerns back to the Department but I must call out one thing. In his first contribution, the Senator inferred that the Marine Institute was not independent. This is carried out on behalf of the Department. It is the applicants who have made the application, not the Department. I will defend the independence of the Marine Institute and I do not think any inference should be made that it is anything but independent. It is correct to say that it is funded by the Department, as are many State agencies, including An Bord Pleanála and the Aquaculture Licences Appeals Board, which was set up under statute as an independent body. Lest there be any confusion here, let me say that the Marine Institute is an independent entity funded in the same way as many other statutory bodies such as the NRA and Transport Infrastructure Ireland.

Institutes of Technology

Senator Gerald Nash: I felt compelled to raise this very serious issue with the Minister of State, Deputy Mitchell O'Connor, given the circumstances I will address in my contribution. It is fair to say that Dundalk Institute of Technology is at a very serious crossroads. The road it takes over the next few weeks and months will determine its prospects and those of the north east for generations to come. In recent weeks, the Minister of State has been quoted as saying that the technological university status reforms, which were commenced by my own party in government, represented "the single most important development in the higher education landscape of recent years and a very significant element of the national research agenda". She went on to state that technological universities will be pivotal in delivering national strategic priorities, including widening access to higher education and increasing regional development and socioeconomic progress. I could not have put it any better but, bizarrely, the leadership and the governing authority of Dundalk Institute of Technology, the third-level institution in my own locality, has yet to make an application or even lay the groundwork through the establishment of a consortium to seek technological university status. More worryingly, it appears that it has no intention of doing so. It looks like it wants to go it alone. It now stands isolated as other institutes of technology have fully embraced the concept of technological university status drawing down millions of euro in dedicated funding to make technological university status happen.

I am extremely ambitious for my own county of Louth and my own region, as are the staff of Dundalk Institute of Technology. This is why Teachers Union of Ireland, TUI, members in the institute have voted to stand up and be counted by taking strike action next Tuesday. They are confounded by the dog-in-the-manger and autocratic attitude of the college leadership that has seen technological university status effectively binned against the express wishes of staff. My information is that any prospect of technological university status remaining live has, in essence, been buried as part of the institute's strategic plan review process. Indeed debate has been suppressed in the institute where the question of technological university status has been removed from the agenda of the academic council. That is my understanding. This is an extraordinary intervention at the highest level of the institute and a breach of the academic council's constitution.

It has been speculated that some other alternative is being considered - a poorer alternative to technological university status that has no legislative anchoring or support. Staff want what is best for Dundalk Institute of Technology and that is technological university status. The Minister of State will be told, and I am sure it may appear in her briefing notes, that consultation continues when no meaningful engagement has taken place between TUI members and college authorities regarding technological university status. Real consultation has not taken place either around the proposed development of what is known as a fifth school at the campus. Instead, and true to form, in the college authorities' consideration of the prospect of a fifth school at the college, the public service stability agreement and all industrial relations norms have been set aside because it appears that the ambition of the college authorities is to develop a new school on campus founded on the basis of casual contracts for academic staff, which will inevitably herald a race to the bottom in terms of employment standards and quality assurance.

A total of 99.1% of TUI members at the institute who were balloted for industrial action voted to strike. This illustrates the depth of anger and frustration among academic staff. My view is that staff across the entire institute feel the same. The atmosphere is toxic and poisonous. Staff who want to see the institute meet its potential must be backed. This is a fight for the future of not just Dundalk Institute of Technology but the prospects of my region. The reset button must be pressed. I would be interested in hearing the Minister of State's views on where the institute must go from here. I want to hear her back the TUI members' staff initiative and to back their ambition for the institute to make sure we can deliver technological university status for a very valued institution in our region.

Minister of State at the Department of Education and Skills (Deputy Mary Mitchell O'Connor): I thank the Senator for raising this issue. I know he has a particular interest in this issue but I do see that we are joined by a school and students. As Minister of State with responsibility for higher education, the epicentre of everything I do is ensuring that students and young students coming through our education system get the very best. I have said on numerous occasions in the Dáil, Seanad and institutes of technology, wherever I am, that we should all make students the epicentre of what we do. Many of us must forget vested interests.

My Department was informed by the TUI this week that members of that union employed by Dundalk Institute of Technology will be engaging in strike action on Tuesday, 19 November 2019, following a ballot of members. I was very sad to hear Senator Nash say that there is such a toxic atmosphere in the institute. I urge all those involved to go back to basics and think about where the students are and what is best. I have said that technological universities have a pivotal role in third-level pathways to education for our students. I recently announced €90 million will be ring fenced. I had not seen much publicity given to it - probably until the Senator mentioned it in the Seanad. This funding will be for the development of technological universities over the next three years.

In its letter to the Department, the TUI outlined its reasons for taking action, including allegations that institute management has failed to adhere to national collective agreements and to respect industrial relations mechanisms and fora. The union also cited a proposal to create a new fifth school in the institute as a reason for the action and expressed concern in relation to the future strategic direction of Dundalk Institute of Technology.

The dispute appears at this stage to relate to internal matters within the institute and as such, local discussion between the union and institute management will be needed. No dispute is resolved without the parties involved sitting around the table to discuss the issues between them.

I urge the parties here to engage in that dialogue in an effort to avoid the proposed strike action that would inevitably result in disruption to the students, and to resolve the issues in dispute. Officials in my Department have been in contact with the human resources management in the institute and are monitoring the situation.

The strategic direction of Irish higher education institutes is a matter for each higher education institute, HEI, as an autonomous institution. Government policy, as set out in the programme for Government, is to support the creation of technological universities as HEIs of sufficient size, capacity and critical mass to have a significant impact for students at regional, national and international level. Technological universities will have greater links to industry and will have a major impact on the capacity to create and retain jobs in regions. They will assist significantly in achieving national strategic objectives as set out under Project Ireland 2040, the national development plan and Future Jobs Ireland. The Government will continue to prioritise those institutions that have clear ambitions and plans for the furthering of industry-relevant technological research and education.

In addition to the provision of the enabling legislation in the Technological Universities Act 2018, whereby two or more institutes of technology may choose to come together to seek technological university status, such consortia of institutes of technology will continue to be supported in terms of significant Exchequer funding. To date more than €30 million has been provided to technological university development consortia in the State and to Technological University Dublin, which was established on 1 January 2019. I also wish to inform Senator Nash that I am a Minister of State who has really pushed this agenda. Yes, the Technological University Dublin is up and running but I wanted to hear from other consortia also to ensure they embrace the technological university pathway. I am glad to hear the Senator speak of the importance of technological universities, but I stress that each institution is autonomous with its own governing body. I understand there is a process strategy currently and that the governing body representatives, led by Professor John Bristow, have been working on this for the past six months and their report is nearly ready. Perhaps we need to see that report before we have strike action.

Senator Gerald Nash: With respect, that is what the Minister of State has been briefed on but the reality on the ground is something different. We are not talking about a bunch of revolutionary firebrands who are putting themselves first and trying to take industrial action to simply appeal for better terms and conditions and so on. This is a bigger issue than Dundalk Institute of Technology itself. This is about the socio-economic development of Louth, Meath, Cavan and Monaghan and the entire north east into the future. It goes beyond even the immediate interests of staff and current students in Dundalk Institute of Technology. The Minister of State set out in very clear detail the benefits that will accrue to institutes of technology that develop consortia to engage in the TU process. They are very clear, and it is a very persuasive argument. It seems, however, that the management at Dundalk Institute of Technology cannot be persuaded to go down this route. For the life of me I cannot understand why it is not the case. There has been no meaningful engagement or consultation whatsoever. Issues have been presented to the TUI and to other staff representative bodies in the college as a *fait accompli*. It is not good enough. Diktats have been issued at the highest level and staff, who should be treated as partners in a collaborative process, are being left in the dark and outside of the door. This has contributed to an escalation of tension in the college at a time when the college authorities and trade union members should be working together to further the interests of the institute's entire community and the interests of the wider region.

The Minister of State will be aware that the Border area has suffered from relatively poor levels of third level access and engagement. The best way to address this is to ensure we have the best possible institution going forward, based on best practice, and that this is done in a collaborative way with staff, who have seen little evidence of this to date. Therefore, staff have felt they had no alternative but to take industrial action to withdraw their services and their labour on Tuesday. I would like to hear from the Minister of State that there is time for the reset button to be pressed. I would like the Minister of State to prevail on the college authorities to ensure they pursue TU status for Dundalk Institute of Technology in collaboration with staff.

Deputy Mary Mitchell O'Connor: I wish to be very clear that any institute of technology can decide to seek to join an existing consortium if all parties agree. That reset button is there from the Department of Education and Skills. We would welcome any positive moves from any institutes of technology. Senator Nash is referring to Dundalk Institute of Technology in particular but I would say to the other consortia to please hurry up the process. It is going on far too long. I really want people to engage in the process for the sake of the students. Any of the consortia, including Dundalk Institute of Technology, can decide to join an existing consortium or form a new consortium of their own if sufficient partners can be found.

I will outline what Dundalk Institute of Technology has been doing. The institute had at one point considered joining the Connacht-Ulster alliance, the CUA consortium, which comprised GMIT, IT Sligo and Letterkenny IT. The Department supported two separate studies that examined Dundalk Institute of Technology, Limerick IT and Athlone IT potentially also joining the CUA. These studies were the Economic Impact of a Technological University in Ireland - An exploratory study by Viewforth Consulting Limited and The Development of the Technological University TU5: International perspectives and options, by Professor John L. Davies. In the final analysis none of these institutes of technology, including Dundalk Institute of Technology, joined the CUA consortium. Athlone and Letterkenny institutes signalled earlier this year that they would form a consortium of their own, a decision that has subsequently been formalised by the governing bodies of both higher institutes. The consortium received €2 million in 2018 in higher education landscape restructuring funding to advance these proposals. Our door in the Department is open. One will not find another Minister more anxious to get the technological universities up and running. As I said earlier, we will help in that process. Again, I ask that they please get around the table to work it out. We are waiting to help them down the line.

An Leas-Chathaoirleach: I thank the Minister of State and the Senator.

Fire Stations Upgrade

An Leas-Chathaoirleach: I welcome the Minister of State back. We should have taken his two Commencement debates together.

Senator Michelle Mulherin: I welcome the Minister of State and thank him for taking this Commencement matter. I know the salient and important case for a new fire station for Crossmolina will be made to the Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy. We are waiting for the green light to allow the new fire station project for Crossmolina to go to tender. It is in the Government's capital programme for 2020 and it is much needed. Mayo County Council is doing its best and secured a site some years ago. It has also secured Part 8 planning permission to build on the site. I understand the county council is engaging with the Department to update the project details, taking into account the require-

ments of the new building regulations. It is, therefore, doing everything it can.

Delivery and construction of this fire station is the number one priority for Mayo County Council. I have visited the current fire station and it is not fit for purpose. Conditions are deplorable and have to be seen to be believed. The building is wet and cold, its fabric is in poor condition and the facilities are old. The washing facilities were described to me as antediluvian but the fire service is trying to maintain the building as best it can. It needs to know the project will get the green light. I hope we will get some good news about progress today and that we can look forward to tender and construction next year. Efforts were made to rent another premises in the locality but that did not work out.

The nine retained firefighters in Crossmolina fire station do an excellent job dealing with everything from house fires and road traffic accidents to bush and whin fires on bogs. They are busy with those in the summers. Unfortunately, Crossmolina is prone to flooding, which is a regular threat. The town is on the capital programme list for the delivery of flood defences but we are awaiting progress in the planning side of that. There is never a dull moment and the firefighters do a fantastic job. It is high time the firefighters, the staff associated with the fire service and the community of Crossmolina got a proper fire station they can rely on in future. It must be at least ten years since a new fire station was built in Mayo. This project is much needed.

Deputy David Stanton: Again, I apologise on behalf of the Minister for Housing, Planning and Local Government, Deputy Eoghan Murphy, and the Minister of State at the Department, Deputy English, who are unavailable this morning. They and I know the Senator has had a long-standing interest in the matter of a new fire station for Crossmolina and I thank her for raising the issue at this time.

The provision of a fire service in its functional area, including the establishment and maintenance of a fire brigade, the assessment of fire cover needs and the provision of fire station premises, is a statutory function of individual fire authorities under the Fire Services Act 1981. The Department of Housing, Planning and Local Government supports fire authorities through setting general policy, providing a central training programme, issuing guidance on operational and other related matters and providing capital funding support for equipment and priority infrastructural projects.

I acknowledge the hard work, service and commitment of all those who work in our fire authorities around the country, particularly those on the front line. The Government remains committed to supporting the fire service and the essential and invaluable service it provides. We will continue to support local authorities and firefighters through a range of important initiatives, including the provision of funding under the fire services capital programme for equipment and buildings. In February 2016, the Government announced its five-year fire services capital programme with an allocation of €40 million, based on an annual €8 million allocation to be used for new fire appliances, specialist equipment, fire stations, communications systems and training centres. The five-year programme included proposals for 26 fire stations, 16 new builds and ten upgrades. Mayo County Council has prioritised a new fire station project in Crossmolina and this is included as part of this programme under the list of priority projects to be progressed in 2020. This important project will replace the existing station in the town and I understand the county council is currently updating the design and cost plan. It anticipates these will be ready by the end of this year. The Department awaits these documents and, once received, it will work closely with the county council to progress the project as quickly as pos-

sible.

As the Senator will know, the fire service in Mayo serves one of the largest fire authority areas in the country, employing 120 firefighters across 12 fire stations and responding to 765 call-outs in 2017. Castlebar is the location of the central fire station. Crossmolina provides initial cover for an area of approximately 750 sq. km with a population in excess of 4,000 inhabitants. The station responded to 70 call-outs in 2017. Ballina, Ballyhaunis and Kiltimagh fire stations are also included in a further list of stations to be considered in annual reviews during the five-year capital programme. The Department is also awaiting updated cost plans from the county council for the upgrading work to be undertaken at these fire stations. In order to maximise the available capital programme funding, the Department reassesses the status of projects in the capital programme annually. This means there is some flexibility normally available to advance projects that are ready to go and that offer the best value for money, taking account of the state of readiness of projects more generally. In summary, this important project will be progressed without delay once the necessary plans are received from the county council.

An Leas-Chathaoirleach: Senator Mulherin may make a brief supplementary contribution. We are up against the clock.

Senator Michelle Mulherin: I thank the Minister of State. I sincerely hope that once the county council has reverted to the Department with an update on the design and cost plan, to which the Minister of State referred, the project will be given priority. The Minister of State indicated that the Department reassesses the status of projects annually. I can say sincerely and without fear of contradiction that it is one of the worst fire stations in the country. Interestingly, one of the firefighters told me that a contractor who visits fire stations around the country to provide services confirmed that this was the case to staff in Crossmolina fire station. The conditions are appalling but I note that there is some positive news in the offing.

Deputy David Stanton: As the Senator said, this is a project that needs to be done as urgently as possible. As I said, the Department is awaiting the design and cost plan from the county council, which should be ready and is expected to be with the Department by the end of this year. The Department tells us it will then work closely with the county council to progress the project as quickly as is possible. I know the Senator will keep a close eye on this important matter and I thank her for her deep interest in it.

Sitting suspended at 11.27 a.m. and resumed at 11.30 a.m.

An tOrd Gnó - Order of Business

Senator Jerry Buttimer: The Order of Business is No. 91, motion 8, Private Members' business, to be taken at 12.45 p.m., with the time allocated to this debate not to exceed two hours; No. 1, Education (Student and Parent) Charter Bill 2019 - Committee Stage (resumed), to be taken at 3 p.m.; and No. 91, motion 9, Private Members' business, to be taken at 4.30 p.m. or on conclusion of No. 1, whichever is the later, with the time allocated to this debate not to exceed two hours.

Senator Catherine Ardagh: Go raibh maith agat, a Leas-Chathaoirleach.

I would like to again raise an issue in relation to Dublin City Council's budget. I would like ask formally for the Minister to plug the hole that is going to be left. There is going to be a huge deficit left in the council budget. I understand that on Monday night, the chief executive, Owen Keegan, will be asking the councillors to approve a budget which will result in an increase in parking charges, tolls, social housing rents and commercial rents for next year. In a report that Mr. Keegan has given to councillors ahead of the budget discussion on Monday night, he said there are inadequacies in funding from central Government, and that this means that local councillors are going to have to vote on a different budget which will result in the huge increases I just described. In particular, he said the council would lose income of €8.4 million on Irish Water-owned properties and would not be compensated centrally by Government despite assurances to the contrary given by the Minister, Deputy Eoghan Murphy. As a result, councillors will be asked to pass a budget which will include a 36% rise in the East Link toll, average social housing rents increases of €160 a year, a rise in business rates of 1.5% and the second hike in on-street parking fines. If all of these hikes come to pass, Dubliners can thank the Minister, Deputy Eoghan Murphy, for the hit to their pockets. If the Minister made promises and assurances to Dublin City Council, he should stand over them. This hole should be plugged centrally rather than by giving Dubliners another kick.

The second issue I would like to raise relates to mortgage rates. We know that people pay a lot more in rent than they do in mortgages. However, those who are fortunate to have a mortgage pay nearly twice as much as their European counterparts. Some people in Ireland are on interest rates of up to 5%, and they are lucky to have a mortgage. Previously, I raised the value of switching mortgages but people are afraid to do so. Maybe they have changed jobs or maybe they feel so lucky to have gotten a mortgage in the first place, but people need to know that there can be serious benefits over the term of the mortgage, that lump sums can be provided and that interest rates can be reduced. People need to look at switching. The number of switchers is very low even though there is a lot of value to be had out there.

Many families are paying €2,000 to €3,000 each month on their mortgages, and they are paying €2,000 per month in crèche fees, if they have a young family, so they are really struggling and really squeezed. We need to put a lot more pressure on the banks to explain why rates are so high and why Irish consumers are crucified so much.

Senator Victor Boyhan: I share the concerns raised by Senator Ardagh. One will read in today's national newspapers about the struggles and the concerns of Dublin City Council in relation to balancing its books and budgeting for next year and of the dilemma faced by councillors in Dublin City Council and in other councils across the country in relation to their financial affairs for 2020. We are told Dublin City Council councillors face increasing parking charges, tolls and social housing rents and an increase as usual in the commercial rates, which is totally unacceptable in my book. All this is because of the failure of Government. The chief executive, Owen Keegan, said in a circular to the elected members, which I have seen and read in today's newspapers and in yesterday's *The Irish Times*, that there is a shortfall of money.

There are a number of issues here. I refer to the constant rise in private property management fees and what was an ill-thought out policy of local authorities acquiring private properties, in particular apartments but also small townhouses in gated developments, from private developers. We know that some of these maintenance fees are €2,000, €3,000 and €4,000, which is far in excess of the rental income coming in from these people who are mostly social housing tenants. That is going to continue to be problem and a burden on all local authorities but it is a particular issue of concern for Dublin City Council.

There is also the loss of the rates in respect of Irish Water. There was a commitment that this whole transfer would be neutral and that no local authority would be left short of rates from Irish Water facilities and plants and all the things that go with rates coming into the local authority. That has been reduced despite the Government's commitment in relation to that issue.

This raises the question on where else we will get income. For far too often the commercial sector in towns and cities around this country have been burdened with funding the administration and running local authorities.

There is also the issue of local property tax. We have been waiting for a long time for the Government to outline what it intends to do in relation to local property tax reform. We were told the local property tax was going to give us extra libraries, extra swimming pools, public amenities and public space but that has not happened. The reality is that the LTP was a substitute for the central Government's subvention, so local authorities made no significant gain.

I am looking for a frank, open and honest debate in this House on how we are going to fund local Government in the future. What are the Government's intentions in this regard? We need to hear from it. There has been a public consultation and the report is on the Minister's desk. The last I heard it was to be discussed at Cabinet. As legislators, we need to know what the Government's intentions are regarding the local property tax, which is grossly unfair in many ways as it takes no account of people's capacity or ability to pay. I call on the Leader to facilitate at the earliest possible date, perhaps next week, an open and honest debate on the future of local government funding, rates and the local property tax.

Senator Máire Devine: Gabhaim buíochas leis an Leas-Chathaoirleach. I raise the threatened imminent closure, on 29 November, of Cuisle, the national respite centre and holiday resort for people with disabilities. The facility is funded by the Health Service Executive and run by the Irish Wheelchair Association. We have been informed by the Minister of State, Deputy McGrath, that the HSE is moving away from using holiday respite care centres towards a new model of using hotels. Yesterday, we had statements on the St Joseph's centre which is also under threat. The Cuisle centre is unique. Millions of euro have been pumped into this facility which offers personal assistance, medication management, 24-hour nurse supports, on-site night staff, accessible facilities, restaurants, bars, jacuzzis, saunas and indoor and outdoor gyms. It is a centre of excellence which is also used by international visitors. We need to have a debate about the substitution of these services with hotel stays. We are giving hotels more public money for profit. How can a centre of excellence for people with disabilities be replicated in hotel rooms? This is shameful. Rather than closing down Cuisle, we need to have more of these facilities. I ask Senators to attend a protest on this issue which will be held outside the gates between 12 noon and 2 p.m.

The second issue I raise is the language that we use in the Houses and what appeared to be the language of racism that was used in the other House yesterday. We all remember our letter from America - maybe not everybody remembers this - and the amount of money that flowed into this country from abroad, mainly the United States, in the 1950s and 1960s. Every household with relatives who had emigrated relied on the letter from America, a euphemism for an envelope with money in it that was used to keep the wolf from the door.

An Leas-Chathaoirleach: Emigrants' remittances was another euphemism.

Senator Máire Devine: Is that how it was known? I prefer the term "letter from America".

We need to be careful-----

An Leas-Chathaoirleach: I often had to deal with them in my earlier education.

Senator Máire Devine: The letter from America was part of the culture of the 1960s in most, if not all, households. We need to be very careful. The rise of the right and of racist language is worrying, as is the pointing at others and whipping up of emotions. People who are dispossessed and feel they do not have a stake can react to this. Legislators and this institution should not allow such language to go unchecked. All Senators will agree that our words are very important and we need to be measured when talking about difficulties. Facts are very important as well and Members should not make such sweeping statements.

Yesterday, I referred to Moneypoint and the Derrybrien wind farm issue. Today, we learned that the discharge of raw sewage into our waters presents a serious risk to the environment and public health. I commend RTÉ, our beleaguered and hard-pressed public broadcaster, on its programmes and activities this week and on devoting entire evenings to young and old alike on the issue of climate change.

Senator David Norris: I concur with Senator Devine on Cuisle. It is very important that the authorities consult the service users. I have already been outside and there are two people there with a big banner already. I am going out again to join them for a few minutes. The service users should be asked what they think.

Tomorrow will be the third Thursday on which Seanad Éireann has not met.

Senator Máire Devine: Hear, hear.

Senator David Norris: Last week, on what should have been a sitting day, the Seanad Chamber was given over to some group, which I have no doubt was very worthy.

Senator Martin Conway: It was very important.

Senator David Norris: I am sure it was. We should be very careful about guarding this place, which is so important for all of us. There is not a huge amount of serious business being done in Seanad Éireann at the moment.

Senator Diarmuid Wilson: That is not correct.

Senator David Norris: We are going to face an enormous rush of legislation coming up to Christmas. Before I provoke a storm of abuse from the Leader, I should say that I am not attacking Fine Gael or the Government, as this has happened during the entire 32 years of my membership of this House. Every year, there is a dearth and then suddenly everything comes in at the last minute and is hurried and rushed through before Christmas. We should sit down and try to order legislative business in a more logical, orderly fashion.

Senator Jerry Buttimer: I agree.

Senator David Norris: I am sure the Leader agrees and we will look to him to see if something can be sorted out.

Senator Jerry Buttimer: Senator Norris will be busy over the next weeks. He should not worry.

Senator David Norris: That is exactly what I am protesting about. The Leader has put his finger on what is wrong. There is nothing happening. This suggests the irrelevance of the Seanad. Thank God the former Taoiseach, Deputy Enda Kenny, had his brainstorm and tried to abolish the Seanad and we managed to save it. Nowadays, with what is going on here, that would be a hard-fought battle. I look to the Leader to make representations.

Senator Martin Conway: On Senator Devine's observations about comments in the Lower House, we are in unison. I am loath to comment because commenting might achieve the result that was intended. Sometimes the charity of silence says much more than comment. We will leave the issue at that.

Senator Diarmuid Wilson: The Senator might enlighten the Leader in relation to that.

Senator Martin Conway: Since Senator Wilson interrupted me, he might just say that again. Out with it.

Senator Diarmuid Wilson: Senator Conway might enlighten the Leader on the importance of silence.

Senator Martin Conway: We will not go any further on that one.

On the Cuisle facility in Roscommon, I have no doubt that our colleagues down there are working hard to come up with a resolution. Three or four years ago, on behalf of the National Disability Authority, I had the privilege of launching a toolkit for tourism providers to make hotels, restaurants and guesthouses accessible to people with disabilities. Our objective should be to allow people to have choice, so that all tourism facilities, venues and accommodation are accessible to people with disabilities. People with disabilities would then have the choice as to where they go and spend their money.

Speaking of people with disabilities, it came to my attention last weekend that there is an issue for personal assistants, particularly those in organisations such as the Irish Wheelchair Association which employ personal assistants. When personal assistants use their own cars to transport clients, they are paid a token amount to cover their insurance costs. I understand this has become a problem and personal assistants are no longer encouraged to use their cars to assist the people with disabilities with whom they are working. Clarification is needed on this issue and perhaps the Minister will provide clarity in his own time. If something needs to be done to rectify the problem, it should be done.

I am still waiting to find out when 13 people will be accommodated in a facility on Achill Island for which we are paying at the moment. This matter cannot be allowed to die. The position is not good enough or acceptable. I have no doubt that the Department is doing its utmost to find a resolution but the clock is ticking. We have an accommodation crisis for people seeking asylum and this facility is not being used. We need clarity on this as soon as possible.

I will be tabling a very important motion after the Order of Business. It relates to the appointment of eye clinic liaison officers to the hospital groups in order to provide advice to the growing number of people who lose their eyesight and have deteriorating eyesight and who do not know whether they are coming or going when they are obliged to face the challenges and difficulties that arise. The use of such liaison officers is being piloted in the Dublin eye hospitals and it is working exceptionally well. The people who are getting the step-down advice, receiving peer counselling and accessing the suite of supports that are offered by the National

Council for the Blind, guide dogs and all the other organisations, are benefiting enormously from it. I want to see this service rolled out to the various hospital groups, particularly those that are dealing with sight loss issues. I would encourage those here to come along to the debate because it is important. Members of our ageing population are suffering eyesight loss.

An Leas-Chathaoirleach: It is important. Senator Conway is correct.

Senator Martin Conway: I thank the Leas-Chathaoirleach.

An Leas-Chathaoirleach: As a person who suffers with macular edema, I subscribe to what Senator Conway has said.

Senator Martin Conway: I presume the Leas-Chathaoirleach will be present for the debate.

An Leas-Chathaoirleach: I am due to be in the Chair a lot today.

Senator Martin Conway: Excellent.

An Leas-Chathaoirleach: I do not know what is ordered for that period. In any event, I will be supporting Senator Conway.

Senator Robbie Gallagher: As others have stated, a protest will be held outside the gates of Leinster House between the hours of 12 p.m. and 2 p.m. by supporters of the Cuisle residential facility in County Roscommon. I raised this issue last week and I asked that the Minister for Health get involved. I understand the Minister met the group to see if a common-sense resolution can be found. Not only are there people travelling here today from Roscommon where the facility is located, there are also people travelling from different parts of Monaghan and Cavan. I applaud them for doing so. It is regrettable that people with disabilities and their families, must take time out at their own expense to travel here today to protest about this imminent closure. I take this opportunity today to impress upon the Minister again the urgent need that this issue would be addressed for the people who badly need that service. It reflects badly on society that these people must travel here today to protest.

It follows on from another example of how badly we are treating our people, especially the most vulnerable who have disabilities. Earlier this year, a €4-a-day charge was introduced by the HSE in respect of users of health facilities in different parts of the CHO 1 area, which comprises Monaghan, Cavan and other counties. It is a charge on the most needy in society. Most of these people are in receipt of disability allowance, which, as I am sure Senators will agree, is minimal. To ask them to take €20 a day out of that amount of money is most unfair. Most of these people would be entitled to a free travel pass card for public transport throughout the area. In the CHO 1 area, including Cavan and Monaghan, public transport is as close to non-existent as does not matter and people do not get any use out of the card. A possible solution to this problem would be that the travel card would cover this charge that is imposed by the HSE because they are not getting much use out of it anyway. I would ask the Leader to ask the Minister for Health to liaise with the National Transport Authority with a view to getting this €4-a-day charge covered by the travel pass so that these people will not have to pay €20 a week to travel to and from this key facility.

Senator Michael McDowell: I agree with Senators Ardagh and Boyhan about what is happening in Dublin. Dublin City Council is now spending the bones of €1 billion. It has 6,000

employees and has outsourced most of its contractual activities. The circumstances in which the manager can effectively confront the elected representatives and dispute their budget on the basis that the Custom House has cut back the resources available to Dublin city are unacceptable. Dublin City Council needs to be reformed dramatically. Local government in Dublin is a bit of a sham. Many people are doing work which in the past was done by direct employees of Dublin City Council. Staff of the council are supervising other people but we are not getting value for money.

As far as the local property tax is concerned, there are people who live in modest former artisan dwellings up lanes in Dublin 2, 4, 6 and 8 whose homes are one-storey cottages and have a value now, because of pressure on rental space, of maybe €500,000. These are one, two and three-room homes. Those to whom I refer are being asked to pay in some cases twice what somebody living in a Victorian villa 50 miles or 60 miles outside Dublin is asked to pay by way of local property tax. In many cases, they have taken out considerable mortgages on which they are being charged grossly-excessive interest rates by the building societies and the banks whereas the people in the Victorian villa with the loose boxes around the side and the tarmac driveway 60 miles from Dublin may not have mortgages at all. The time has come for us to look at the local property tax and to ask if it is fair that people living in those circumstances pay twice what people who are far wealthier and living in objectively far more salubrious circumstances 50 miles or 60 miles from Dublin pay in local property tax.

Senator Frank Feighan: I also thank Senators for their support in respect of the Cuisle centre in County Roscommon. This is a situation where the Irish Wheelchair Association seems to be doing its own thing. Various Oireachtas Members had a meeting with the Minister of State at the Department of Health, Deputy Finian McGrath, last week. I hope that we get answers to the questions that have been posed. This will inform all the stakeholders of this decision, which was regrettable and which should be reversed. If the decision is not reversed, a stay of one year should be imposed in respect of it. They came in and told the 48 staff that their jobs would be gone by Christmas but this is about the wheelchair users. For the past 20 years, people with disabilities have used the facility. We are proud of it. I look forward to meeting people from Roscommon and further afield to try to resolve this issue. I am delighted that the Irish Wheelchair Association is being brought before the Joint Committee on Health, of which is Deputy Harty is the Chair, in order to answer these pertinent questions.

Last night, I was invited to Westminster to attend an event relating to the integrated education fund. The fund relates to integrated education in Northern Ireland. We should applaud the work it has done over the past 30 or 35 years. In 1978, it was agreed that the fund could bring Catholic and Protestant schools together in the interests of integration. They set up their first school in 1981 and it was attended by 28 pupils. Today, there are 65 such schools and 24,000 pupils. I say this because Baroness Blood, who has retired, is from the Shankill and she believes in this initiative. The baroness states that people should not fear change. The only people who fear change in Northern Ireland are those who do not want it. We need to give as much encouragement as possible to these people. When, despite the fact that four out of five people back moves to transform children's education through integration and that two out of three believe that integrated education should be the main model of education, only 8% of the schools in Northern Ireland are offering integrated education, it begs the question as to why, despite all the work done by the fund, this is the case. I am seeking the support of the Seanad for the great work the fund has done and is doing in bringing communities and families together. The children of the first children who attended these schools are also attending them and this breaks

down the boundaries which caused much of the trouble in Northern Ireland and in our country.

Senator Marie-Louise O'Donnell: Yesterday, I spoke about the brilliant organisation, CareBright, and I mentioned that I had been in Bruff in County Limerick and had visited one of its centres for adults with dementia. I spoke of how extraordinary the centre was insofar as it had tried to create a family atmosphere where people could live independently but in a community, in what was a village within a village. They had their own bedrooms and places to eat, as well as artistry and cooking. They could live their lives even though they were suffering from dementia. I raise it again this morning because the Cuisle group is outside the door looking for funds and speaking about being closed down, while CareBright is at the end of its tether trying to keep open. It has to register as a nursing home because it does not have the facilities and there is no actual model. We have ideas but we do not back up the models financially. CareBright has deficits each week in the money it needs to stay open.

12 o'clock

We are running around calling people fascists and racists and if we continue to do so it will become absolutely meaningless. We need to seriously look, internally, at how we treat people as they get older, become feeble and frail and need help. We should not be begging for money to keep facilities open for disabled adults, for people with dementia or those with Alzheimer's disease, and relying on the goodness of people outside the system. They have to be able to pay for themselves and I do not want to hear name-calling across the Houses. People should look in their own kitchen before shouting, roaring and bawling about what others do from the point of view of migration or immigration. My own pathology is that I am becoming an elder of this island and I want it to be a good experience for everybody, including the nursing homes and the people I meet when I visit them. This is extremely important and we keep pounding it and talking about it. I am not saying the Government is doing nothing - it is trying very hard - but it is extremely important that people have the money and do not have to eke out or make up a shortfall every week. The shortfall in Bruff is almost €300 per person per week. The home should not be in that position when it is doing such great, humane and creative work to make people's lives worth living as they face the trauma of losing the sense of their own feet on the ground.

We need to wake up and if I hear the words "fascist", which I heard from a Labour Party Senator in here, or "racist" again I will run for cover. We are neither of those and we are bandying around this language when we should be using the language of profit. Maybe we should be looking at the banks, which are back in profit and hoping we will not fine them any more. It is our profit and our USC but people like those in CareBright are striving and begging for money, making it up with fêtes, buns and other things around the country. The Seanad needs to get its priorities right because this is becoming tiresome. If we have nothing to do on Thursday we could visit Cuisle and, if we cannot find our way there, we could visit Bruff. We can see the brilliant things that are being done, as well as the gaps under the door that need to be filled, instead of talking through our heads about policies. We have a lot of policies but we do not see any practical application and I am sick listening to policy

Senator Brian Ó Domhnaill: Hear, hear. That is some passion. Lovely.

Senator Diarmuid Wilson: Hear, hear.

Senator Kevin Humphreys: I echo many of the Senator's remarks, which I raise on a daily basis. We had a debate last night on St. Joseph's and the lack of funding for dementia sufferers there. It is despicable that we have to continue raising the issue. I wish to raise the question of

how we treat our cities and towns. We look for foreign direct investment to create employment, which is delivered through our large cities and towns. I will make the argument for Dublin, though I am sure the Leader will make the argument for Cork very eloquently. We have to take our cities and towns very seriously and we have to fund them in the correct manner. I often ask myself what Dublin ever did to Fine Gael because Government policies have been very much anti-Dublin. Dublin was given a clear commitment that there would be no financial loss relating to Irish Water but we are facing a deficit of €8.4 million. There was a commitment of €4 million for the HSE to fund the fire brigade and ambulance services but the money has not been forthcoming. Dublin raises €65 million in local property tax but it gets to keep €3.9 million from it, according to Dublin City Council figures. People who have been paying property tax since its introduction are living beside a neighbour who has paid no property tax, which was supposed to be changed in 2016 but was not. We need a serious discussion about the funding of local government.

I believe in the local property tax and I make no excuse for saying that but it has to be done in a fair manner. Local government has to be funded and the best way to do it is to fund it locally. For many multimillionaires who lived in my constituency of Dublin Bay South, the only tax they paid was their local property tax as they were able to avoid many other taxes by various means, including living outside the country for a number of years. They were able to own a large house on Ailesbury Road and pay no tax apart from the property tax. We are now having a knee-jerk reaction to the funding of Dublin City Council. As Senator Boyhan said, Dún Laoghaire was crucified with the transfer of Dún Laoghaire Harbour to the local authority, giving it a shortfall of €10 million with no real plan and meaning services were curtailed in Dún Laoghaire. If we were talking about raising car parking and toll bridge fees with a strategic view to reducing the impact of climate change, I would be supportive, but one has to do such things in a holistic manner. We have to make sure people can get into city centres to shop and trade, so that small businesses can continue to pay their rates. If we cut off small businesses at their knees, they will not survive so when raising car parking and toll fees a public transportation policy has to be implemented at the same time, yet this is not happening. I very much support the calls for the Minister to come into the House to discuss the matter and to give his vision and strategy. We have been waiting for these things for three years and they still have not arrived while, in the meantime, Dublin is being crucified by Fine Gael. It is totally unacceptable.

Senator Keith Swanick: I echo the sentiments of Senators Gallagher, Feighan and Marie-Louise O'Donnell on the Cuisle facility at Donamon in County Roscommon, which is very close to my heart and is a vital cog in providing respite to people with disabilities. I welcome members of the public who are here today to protest and are trying to save the facility. They are from all over Connacht, the midlands and the north west. It is a really good facility. I also welcome the public representatives who have travelled here. The service users and their families really appreciate this facility. It is not adequate for the Irish Wheelchair Association, IWA, to suggest that this service could be outsourced to hotels and that these people could be accommodated there. This fails to consider the wealth of experience that the staff have accumulated in providing care for these individuals over the years. The facilities in hotels might be comparable to the facilities in Cuisle, but that does not take into account the wealth of experience staff members have in looking after these people.

I will also comment on the infrastructure. It is a fantastic facility which has a spa, hydro pools and jacuzzis. Much of this infrastructure was made possible by public fundraising over the years. It is a disgrace that it is being closed with only 30 days' notice. This has been para-

chuted upon staff members and families. There has been no consultation whatsoever. It is simply not good enough.

I want to mention the extensive fundraising for this facility that has taken place over the years. I will also highlight the serious questions that need answering. I brought this up in the private session of the Joint Committee on Health today. That is one of the reasons the Chair and members of the committee have agreed to invite the board of the IWA before it to answer questions. There are governance issues at play. We need to talk about the financial arrangements within the IWA, specifically in respect of the Donamon facility. Are there financial irregularities in this regard? There has been no consultation. The Minister of State, Deputy Finian McGrath, has been lacklustre in his enthusiasm to support the users of the service and their families. It is not good enough. This decision has been rushed. There are serious questions to be answered. I look forward to questioning the IWA when it appears before the Joint Committee on Health. It is important that this issue be highlighted. I thank my fellow Senators for their support on this matter.

Senator Brian Ó Domhnaill: I support my colleague, Senator Swanick, in what he has just said. It is a serious issue. I have also received contacts from concerned people in Roscommon with regard to the Cuisle issue. It needs to be addressed and the Minister of State, Deputy Finian McGrath, needs to come to the House to address some of those concerns.

I wish to raise the issue of today's commentary from the Central Bank around mortgage lending in the Irish market and the fact that Irish retail banks continue to overcharge for mortgages. According to European compiled data, our retail mortgage market is the fourth most costly in the EU, after only Romania, Hungary and Poland, which are essentially emerging markets. Our average mortgage rate is approximately 2.96%. This is way more expensive than mortgages in most other European countries. That average does not really tell the full story because new entrants to the mortgage market since the crash are getting rates of approximately 4.5%. If a young couple is looking for a mortgage of €300,000 from AIB, which would come at a rate of 4.5%, they will pay €1,520 a month over a 30-year period. The cost of servicing that loan will be €247,000; let us just call it €250,000. Will that house be worth that amount of money in 30 years? We can only speculate. We do not know. If the bank was to offer a rate of 2.25%, which would still allow it to make a profit according to the Central Bank, the interest over the lifetime of the mortgage would be reduced to €112,000. That is a difference of €135,000 to the individual over 30 years, or a difference of €374 in monthly repayments.

We have to get real here. The ways banks are allowed to operate in Ireland is absolutely disgraceful. They are getting away with murder. They are charging double the interest they need to make a profit on new entrants to the mortgage market. While the Central Bank criticises this, it is standing idly by. I would like to see us use a Thursday to have the Governor of the Central Bank come before the Seanad to discuss some of these issues. I ask the Leader whether that is possible. If not, I request the presence of the Minister for Finance in the Chamber to discuss this issue. There are many factors affecting the housing crisis. This is only one of them. Young people are going to get themselves involved in a 30-year mortgage, the repayments on which they may not be able to meet over the years. The banks will swoop in, take the house, and sell the loan to a vulture fund. This is what they are doing and they are getting away with it. We need to discuss this. We need to regulate in this area and to ensure that the Central Bank acts on existing regulations.

Senator Ivana Bacik: I join others in expressing concern about the closure of the Cuisle

centre in Roscommon. Like others, I have been in contact with those who have been raising their concerns about the closure and about what it will mean for the service users as it is the only fully accessible holiday and respite centre available. I join others in expressing concern in that regard.

I call on the Leader for a debate on aspects of the Law Reform Commission's current work. I was delighted to be at its annual conference this morning. I know colleagues from the Oireachtas were also there. We heard presentations on two areas on which the commission will be focusing in respect of law reform, both of which will be of great interest to us in the Seanad. The first is the issue of regulation of technology and privacy in the digital arena. This is very significant in the context of the regulation of social media and online bullying, but also with regard to new technologies like facial recognition, deepfake technology and so on. We heard some very worrying examples of the ways in which technology has been used for negative purposes, although it has also been used for very positive purposes. I refer particularly to the purposes of harassment, bullying, and so on. We also heard about ways in which we could approach regulation. We might have a debate on the matter in due course.

The other area in which the commission is working is that of sex offence reform. In particular, it is looking at the definitions used in the law on rape and at consolidation of sex offence law. That is again something which we might usefully debate once the Law Reform Commission has completed its work.

Senator Aidan Davitt: I thank the Leas-Chathaoirleach for letting me in, I know he is up against the clock. I reiterate the sentiments of my fellow Senators, particularly those of Senator Swanick, who has a medical background, in respect of the Cuisle care centre. As we know, it provides a great service and the staff are second to none. The experience and skills they have gathered over the years are a credit to the whole area. I am aware of people from Mullingar, and people with whom I have been involved through St. Loman's or through one thing or another, who have visited Cuisle and who look forward to their yearly outing. It would be a huge loss to the whole area. The Minister has to address this. I know there is talk of teething problems but the budgets are in place, particularly in health. The Minister will just have to face up to this matter and address it.

Senator Michelle Mulherin: As we are smack bang in the middle of climate action week, I would like to address the issue of empowering our young people. We say education is power. Questions of how to relate to issues concerning our environment, how to take climate action without feeling paralysed by the mountain ahead of us with regard to changing from a fossil-fuel based lifestyle to one based on new technologies, and how to become a zero carbon economy and society are very challenging. Young people can be very concerned about this. One of the proposals in the Government's climate action plan is a short course in the junior cycle in secondary schools to better inform young people so people might make decisions allowing for individual responsibility and take control of the situation, so to speak. We know it is an issue of considerable interest to many young people. We have seen young people get involved in debates and we had young people attending the Committee on Climate Action on which I sit. They all want to get involved and be proactive. We have also seen them protest. I look at it running in the same way as the green schools certificates operated by An Taisce. They are very beneficial in that they give our young people a rounded life experience and an education for life. The better we understand the place we live in and the planet we live on, the better decisions and choices we can make. This is for all generations, old and young.

The National Council for Curriculum and Assessment has examined the curriculum on sustainable development and has made a number of recommendations on how it can be developed. I would like to see an emphasis on this and it being developed and rolled out to our young people in conjunction with the Sustainable Energy Authority of Ireland, SEAI, the Environmental Protection Agency, EPA, and other key stakeholders. We would be doing them a great service.

Senator Tim Lombard: I thank the Leas-Chathaoirleach for giving me the opportunity to come in at this late hour. I want to speak about the beef industry and the significant news that broke this morning regarding major movement in the Chinese market, which has seen a tenfold increase this year, which is something we need to welcome. The beef industry has gone through turmoil in the past eight or ten months. The news that has broken is significant as we have seen our exports go from €7 million last year to almost €21 million in the first eight months of this year. To see another 14 factories licensed by China to send product there is something we need to welcome. It is a real step forward for the beef industry. It is great news after a very tough year. We need to start talking up the industry. Our beef industry and product is one of the best in the world and we are opening markets throughout the world to deal with an oversupply of beef, mainly because of the Brexit fluctuation we have at present. This is something we need to acknowledge and do more work on to ensure we get more markets. We need these markets to ensure we have a sustainable and progressive meat industry that can supply the meat the world is looking for.

Senator Jerry Buttimer: I thank the 16 Members of the House for their contributions on the Order of Business. The issue of Dublin City Council was raised by Senators Ardagh, Boyhan, McDowell and Humphreys. I will facilitate a debate on the future of local government and its importance at the earliest convenience with regard to the Minister being available.

A lot of misinformation has been spread about Dublin City Council this morning. All of us recognise the importance of local government and the need to provide funding to it, but let us have the honest debate people are speaking about and let us not have it in a populist way. Dublin City Council reduced its local property tax by 15%. That is a significant----

Senator Michael McDowell: Because it was too high to start with.

Senator Jerry Buttimer: Senator McDowell is becoming an election candidate already. If he wants to declare, he should just do so now, put the white flag up and go out of the traps altogether. Let us be fair. Do we want the Government to do everything? Where is our sense of responsibility at local level? Members of Dublin City Council voted to reduce property tax and there is a deficit. That €12 million would have filled the gap. There are issues raised with regard to the local property tax and Senator McDowell has a very strong view on it. The Minister has put the issue back to the committee, which will come back with a report in 2021. The 15% reduction means it went from €80 million to €68 million. Half a reduction would have provided the €6 million.

Senator Michael McDowell: It was 15% off last year also.

Senator Jerry Buttimer: There is the deficit plugged already. Let us have a real debate about the issue of local government and-----

An Leas-Chathaoirleach: We are not going to have it now.

Senator Jerry Buttimer: Does the Leas-Chathaoirleach want to reply to the Order of

Business?

An Leas-Chathaoirleach: No.

Senator Jerry Buttimer: I would be happy to sit down.

An Leas-Chathaoirleach: As Chair, I would love to be able to speed up the Order of Business but it is beyond me.

Senator Jerry Buttimer: I will quite happily facilitate the Leas-Chathaoirleach to do that.

An Leas-Chathaoirleach: I would be happier if the Leader did not have any cross-tackling with the Members opposite during his response, with respect.

Senator Brian Ó Domhnaill: The Chair is keeping the Leader right.

An Leas-Chathaoirleach: With respect. Sometimes the Members opposite are also out of order.

Senator Diarmuid Wilson: The Chair is very balanced.

An Leas-Chathaoirleach: We will have the Leader now, without interruption.

Senator Jerry Buttimer: If the Leas-Chathaoirleach wants to be fair in his ruling, I have been here since 11.30 a.m. and until 12.23 I had to listen to 16 Members-----

An Leas-Chathaoirleach: Welcome to the club.

Senator Jerry Buttimer: Surely the Leas-Chathaoirleach will let me have the opportunity to reply to them-----

An Leas-Chathaoirleach: Of course.

Senator Jerry Buttimer: -----and to highlight the inaccuracies in their contributions that I see fit to reply to.

An Leas-Chathaoirleach: I would hate to try to halt the Leader.

Senator Jerry Buttimer: That is the fundamental point. If we give financial powers to local authorities and members, then let them have responsibility. Let us be fair. Senator Marie-Louise O'Donnell made the very good point that because of the gross mismanagement of the country by the banks and the Fianna Fáil-led Government, we are all paying USC. That is a tax imposed by those people over there on all of us.

Senator Diarmuid Wilson: I thought you were going to get rid of it.

Senator Brian Ó Domhnaill: Are you doing away with it?

Senator Jerry Buttimer: We reduced it in recent budgets.

Senator Diarmuid Wilson: You gave a commitment to get rid of it.

Senator Michael McDowell: Your election manifesto said it would be abolished.

Senator Jerry Buttimer: Let us have a balanced debate on the whole thing.

An Leas-Chathaoirleach: Order please.

Senator Diarmuid Wilson: Let us have it balanced. You said you would get rid of it.

Senator Jerry Buttimer: Senators Ardagh and Ó Domhnaill-----

Senator Brian Ó Domhnaill: Amnesia.

Senator Jerry Buttimer: Let us have a balanced debate and let us not be all populist and let us not try to be all things to all people.

An Leas-Chathaoirleach: I am glad Senators McDowell and Ó Domhnaill are all smiles and in good form, but please-----

Senator Jerry Buttimer: Many of you were in government and we know some of you just could not wait to get out of government.

Senator Diarmuid Wilson: You are caught in a time warp.

Senator Jerry Buttimer: Let those of us who want to govern govern.

Senator Diarmuid Wilson: You cannot go back-----

Senator Jerry Buttimer: These are the facts, Senator Wilson. When you left government, there was 15% unemployment-----

Senator Diarmuid Wilson: I was never in it.

An Leas-Chathaoirleach: Through the Chair, please.

Senator Jerry Buttimer: We are now below 5% unemployment in our country.

Senator Diarmuid Wilson: I have not been in government yet.

An Leas-Chathaoirleach: Senator Wilson, please.

Senator Jerry Buttimer: Senators Ó Domhnaill and Ardagh made reference to the banks. The remarks of the deputy governor of the Central Bank, Ed Sibley, are worth noting with regard to how the banks behave and treat their customers. The point he makes about the hollow promises made and banks being forced by the Central Bank to bring in reform is one on which we should have a debate in the House, and I would be happy to have that debate.

The issue of Cuisle was raised by Senators Devine, Conway, Gallagher, Feighan, Marie-Louise O'Donnell, Bacik, Ó Domhnaill, Davitt and Gallagher. It is a very important issue and one on which the families and service users deserve answers and respect. It is a service that provides support for people with disabilities, allowing them to lead independent lives, and it is one we all want to see resolved. My information, which Members also know, is that there is either a service level agreement or an agreement on Cuisle between the Irish Wheelchair Association and the HSE regarding the purchase of respite breaks. The Minister of State, Deputy Finian McGrath, has met local representatives and the organisation. It is a matter that deserves to be solved. I understand the concerns of everybody in terms of the adequacy of what is being offered, and I will be happy to try to get the Minister of State, Deputy McGrath, to the House as soon as possible regarding the matter.

Senator Devine and other Senators raised the issue of the language Members use with regard to racism. The points made by Senator Devine about words and facts are very pertinent. It is important that we have a measured debate, that our language is measured and that we do not use inflammatory language to polarise society. I do not find anything wrong with Senator Devine's comments. That debate needs to happen, not just here but in wider society. Those of us who are elected representatives have an obligation to lead and I will be happy to have a debate on the matter.

Senator Norris raised the issue of Seanad scheduling. As Members know and Senator Wilson as a former Government Whip knows, last week I took a decision as Leader to facilitate the holding of an international conference in the Chamber and I stand by that decision. This week, the reason we will not sit on Thursday is because two pieces of legislation were promised, but for a variety of reasons they did not materialise and I was not going to bring Members in on a Thursday for half an hour-----

Senator Diarmuid Wilson: Agreed.

Senator Jerry Buttimer: -----when we can do other work on other days. That is why next week we will sit three days and will do so between then and Christmas. Last week we held a very good international conference that made international headlines. It put a spotlight on the role of the Oireachtas and I do not make any apology for it. As Senator Norris knows as father of the House, and as those who have been members of the Government and Government Whips know, we have asked for legislation to be initiated in the Seanad and we will continue to do so. To be fair, we do our business reasonably well in progressing legislation, with the exception of one Bill that we will not mention now.

Senator Michael McDowell: We will mention it next Tuesday.

Senator Jerry Buttimer: We will. The Judicial Appointments Commission Bill 2017 will be discussed in the House next week and I look forward to the resumption of that debate.

Senator Ivana Bacik: As we all do.

Senator Jerry Buttimer: Senator Conway also made reference to the issue of the personal assistant hours and the issue of the use of transport. I would be happy for the Minister of State at the Department of Health, Deputy Finian McGrath, to come to the House to debate that issue. I do not have an answer for the Senator on the issue of Achill Island and direct provision.

Senator Gallagher raised the ongoing issue of the National Transport Authority and we will have a debate on transport with the Minister for Transport, Tourism and Sport, Deputy Ross, next week in the House so perhaps the Senator can raise that issue again on that occasion.

I commend Senator Feighan for his role in highlighting the issue of integrated education in the North. Senator Marie-Louise O'Donnell raised the issue of being in the elder category by referencing her "own pathology" as she said herself. It is an important topic and I know she has been the author of a report on the matter. I would be happy to have another debate on the provision of care. I have already addressed the point she makes on the banks and the USC.

I want to say to Senator Humphreys again that this Government and Fine Gael are not anti-Dublin at all. In fact it is quite the contrary.

I would be happy to have a debate on the work of the Law Reform Commission and the

ongoing issues around that as raised by Senator Bacik.

Senator Mulherin raised the issue of climate action in terms of empowering young people and she made some good points. It is important that perhaps as part of the work of the Seanad Public Consultation Committee we would separately look at doing something around the issue of empowering young people. It is a good point.

Senator Lombard commended the Minister for Agriculture, Food and the Marine, Deputy Creed, on the opening of new beef markets in China, where the Minister is on a trade delegation at the moment. I commend and welcome the good news for the beef industry, which has been through a challenging period.

I thank the Leas-Chathaoirleach for his indulgence and I hope I did not go on too long for him.

Order of Business agreed to.

Sitting suspended at 12.32 p.m. and resumed at 12.45 p.m.

Services for People with Disabilities: Motion

Acting Chairman (Senator Paudie Coffey): We will resume with the motion on sight loss disability services. I call on Senator Conway to move the motion.

Senator Martin Conway: I move:

That Seanad Éireann:

-recognises the commitment of the Government to support citizens living with disabilities in our society;

-acknowledges that for the first time in the history of the State we now have a Minister with special responsibility for Disability Issues in Cabinet, ensuring that all Government decisions will have an input from a disability perspective;

-welcomes the decision by the Government to ratify the United Nations Convention on the Rights of Persons with Disabilities to escalate the creation of a fairer and more inclusive society;

-acknowledges the significant increase in spending on disability support services that has taken place in recent years and welcomes the commitment to further increase this in the coming years;

-commends the increase in support and awareness across all Government Departments in the critically important area of sight loss in recent years;

-notes the Government's awareness of the importance of providing increased supports in the area of sight loss in light of an aging population who will be faced with sight loss difficulties;

-concur with the Government on the critical importance of early referral to available support services following diagnosis of sight loss to ensure early intervention, which will facilitate as seamless a recalibration and adjustment as is possible, and will lead to early access to necessary supports including mobility training, peer counselling and independent living skills;

-welcomes the provision of funding by the Government through the Acute Hospitals Division to establish the first ever Eye Clinic Liaison Officer (ECLO) across the Ireland East Hospital Group which began in Spring 2019;

-notes that since the establishment of the ECLO support service, the non-governmental organisations working in the area of sight loss have reported a dramatic increase in referrals to the programmes they run in training and adjusting to sight loss in the Dublin region;

-further notes the positive reaction to the establishment of the ECLO service from Consultant Ophthalmologists working in hospitals such as the Mater and Temple Street, who have stated publicly the benefits already experienced by their clients who have been diagnosed with sight loss;

-welcomes the results of a quality assurance exercise carried out with patients who have availed of the services of the ECLO which showed that 78% stated that they were much better informed on how to adjust to their new life challenge;

-calls on the Government:

-to provide the necessary funding to place ECLOs in all Hospital Groups across the State as a top priority;

-to ensure all patients with a diagnosis of sight loss have the same awareness and access to information to avoid a situation where some have and others have not;

-to ensure all children who receive a sight loss diagnosis have equal and fast access to all after-care services, including mobility training and education which is best achieved by emulating what is being done in the Eastern Hospital Group across the country; and

-to indicate a timeline on when it will provide an ECLO in all Irish Hospital groups.

I welcome the Minister of State, Deputy Finian McGrath, to the Chamber. I am delighted taking he is taking this motion because, to be fair to the Government, it is the first time in the history of the State that we have a Minister sitting at the Cabinet table who has specific responsibility for matters to do with disability. Until the appointment of the Minister of State, responsibility for disability matters was all over the place. There was no coherent strategy, proper focus or person accountable for disability matters. The Minister for Health dealt with health matters, the Minister for Education and Skills with educational matters and so forth. Equality was dealt with by the Department of Justice and Equality.

I have been a spokesperson on disability since I was elected to the House in 2011. When motions on disability have been debated the House, they have been taken by a raft of Ministers. We now have a Minister with interdepartmental responsibility who is aligned to the Departments of Justice and Equality, Health, Employment Affairs and Social Protection and so forth. That joined-up thinking in government to give disability due recognition is very important.

Following on from that, the election of Deputy Leo Varadkar as leader of Fine Gael and Taoiseach of our country was another significant milestone. I, Senator John Dolan and others have spoken about the need for Ireland to ratify the UN Convention on the Rights of Persons with Disabilities. In his first news conference as leader of Fine Gael before he became Taoiseach, Deputy Varadkar outlined that that was an absolute priority of Government. Ratification took place within the year. He made it happen. That is key. Ministers who are held accountable, from the Taoiseach down, can make things happen.

We have a long way to go in terms of sight loss in this country. It is still the case that in Ireland four out of every five people who go blind or lose their sight do so unnecessarily. A total of 80% of those who lose their sight would not if there was proper dedicated early intervention. That is a shame on our society and country, and we should stop it.

A high percentage of those who are older have compromised sight. Before I deal with the substantive issue of the motion at hand, I want to say that everybody over the age of 40 needs to have their eyes checked every year or two. People would have a pain in their leg or back checked. If people feel their eyes are getting tired, they will say that they are working too hard and will just take it easy. It is often the rock that people perish on.

When people have their eyes checked and then get a diagnosis, they are left on a waiting list. The sad reality is that the fourth longest waiting list in the country is for ophthalmic matters, including glaucoma, diabetic retinopathy or cataracts. More than 43,000 of our citizens are waiting for treatment. That feeds back to what I said. When people get proper early intervention, their eyesight can be saved and degeneration can be prevented. Time is critical. We often talk about the golden hour for accident and emergency situations, but time is golden when it comes to preventing sight loss.

A further shame on us all is the fact that in excess of 7,000 children are waiting to have their eyes checked and procedures carried out. It is critical that young people are seen as a matter of urgency to prevent sight deterioration. That is something we are not proud of and we need to deal with it urgently.

I acknowledge the presence in the Gallery of Professor David Keegan from the Mater Private Hospital who has made so much happen for people with sight loss in this country. He is a specialist in diabetic retinopathy. Outside of that he is a true advocate for people with sight loss. I also acknowledge Chris White, Kevin Kelly, a former colleague, and others in the Gallery, including my assistant, Aoife Watson, who did a lot of work on the motion.

The purpose of the motion is to deal with what happens when someone is diagnosed with sight loss. The UK has a well-established, well-oiled, well-functioning and proven system where there are eye clinic liaison officers in all of the main hospital groups and facilities where people are diagnosed with sight loss. When a consultant diagnoses any type of eye condition, he or she immediately refers patients to an eye clinic liaison officer who has contacts with various NGOs, including guide dog organisations, the Royal National Institute of Blind People, ChildVision, in the case of a young person, and sports or peer counselling. They help to make it as seamless as possible for people to make the transition to not having full sight. This gives them a quality of life and equips them with the independence we all enjoy, aspire to and deserve as citizens.

We are living in a society that has ratified the UN Convention on the Rights of Persons with

Disabilities and respects and espouses the equality of all citizens. When somebody is hit with a diagnosis of sight loss, his or her whole world comes crumbling down. Imagine what it is like for a person to lose all or a lot of his or her sight, having been able to drive, read and navigate the world seamlessly and then to find him or herself in a situation where he or she is no longer able to do that.

A raft of supports are available to help people. The National Council for the Blind is doing pioneering work in terms of creating equality, setting up transport training centres, peer counselling and so on. The number of people who lose their sight but do not realise this type of work is being done is frightening. That is because the link between the medical profession and NGOs is not there. As I said, the system in England works exceptionally well, and the facts and statistics are there to back that up.

I give full credit to people like Professor Keegan and his team and others who have promoted this and campaigned for it for a long time. A new scheme - it is not a pilot scheme - was set up about 12 months ago in Dublin. It involves an eye clinic liaison officer, and I believe the person in the Mater Private Hospital with responsibility for this is in Gallery. The scheme will serve the Royal Victoria Eye and Ear Hospital, Temple Street and a couple of other hospitals. The statistics for the scheme are phenomenal in terms of what the person has achieved. Referrals to NGOs have risen dramatically and the feedback from people who have used the service has been tremendous in terms of their mental health and immediate access to step down supports and services, retraining and so on.

It is shocking that people in Galway, Cork, Limerick and Waterford do not have this facility. The purpose of the motion is very simple. It acknowledges and supports what has been achieved in Dublin, and calls for it to be rolled out to the other hospital groups with eye clinics, such as Cork, where the Leader is from, Waterford, where the Acting Chairman is from, Galway and Limerick, where I am from. Thousands of our citizens are experiencing sight loss in regional areas and they do not have access to the eye clinic liaison officers that people in Dublin do.

I hope that following the debate, the Minister of State, the Department of Health and the Minister for Health, Deputy Harris, will direct all the hospital groups to make the funding available within their budget to appoint an eye clinic liaison officer. Not only is it an essential link between the services and supports provided by NGOs and the medical profession, but it also saves time. In view of the quality of consultants in the country, many of whom I know because I have advocated on the issue for a long time, they spend time advising clients where to go and whom to talk to. It is done on an *ad hoc* basis. Some do it more than others, while some do not do it at all. For those who do, it would save a great deal of time and expense. It would mean they could see more patients in the knowledge that the patients they have referred to the eye clinic liaison officer would be well cared for and would receive support. The feedback that has come from consultants in Dublin, including from people such as Professor Keegan and his colleagues at the Mater Hospital, is fantastic. People are happier and more confident, and they now see a much brighter future of integration.

I spoke earlier about the 7,000 young people, including children, who are on waiting lists. We are building a children's hospital and spending an awful lot of money on it. I hope there will be an eye clinic liaison officer as a matter of form in the children's hospital. In fact, there should be an eye clinic liaison officer department there. Now is the time to do it and to set it in place. I was tempted to table an amendment to the Children's Health Bill to ensure such a step

was taken by enshrining it in legislation but decided I did not have to do so because I do not question the motivation of my colleagues in government, whose hearts are in the right place. By 2021, I would like there to be an eye clinic liaison officer in all the hospital groups where there are clinics for people with sight loss. It is a no-brainer. It works throughout the world and in Dublin, and we should make it work in the rest of Ireland.

Senator Anthony Lawlor: I will support this excellent motion. My colleague spoke to the fact that this Government is the first to appoint a Minister of State with specific responsibility for people with disabilities. Although we are discussing eye clinic liaison officers and expanding the pilot scheme set up in the Ireland East hospital group, we must recognise the funding he has allocated for people with other disabilities and the advances made in recent years. I recall that when I was on Kildare County Council in the late 1990s and early 2000s, there was no such thing as dishes on footpaths. When one was crossing at a traffic light, there was no indication for someone who was hard of hearing or sight as to whether he or she could safely cross the road. The awareness that has been raised, and the investment made by this Government and previous Governments, have created a much-improved environment for people with disabilities across the board. It can also be seen in the House, given the number of people with learning and other disabilities who have been provided with employment in the facility, as has happened throughout the country, which must be welcomed.

In view of the fact that a pilot programme has been set up in the east, why can we not extend it to other hospital groups? We would love to have one in Naas hospital, which is associated with Tallaght Hospital and St. James's Hospital. As Senator Conway noted, as we get older we start to lose some of our faculties. I met my brother earlier and, as we passed an optometrist's on our way to a coffee shop, he said he would have to have his eyes checked. If he, in his full faculties, is thinking about that at his age, everyone should do it. I have worked with my colleague and others who have difficulty with eyesight, and my partner does yoga with a woman who has lost vision in one eye, which happened over a period. Our faculties are important and we must take care of them, while the hospital groups need to engage positively with those who are losing them.

I welcome the motion and the opportunity to debate not only the issues my colleague raised but also those related to other disabilities. The Minister of State has the strength to carry the motion through. He might seek to source the necessary funding from within the almost €18 billion budget of the HSE to provide liaison officers in all the hospital groups.

Senator Keith Swanick: I welcome the Minister of State to the House. I am delighted to support the motion, on which there is much international research. A 2019 study on the impact of eye clinic liaison officers at various ophthalmology clinics in the UK found that eye clinic liaison officers who had a presence at hospital ophthalmology clinics were valuable for streamlining processes within the clinic, not least for providing continuity of care for patients when they are discharged after medical treatment. That is important, given that people are often lost once they are discharged from the clinic and they return home.

Eye clinic liaison officers have also saved staff time at the clinic because they are often responsible for providing emotional and practical support for patients living with sight loss. The study further found that the impact of eye clinic liaison officers may depend on efficient communication within the clinical team, being trusted by other staff and having good knowledge of local and national sight loss support services outside the hospital setting. Eye clinic liaison officers work directly with people with low vision, deteriorating vision, sight loss or impend-

ing sight loss and, most important, with their carers. The emotional and practical support is extended to carers and family members of all ages. They provide timely one-to-one support, high-quality information and advice, emotional support and access to other statutory and voluntary services. Eye clinic liaison officers connect people with the practical and emotional support they need to understand their diagnosis, deal with their sight loss and maintain their independence, which is of most importance. They have time to dedicate to people following their appointment in order that they can discuss the impact the condition will have on their life.

In July of this year, the National Council for the Blind Ireland, NCBI, highlighted the success of the eye clinic liaison officer service by celebrating the 100th patient referred to the service in a matter of weeks. Mr. Stephen Farrell, a consultant ophthalmologist at Temple Street hospital, stated:

[T]he ECLO service is a fantastic addition to our Ophthalmology Unit, it is a much needed resource to the children and their parents attending our service. For hospital staff being able to refer to the ECLO has been really reassuring.

The NCBI has stated:

ECLOs act as key point of contact, working closely with medical and nursing staff across Dublin eye clinics. ECLOs aim to bridge the gap between hospital and community based services and education providers like ChildVision ... The ECLO service across all three Dublin hospitals are staffed by two qualified NCBI personnel who have extensive knowledge in meeting and responding to the changing needs of ophthalmic patients.

The NCBI has stated it aims to have an eye clinic liaison officer embedded in all hospital clinics throughout the country by the end of 2021, with the goal of providing early intervention and support at the time of diagnosis. Ms Elaine Crossan, an eye clinic liaison officer at the Mater Hospital, has stated:

[A] diagnosis of a sight condition can be devastating, which can bring enormous practical and emotional consequences and challenges. Many patients report feelings of panic and anxiety. It is my job to act as a key contact point for patients by providing vital information on their eye condition, as well as offering practical and emotional support where and when they need it most. Most importantly, patients now receive the time and support that is essential to them and to their families.

Often as doctors we are very good at diagnosing things, but once there is a label put on it, and a treatment and a prescription handed out, we often forget about the patient and that is wrong. That is the vital role of the eye clinic liaison officer, ECLO, as a support not only to the patient but also to the family.

The ECLOs are helping prevent avoidable sight loss, which is done by talking patients through treatments and helping family members to understand the importance of compliance with their medication. It has to be said that more than 50% of medication prescribed in this country is not taken properly, so reassurance and embedding in people's minds the message with regard to compliance is of vital importance, and that is another role for the ECLO. This role effectively releases clinical staff to focus on more complex cases. Being co-located with the clinical team enables the ECLOs to receive referrals as soon as possible and to advise acute staff on the appropriateness of a referral to a community-based service. In other words, people and patients do not always have to be seen in the hospital sector. Many patients can be trans-

ferred to the community-based sector, thus shortening waiting times and preventing people with sight loss having to travel often on public transport or on poor road networks over long distances. The importance of the ECLO in transferring patients from the hospital sector to the community sector cannot be overemphasised.

Given the sharp increase in the number of children with serious visual impairment and blindness, the National Council for the Blind Ireland, NCBI, was keen to further partner with Children's Health Ireland at Temple Street Hospital to support the heightened demand on the system. However, as Senator Conway mentioned, we need to comment on the incredible waiting lists and waiting times for eye care currently. There are more than 60,000 people across the various ophthalmology waiting lists. The outpatient list, as Senator Conway mentioned, is 43,000. The inpatient day case list for ophthalmology procedures is more than 8,000, and the primary care list is more than 15,000. In 2018, the NCBI said that ophthalmology waiting lists had become unmanageable. It said also that more than 75% of sight loss is avoidable and that 40,000 people are missing out on vital, early intervention because waiting lists are out of control.

The Government has committed to eliminating avoidable sight loss, but we have seen absolutely no progress on waiting times in the last year. Delays in access to treatment for conditions like age-related macular degeneration, which is the biggest cause of sight loss in Ireland, can cause irreversible sight loss. We have much work to do with regard to the waiting times. I echo the support for this excellent motion. ECLOs are a vital cog in delivering a modern healthcare system and take many ophthalmology patients out of the hospital setting into the community setting, where most of these services can be provided.

Acting Chairman (Senator Paudie Coffey): I thank Senator Swanick. I call Senator Victor Boyhan who has eight minutes.

Senator Victor Boyhan: I welcome the Minister of State, Deputy Finian McGrath. He is always very welcome. I thank Senator Conway who has done much work in relation to this matter. I also know of Senator Conway's work with the National Council for the Blind Ireland and other organisations for the visually impaired. I want to start on a positive note. When I was preparing a few notes earlier today, I made contact with the National Treatment Purchase Fund. I was a director of the National Treatment Purchase Fund for two terms, so I understand how it manages its lists and how it prioritises its work and the difficulties around all those issues. I also contacted the National Council for the Blind Ireland and the Irish Guide Dogs for the Blind, of which I was a director for more than 20 years. I am very familiar with this particular niche area of disability. I did not want to come in here and empty out a wheelbarrow of statistics and be critical, because we are where we are. Let us put this in context.

This Government is in power for well over three years. This is not new. Senator Conway articulated very well the issues. As a member of the Government party, he shared with us the fact that there are 43,000 patients on our outpatient list. He then went on to tell the Seanad that there are more than 7,000 children on our waiting lists. That is a travesty and a disgrace. That is something that no Government and no politician can be proud of. It is exceptionally disappointing.

I acknowledge the glossy material on eye clinic liaison officer services, which was sent to a number of colleagues and which I received a few copies of. It is excellent. I am not here to knock Senator Conway, and I think it is good we are speaking about this today, but this has gone

for years and it is unacceptable.

I am going to focus on the visually impaired area, because it is one I have a particular grá for and an interest in. The Government and the Senator did not have to bring forward this motion, although it is their prerogative. They could have talked to the Minister about it. However, it gives us an opportunity to talk about the issue.

Acting Chairman (Senator Paudie Coffey): It is every Member-----

Senator Victor Boyhan: I said it was their prerogative. I re-endorse that. The transcript will show that I said it was their prerogative.

Let us put this in context because that is really important. I want to take this opportunity to welcome the people in the Visitors Gallery, some of whom I know. I also want to welcome the people who are listening to the debate because they are particularly interested in this issue.

We see all the asks, and I agree with every single one of them. I am more interested to hear what the Minister of State has to say in response to the asks. Before I move on, I refer to a pilot scheme with the Irish Guide Dogs for the Blind. The Leader will be very familiar with its work as it is based in Cork on the Model Farm Road. A pilot scheme was initiated with the Department of Education and Skills for children in respect of home schooling and education. It was for children who had no eye sockets in their head and for children who had no eyes. The pilot scheme has been renewed every year. No one has ever appraised that pilot scheme properly. Every year the charity has to make a case for it. Parents have to make a case and lobby for it - parents who have children lying on the ground in their homes who need support and care. No one should have to beg and to agitate constantly for services for their children, not to mention adults who are suffering.

I am happy to share some of the detail with the Minister of State afterwards, or at some other point, to update him on the latest information I have on it. I put a request into the Irish Guide Dogs for the Blind today for the most up-to-date detail on it. It does enormous work.

Someone talked earlier about the emotional aspects of the disability of blindness. We had a great slogan in the Irish Guide Dogs for the Blind that we provide people with independent mobility but with dignity. The dignity is the really important thing. We all want to go about our business in our communities, to go to our church, to go to mass and to go to our doctor and to be active citizens in our community. A guide dog of course gives independence. A long cane also assists people with independence. We want to give people independent mobility and dignity and respect. We also want to put in place - I know the Minister of State is committed to all this - the necessary support services to allow people to get on in a meaningful way with as much independence as they can.

If one is blind, and in particular if one has had sight and has lost it, one needs additional supports. One needs people who can read one's personal mail. One needs people to guide one through various forms and to assist to have one's independence but also the dignity and respect that goes with independence, which is so critical for people who are blind. I am particularly focusing on that today, because Senator Conway has gone into greater detail about the particular issue of sight loss and visual impairment, which is really important.

Of course it makes sense to have eye clinic liaison officers across the health service and to have education about our eye care and our health care. More importantly, I am here today to

look at two or three key issues, which are asked for in this motion, and I am going to single out a few asks. The motion calls on the Government to provide necessary funding for places for eye clinic liaison officers in all hospitals. I would like to hear the Minister of State's response to that.

The motion further calls on the Government to ensure all children who receive sight loss diagnosis have equal and fast access to care services, including mobility training and education. Of course the strand of education is so important for people with disabilities, as is access to employment and access to everywhere else. The motion refers to the funding models and the support for them. There is also the issue of emotional support and support for carers, families and loved ones who are visually impaired or blind people living in their homes. They too need help, care and support. It is a big ask. I thank the Fine Gael Senators for the motion. I do not want to be critical but I would fail if I did not scrutinise and ask some key, hard questions on it. I know that Senator Martin Conway would do likewise. I thank Senator Conway and acknowledge his enormous work in this area. Clearly, he has personal experience of it. The Senator is a strong advocate for visually impaired and blind people. He has worked extensively on this issue. I am aware of the Senator's track record with the National Council for the Blind Ireland, NCBI, and other organisations that advocate for people who are visually impaired.

I support every aspect of the motion but I have a query around how we could reduce those lists fast. How can we comply or seek to comply with the objectives of the motion, which is to deal faster with children in particular, and what will the Minister of State, Deputy Finian McGrath, tell us on that? The issue overlaps education and health, and a whole lot of other community services also. More importantly, how will we get the funding in place to see a dramatic reduction in the number of people who are queuing up? There are 43,000 patients waiting for treatment. It is unacceptable that 7,000 of our children are on such lists. This is on the watch and on the clock of the Government that brought about and set out an honourable challenge to address these issues. It is disappointing that insufficient progress has been made in this regard. I would like to hear from the Minister of State today how he is going to give comfort to the proposers of this motion with regard to resources and the necessary supports to make this happen.

I thank the Minister of State for his personal commitment in the disability sector. It is a specialist area. We have never found the Minister of State wanting in coming to talk to Senators. Honest and straight as he is, the Minister of State has told us what he can and cannot do, and he has explained the limitation on his office. I respect that he is an Independent Minister in the Government and that the Minister of State cannot always get it all his own way, but I look forward to his response.

Senator Jerry Buttimer: I welcome the Minister of State, Deputy Finian McGrath, to the House and I commend Senator Conway for the motion before us and for the work he is doing. The naked partisan speech we have just heard needs to be addressed also in the context of the amount of investment being made by the Government in the area of disability services, which is €1.9 billion for this year, notwithstanding some of the commentary and some of the comments. Senator Conway said that 80% of people who become blind, or four out of every five, do so unnecessarily. We need to address the whole issue of general eyesight. It is important that we see the motion proposed by Senator Conway as being about engaging and empowering. Let us have the debate in the context of Sláintecare, which is the policy around the transformation of our health service. We did not arrive just today at the figures for those waiting. I ask Members to cast their minds back to the previous period of ten years of inertia around our health system during which there was no direct investment in eye care. There was piecemeal investment, no

strategic vision, no plan, and it was left to organisations such as Irish Guide Dogs for the Blind or the National Council for the Blind Ireland, NCBI. I particularly commend Kevin for being here today. Many of us grew up with the radio programme on a Sunday evening with Jim Sherwin, which shone a light on the huge deficits around visual impairment and the obstacles that had to be overcome, and in particular around the fact that we have in our health system a number of Cinderella areas, one of which is the area we are discussing today. We did not arrive at this point today; it has been arrived at after decades of mismanagement and bad investment.

I commend the Irish Guide Dogs for the Blind organisation in Cork for the work it does. I concur with Senator Boyhan that no organisation should be on a rolling pilot scheme. If that is the case it should not be that way. We need to see dedicated proper management and liaison between the HSE and the service level agreement provided for organisations. Part of the fundamental problem is that we have vested interests in our health service that lead to a malaise and chaos in our health system. As part of *Sláintecare* I would like to have an honest debate about our health system, which we did not have in this House because Members of this House were excluded from that Oireachtas committee. We need a debate about taking on the vested interests in our health system. Something is fundamentally wrong when the health budget is increased year on year and there are also supplementary budgets for health year on year, yet we have issues with the health system. It is fundamentally wrong. I will stand on that as a former chairman of the health committee. Having been involved with the COPE Foundation for almost 48 years of my life - and having had members of my family working there - I am fully aware of the whole issue of disability. It is not enough to have a Minister of State with responsibility for disability issues; it is about having a co-ordinated strategy where the HSE budget provision is not given at the back-end of the year but is given at the beginning of the year. Where money is being taken from A to plug a gap in B it is not good enough. It is time for honest debate in Ireland about health. This year €1.9 billion has been given for health. Having said that, Senator Conway's motion is particular to the issue of an eye clinic liaison officer service. I commend Professor David Keegan for his work. The points he makes in the booklet on early intervention are very pertinent as are the points about expanding the service.

What we are trying to do here, as referred to by Senators Conway and Boyhan, is about empowerment and engagement to allow people to live independent lives. We think of people like Jim Dennehy in Cork who are exponents of how one can do that, and who became role models for people with disabilities in the city of Cork and the country of Ireland. All of us who live in the community understand the importance of what we debate today because it is about intervention and ensuring that we allow for the conversation and the empowerment. Early intervention is critical. If we are serious about tackling the health needs of our nation in a generic way then - whether it comes under *Healthy Ireland* or debating it here today, or whatever - it is about early intervention. Senator Conway is asking for eye clinic liaison officers to be provided and rolled out. This is a measure we should all support.

There are deficits by Government, absolutely, but going back to the importance of what I am saying, we need to see an overarching plan that is achievable, accountable and which delivers. There is work being done by the NCBI, the Irish Guide Dogs for the Blind and the ophthalmologists in many parts of the city. We fully accept that the waiting lists are too high but we need to ensure there is early intervention. If *Sláintecare* or the health system is to work then we have to refocus our priorities, recalibrate our approach, admit that what we are doing is wrong if it is wrong, and restart the process again to change it.

I welcome the opportunity to speak on the motion before us today. I commend all involved

and especially Senator Conway who, as Senator Boyhan has said, is a very strong advocate and a powerful role model in the House. However, there also needs to be a real conversation with the HSE about its approach from the ground up. We can blame the Government and Ministers for everything but the fundamentals remain, namely, that it is also about the application of the policy and the application of resourcing that is done at a local level. I would like to see that conversation happening.

I do not for one minute subscribe to the notion that everything is perfect. It is far from it and is anything but. There is, however, an opportunity now. It is part of what the motion is about and is central to the tenet of Sláintecare, which is the importance of the person. If we are serious about allowing people to live independent lives in their communities and providing the supports, which Senator Boyhan rightly pointed to, such as to the person who might need to have a letter read or who needs to have integration further expanded into the community and to be able to live an independent life, then we have an obligation to do that. I commend Senator Conway for his work. Today's debate is another step on the journey. We also need further conversation and a recalibration of our approach to this issue.

Senator Máire Devine: I also commend and congratulate Senator Conway. I thank him for the booklet he has provided, which outlines in very readable terms the motion on the eye clinic liaison officer services to be rolled out across all Irish eye clinics. Senator Conway is a champion for those with disabilities and those who have lost their sight in particular. He made me much more aware of the difficulties involved when we dined together in the dark with a group of people in the Oireachtas. It is a great experience which gives one a different perspective from those with no vision problems.

I view eye clinic liaison officers in the same vein as dementia officers, for which the Oireachtas group on dementia fought and sought funding. We now have several dementia advisers, though we looked for more. Such officers will prevent the clogging up of clinicians', consultants' and medics' time and will allow them to deal with new and complex cases, as well as rapidly reduce the waiting list. This is about a living experience of independence within one's own community and providing those ever-important links to available resources and services. Many people remain ignorant of such resources because it is so difficult to disseminate the information. Liaison officers will make that task much easier, as the experiences in the UK have proven.

As a Member of the real Opposition - that is not a personal dig at Senator Swanick - it is my job to point out the paucity of disability services despite increased demand. The first issue is the withdrawal of the rehabilitative training allowance in the budget, which was quite mean and short-sighted. We discussed that here previously. It should have been paid to school leavers this September in order to enhance independent living. In the grand scheme of things, it would have cost €3.7 million to restore, but its value to the people who received it is priceless. There are also waiting lists for home support services. It cannot be said that the Government is seriously providing for citizens with a disability while many who have already been assessed and qualify are still waiting for services. The waiting list should be cleared.

The motion mentions the Government's ratification of the UN Convention on the Rights of Persons with Disabilities, UNCRPD. While we all welcome this move, it was well known that ratifying the convention would mean actions and resourcing would be needed straight away. We have battled this out on this floor many times. That resourcing has not happened. The optional protocol to the convention should also be signed up to and all the necessary resources

provided for its enactment.

We in Sinn Féin welcome this initiative and I again congratulate Senator Conway on bringing this motion forward. I hope this will be extended to all hospital groups. I am also aware that the huge delays in cataract procedures mean many people are needlessly suffering restricted sight. The figures given by my colleague, Senator Boyhan, show that there are currently 43,700 people on the outpatient eye care waiting list. That is an upward trend from the 38,000 who were on the list at the end of 2016. Some 18,700 of these people are waiting more than a year and 13,000 are waiting more than 18 months. Almost 8,700 people were awaiting inpatient eye procedures at the end of August. Much like the long waiting lists for assessments and therapies, the claim that things are improving is diluted for citizens left waiting for such long periods.

In November 2017, the Vincentian Partnership for Social Justice, VPSJ, issued a report showing the much higher cost of living for people with visual impairment and made recommendations for adjustments to be made in welfare receipts, in order to meet the universally accepted definition of an acceptable standard of living. That has been ignored. The blind person's pension is exactly equivalent to the jobseeker's allowance, and like the jobseeker's allowance, has not been increased this year. It has not even increased in line with inflation, which means blind people are even poorer now than they were this time last year. Figures from the 2016 census show that unemployment for people with severe visual impairment is above 75%, and is possibly closer to 86%. That is a disgrace. We need to get people employed and independent. Perhaps eye clinic liaison officers will have some input there, by keeping people in their communities and looking out for valuable and satisfying work.

I refer to the recent decision by the Irish Wheelchair Association to cease operating the Cuisle retreat in County Roscommon, which I also spoke about on the Order of Business. Many families are devastated that a service that means so much to them will potentially disappear, though I hope it will not. This issue also demonstrates how much the voluntary sector makes up for the Government's failure to provide health services. I ask the Minister of State to use his influence to ensure a 12-month stay for the Cuisle centre until a long-term solution can be found. It is ironic that while we are discussing a motion which praises the Government's record on disability rights, wheelchair-dependent citizens are outside the gates of this House asking the Government to step in and save vital services. I urge the Minister of State to ensure the reinstatement of basic rights for those with disabilities and aim for full implementation of the UNCRPD, as well as the optional protocol. I also wish for the advancement of the Disability (Miscellaneous Provisions) Bill 2016, which contains many good amendments addressing the need to make rights that are on paper real for those affected.

I again congratulate Senator Conway. He is to be commended on highlighting the positive impact eye clinic liaison officers have. I wholeheartedly support rolling them out across all Irish hospital eye clinics.

Minister of State at the Department of Health (Deputy Finian McGrath): I thank Senators for raising this motion. I particularly thank Senators Conway and Lawlor for proposing and seconding it. I also thank Senators Swanick, Coffey, Boyhan, Buttimer, and Devine for their contributions. I welcome the opportunity to restate this Government's commitment to supporting people with disabilities and their families. I also welcome Professor David Keegan and Mr. Kevin Kelly, who I have known for many years and who has made a massive contribution to the disability sector, particularly to the issue of rights and inclusion for all people with disabilities.

As colleagues know, this Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. The overarching principle governing the planning and delivery of services and supports for adults and children with disabilities is that they should be integrated, as much as possible, with services and supports for the rest of the population.

Ireland has now ratified the United Nations Convention on the Rights of Persons with Disabilities which came into force for Ireland on 19 April 2018. The Government's approach to meeting the terms of the convention is one of sustained and ongoing improvement. Work is continuing on the reforms needed for an optimum level of compliance with the convention's requirements. The Department of Justice and Equality is the designated focal point as it has policy responsibility for the equality aspects of disability matters. The Government's approach to meeting the terms of the UN Convention on the Rights of Persons with Disabilities is one of sustained and ongoing improvement. Work is continuing on the reforms needed for an optimum level of compliance with the convention's requirements. The National Disability Inclusion Strategy, NDIS, 2017-2021 contains a wide range of practical commitments to improve the position of people with disabilities. I have just come from chairing the latest meeting of the steering group on the strategy, which was held in Croke Park this morning. The strategy provides a mechanism for joined-up working to deliver on Ireland's commitments to implementing the UNCRPD. The NDIS steering group, which oversees and monitors the implementation of the strategy, has an important role in guiding progress in this area. As stated, all of the disability organisations attended this morning. We sat down and hammered out and identified the positives, what was being done and what needed to be done.

The group is committed to carrying out a mid-term review of the strategy by the end of this year. In the context of this review, it is expected that the group will examine how the strategy is aligned with the articles of the convention and how it could be revised and built upon in order to continue progressive realisation of the aims of the convention. The National Disability Authority will also play a critical part in the implementation of the convention. It will carry out a review of progress with respect to the strategy's key indicators in this regard.

Significant year-on-year budgetary increases in the disability sector have positively impacted upon the lived experience of people with disabilities in Ireland. However, I recognise, and I have listened to colleagues here in the Seanad, that daily challenges remain for many people with disabilities and their families. Addressing the needs and rights of people living with a disability and their families is a priority for me and this Government. It is my primary focus, as Minister of State for disability issues. The UNCRPD supports that priority in providing a comprehensive and robust framework for the realisation of rights.

The Department of Health and the HSE have responsibility for a significant number of actions under the strategy. The HSE national service plan is focused on providing supports to people with disabilities and enabling them to maximise their full potential as independently as possible. The plan also provides for a significant level of funding, some €1.9 billion, to deliver essential front-line services for people with a disability. As much as €1.9 billion is being spent, as I speak, on the provision of disability services in 2019. The funding will increase in 2020. These core services span a spectrum of essential interventions that range from clinical therapeutic supports, rehabilitative training and day services, home care supports as well as respite and residential provision.

All funded service providers, including non-clinical service delivery-focused organisations are required to deliver safe and effective services within a defined budget allocation. The HSE must also ensure that it prioritises available resources on the basis of meeting the health and social needs of people with a disability. Our current policy promotes a non-condition specific approach to disability service provision based on the needs of the individual rather than the provision of services based on a specific disability diagnosis. A Programme for a Partnership Government commits this Administration to improving services and increasing supports for people with disabilities. Significant resources have been invested by the health sector in services for people with disabilities over the past number of years.

In terms of health spending, substantial expenditure has been agreed in recent budgets to support increased provision to people with a disability and their families. I am pleased that we have been able to both build upon significant existing resources and obtain additional funding for disability services in 2020. As I speak, the service plan is being finalised. With these additional moneys, the overall budget for disability services in 2020 is in excess of €2 billion. Please note that we will be spending in excess of €2 billion on disability services in the HSE service plan for 2020.

Many colleagues have asked what we are doing with the money. The increased level of funding in 2020 will enable us to continue to provide residential services to over 8,600 people with disabilities at more than 1,240 locations. Upon taking office, one of my priorities was to ensure that all young adults leaving school or training would have access to supports and services that meet their needs at one of the most crucial transition points of their lives. Additional funding of €13 million will provide supports and day services to approximately 1,600 young people with disabilities who will leave school and training next year.

I recognise the critical importance of respite for the loved ones and families of those with a disability. I am pleased to confirm that an additional €5 million, on top of the money given last year to provide for the opening of 12 new respite houses, will be provided in 2020 to build the capacity of our respite services so that we can better respond to the changing needs of service users and their families. Significantly, this funding will provide intensive support packages for children and young people in response to the changing needs of service users and their families. This initiative will include intensive in-home visiting support, planned overnight, specialist behavioural support and extended day-weekend and day-based activities for families.

Sláintecare is centred around providing services and supports at the lowest level of complexity. Finally, an additional amount of funding will be provided in 2020 to support the implementation of the autism plan, which includes a range of measures to improve services for people with autism and their families. Disability services are provided through the HSE to enable each individual with a disability to achieve his or her full potential and maximise independence, including living as independently as possible.

In terms of this debate, persons with disabilities, blind and vision impaired and deaf-blind can access a broad range of acute, primary and community-based services as well as specialist disability services. These services are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory and non-statutory voluntary and community groups.

Senators may be aware that the NCBI is a not-for-profit charitable organisation that provides support and services nationwide to people experiencing sight loss. The overall aim of

NCBI services is to enable people to live an independent life of their choice. NCBI provides services to over 7,000 people every year. The HSE disability services fund, under section 39 of the Health Act, provides a range of centre, domiciliary and community-based services to people who are blind or vision impaired. The funding is governed by a service arrangement, which identifies service delivery provided by the agency in return for the money being provided to them. The service arrangement is reviewed on an annual basis. NCBI received funding of €6.55 million in 2018 from the HSE disability services and is scheduled to receive similar funding in 2019.

In late 2018, on the basis of a proposal by the NCBI, the HSE provided funding through the Ireland East hospital group for a pilot project with the NCBI to put sight loss advisers in place in the Mater Hospital, the Royal Victoria Eye and Ear Hospital, and the Children's Health Ireland at Temple Street University Hospital. Treating clinicians can refer patients to an adviser who can then assist them to access social and community care. The initiative allows the clinician to focus on the medical management while the eye clinic liaison officer can advise them on the practical questions they may have, and refer them to the NCBI for further support and access to additional services. Earlier this year, a pilot service was established. In October 2019, the NCBI and the hospital group prepared a formal evaluation of the project, which has now been submitted to the HSE. While the HSE will take the time to consider the report in all its detail, the high-level findings of the evaluation are very promising. As many as 46% of patients are new referrals to the NCBI services and 78% of all patients received a referral to community-based services.

The HSE primary care eye services review group report was published in June 2017. The report sets out the way forward for a significant number of eye services to be delivered in primary care settings. Supported by the clinical programme and its model of care, the report recommends integrated care provision with hospital ophthalmic services. This will ensure that hospital departments are focused on patients who require more specialist diagnostics or treatments.

Both the HSE primary care eye services review group report and the model of care developed recommend the integration of hospital and community eye care services through integrated eye care teams. The recommendations of the report are being implemented on a phased basis as resources allow. This includes primary care revenue funding and the Sláintecare integration funding 2019.

Before I run out of time, I shall mention a few points that were raised by my colleagues here during the debate. I hope that is okay with the Acting Chairman.

Acting Chairman (Senator John O'Mahony): Yes.

Senator Martin Conway: The Minister of State has plenty of time.

Deputy Finian McGrath: Senator Conway has highlighted a very important issue and I thank him for his work in respect of it. The fact is that four out of five people lose their sight and that should not happen. He also raised the issue of waiting lists and I agree with him that we must tackle them. The Senator mentioned the link between the medical profession and NGOs. I agree that we must develop the link. From the children's hospital, I support the idea of having an eye clinic liaison officer in every hospital. That is something that we push. Not only can we push it among ourselves and at Cabinet level, as far as I am concerned, but I will also push that

within the national disability inclusion strategy, which I chair and a meeting of which I just left this morning. We need to see that as well.

Senator Lawlor talked about recognising the improvements and investments. At the same time, of course, we have much work to do.

Senator Swanick also highlighted the great work of the NCBI but also the issues and the gaps in the services, and stated that we need to respond. I will be responding to the issues that the Senator raised in the debate. Senator Boyhan talked about the waiting list and the pilot schemes and made a valuable contribution. The Senator talked about the funding for the eye clinics and highlighted the importance, as Senator Conway did, of the issue of children on waiting lists. That is something we must tackle.

Senator Buttimer talked about the need for strategic planning and I absolutely agree. The Senator also questions the funding issue. This is the debate we have every day in my Department. In 2020, we will hit over €2 billion for disability services. People ask me how, with that level of funding, we do not have enough front-line services and why there are gaps in services. That is an important question that we must ask within the reformed system. When I took over as Minister of State, I set three objectives: to invest in the services; to reform the services; and, above all, to change the mindset to put the person with the disability at the centre of services. I am having difficulties. The process is slow. The system is slow to react. Senator Buttimer makes the point of the co-ordinated strategy and let us have an honest debate. That is important.

Senator Devine raised an important example of another issue, a dementia issue, regarding advisers. The Senator offered a positive and constructive solution. I can assure the Senator that I will ratify the protocol as soon as I have an opportunity.

An issue that came up today that the Senator mentioned was Cuisle and the Irish Wheelchair Association. I am not closing any services. The Irish Wheelchair Association is a section 39 organisation. It got €40 million off us in funding for 2019. I met the Irish Wheelchair Association and the HSE yesterday. They say that people want to go to more inclusive hotels for respite breaks. That is their position. My job is to reflect that view. Of course, I take the point regarding the staffing issue. However, there will be debates with the unions and there will be redeployment. There will be issues like that as well going on. The bottom line is - this is where the mindset comes in - that most of those with a disability using that service say that the new project of hotel respite breaks are popular among people with a disability. People are voting with their feet and they themselves want to go on these breaks. The hotels have been selected and are working closely with them. That is part of the debate. I accept that point.

I am pleased to see that the motion put down by Senators today acknowledges that for the first time in the history of the State, we have a Minister of State with responsibility for disability sitting at Cabinet thus ensuring that all Government decisions will have an input from a disability perspective. I am proud to be Minister of State with responsibility for disabilities. Every Tuesday, I raise disabilities issues all the time. It is not only that the onus and pressure is on me, as Minister of State with responsibility for disabilities, to do my job. My job is to ensure that every Minister around that table, including in this debate the Minister for Health, does something on disability issues. That is why I chair the national disability inclusion group. That gives me an opportunity to have every Department in every few months to ask what it has done on disabilities in the preceding few months. The next time we have a proper national disability inclusion strategy meeting I will raise the issue on behalf of Senator Conway and the Senators.

As Minister of State, I have been inspired by the goals and achievements of the people I have met since my appointment. There are many times when I want to drop that word “disability” because I see many people with ability and that is what the focus should be on. I am more determined than ever to realise the priorities agreed by the Government and continuing to make the changes that are needed.

I thank Senator Conway for bringing forward this motion. I will strongly support it. There are sensible proposals in it. We need to develop it but we need to also ensure when we talk about the United Nations Convention on the Rights of Persons with Disabilities that we make it a reality for all people with disabilities or, as I say, all people with a lot of ability who want to make a massive contribution to Irish society. The way we do it is by us all working together to see if we can get value for money in our €2 billion and can every hospital in this country have eye clinic liaison officers. I thank the Senators for their contributions to this debate.

Senator Martin Conway: I thank the cross-section of Members of the House who spoke today. I also thank the many Members who contacted me who could not be here for various reasons but who are very supportive of the motion. That is indicative of the fact that nobody tabled an amendment to this motion which is unusual because amendments are tabled to motions in here on a regular basis. It speaks volumes in terms of the specific issue and what we are trying to achieve here.

Of course, I take on board the criticisms. I articulated them myself but probably not as forcefully as my colleague, Senator Boyhan. It would be remiss of any of us not to acknowledge the challenges and the difficulties. As a matter of fact, every month 329 new people go on waiting lists for eye treatment in this country. The number is growing. While many advancements have been made in areas, particularly in cataracts, with the facility in Nenagh which made sense, I often say to people in Clare that we need to be using hospitals, such as Nenagh and Ennis, to deal with our waiting lists for elective care such as this.

As an aside, I note that there are people outside the gate who are upset about the closing of the facility in Roscommon. In the previous Seanad, in 2013, I had the honour to launch an interesting toolkit on behalf of the National Disability Authority, NDA. The authority produced this toolkit for the tourism sector which advised hotels on how to make their facilities user-friendly for those with a disability. What they needed to do in terms of such matters as wheelchair accessibility was obvious and formed part of the building regulations, but this referred to issues such as background music at a certain level for those who may have difficulty hearing, and lighting at reception areas in hotels that needed to be at a certain level to help the visually impaired. It was a brilliant document, which has informed much of the tourism sector on what it needs to do. These are little things that make a big difference that, unless brought to people’s attention, they would not necessarily be aware of. I stated earlier on the Order of Business that many people with disabilities now want choice. They do not want to go back to the same place every year. They want to be able to go to different places and there is a duty on the private sector and the public sector to work together to provide equal access to facilities for everybody, irrespective of what their ability or disability is. It was brought up in the debate because it is a live current issue and I merely wanted to give that perspective.

Going back to the motion, the message that will be delivered from Seanad Éireann is clear. Seanad Éireann sees the benefit of the eye clinic liaison officers and the direct impact that they will have quickly on the lives of the ever-growing number of people who suffer sight loss. That is a powerful message because we are Seanad Éireann, the second House of Parliament in this

country. What we say here is listened to and matters. The fact that all colleagues came on board to unanimously support this motion sends a clear message to the Minister of State.

The €70,000 made available through the HSE to provide eye clinic liaison officers in the Mater Hospital, the Eye and Ear Hospital and Temple Street Hospital is only the beginning. The service plan being drawn up at present for 2020 needs to have an immediate impact. We need to see at least two or three more eye clinic liaison officers funded from it, through the hospital groups, to make what will be the adopted policy of Seanad Éireann a reality. There are people who will assist the Minister of State, the Department, the HSE and others in informing how the structure can be put in place. The structures that will be required in Waterford and Cork will probably be choreographed in a different way from the systems and structures that might apply in Donegal and Sligo, but the fundamentals will be the same. It will just possibly have to be tweaked. A full-time officer may not be required in certain areas whereas 1.5 officers will be required in other areas. I welcome the fact the Minister of State will bring it to the stakeholders' meeting, which he chairs very eloquently. The reports I hear back tell me it is making a difference. What we want to do is create an equal society whereby when somebody discovers he or she has a sight loss, society will engage with him or her straight away to provide the necessary supports.

The Minister of State spoke about the Irish Wheelchair Association getting €40 million a year. The NCBI gets €6.5 million and it does massive work. It is the number one agency dealing with sight loss in the country. The Minister of State is getting exceptional value for money for that €6.5 million. This is something that needs to be addressed with regard to core funding for the organisation. In unison, all Members who spoke today, including the Minister of State, acknowledged the phenomenal work done by the organisation on what can be described as a shoestring budget, but that is for another day.

Today, Seanad Éireann is sending a clear message to the citizens of the country that if they suffer sight loss, the State has a responsibility to ensure there is a person or persons who will immediately engage with them to help them come to terms with the diagnosis and provide immediate and instant access to retraining, equipment, education, peer counselling and the suite of various supports that are necessary. This is a very clear message. The Government has done a lot but an enormous amount still needs to be done. On this particular issue the Parliament and the House have sent a message to the Minister of State and I sincerely hope we will see it delivered.

I produced a booklet. It does not happen very often with Private Members' motions in the House but it is good to try to synthesise what we are trying to achieve in an easily readable format. I thank Aoife in my office for the work she did on it and Professor David Keegan for his input. I thank the House for providing time to debate the motion because time in the House is precious and we do not have a lot of it. I thank the Minister of State for his time and presence, the Members and Fine Gael because there is significant demand within the party for Private Members' time. We do not get it very often, and when we do, there is quite a demand for it. I thank them.

Acting Chairman (Senator John O'Mahony): I am reminded this is the Upper House and not the second House, so the Senator is putting himself down.

Senator Martin Conway: I thank the Acting Chairman for that correction.

13 November 2019

Question put and agreed to.

Sitting suspended at 2.05 p.m. and resumed at 3 p.m.

Teachtaireacht ón Dáil - Message from Dáil

Acting Chairman (Senator Diarmuid Wilson): Dáil Éireann passed the Finance (Tax Appeals and Prospectus Regulation) Bill 2019 on 12 November 2019, to which the agreement of Seanad Éireann is desired.

Education (Student and Parent Charter) Bill 2019: Committee Stage (Resumed)

SECTION 7

Debate resumed on amendment No. 15:

In page 10, between lines 17 and 18, to insert the following:

“(c) by the deletion of the following in subsection (5):

“and such rules may provide for the election of members and the dissolution of a student council.”,

and

(d) by the insertion of the following after “affairs” in subsection (6):

“including providing for the election of members and the dissolution of a student council.”.”.

- (Senator Lynn Ruane)

Acting Chairman (Senator Diarmuid Wilson): Senator Ruane was in possession when the debate adjourned.

Senator Lynn Ruane: Had I finished?

Acting Chairman (Senator Diarmuid Wilson): You were in possession and you were about to conclude.

Senator Lynn Ruane: I had just finished and the Minister would have been due for a response. I finished my contribution on amendment No. 15 and then the debate was adjourned so perhaps we will go straight to a response from the Minister, unless the Minister needs me to remind him of my contribution, which I am happy to do.

Acting Chairman (Senator Diarmuid Wilson): No.

Senator Paul Gavan: Go on.

Acting Chairman (Senator Diarmuid Wilson): I welcome the Minister, Deputy McHugh, back to the House.

Minister for Education and Skills (Deputy Joe McHugh): It was a very welcome intervention that I could not forget. It was an important intervention as well because the Senator was specifically talking about the voice of the student. That is something I am extremely interested in and I was part of the formation of Donegal Youth Council a long time ago back in 2000. It is really important to get the voice of the student right.

I did a wee bit of background checking on this and I do not have any evidence that even over the last two decades there has been any significant issue of boards being dissolved by schools or anything like that. I am confident the specific reference in the Bill to a “student council (where one has been established)” is simply reflecting the fact that primary schools may not have a student council. When no student council has been established the Bill still provides for consultation with the student body. I specifically refer to section 27B(1) of the Bill, which deals with the process where a school should prepare its student and parent charter.

The key focus of this legislation is on schools informing students, consulting with students and responding to feedback from student and school plans, policies and activities. This is specifically reflected in the large number of provisions in the Bill. I am confident the provisions in the Bill will allow that student voice to be heard. The big part of it is the fact the students will be working with the boards of management. Where schools do not have a student council, they will work along the guidelines. As somebody who shares the Senator’s strong opinions on advocacy of the student’s voice, I am confident the provisions in the Bill would do enough in themselves. It is not necessary to put anything further in there to strengthen it. That is why I will unfortunately not be accepting amendment No. 15.

Senator Lynn Ruane: The Minister is right in his point about boards being dissolved and I do not have evidence of that happening either to be quite honest. For me, this amendment was to prevent such a thing. We also never had an Education (Student and Parent Charter) Bill. I feel there is room to begin to have more equality of input between students, parents and boards. There might be potential there to silence students or student councils.

I hear the Minister saying he cannot support this but between now and Report Stage would the Minister consider what we can put in the Bill in terms of the schools that theoretically say they have student councils but do not actually convene those student councils in any real formatted and structural way so that the students have a place where they can contribute to legislation such as this or to the general school community? Between now and Report Stage, would the Minister consider thinking about how we could put measures into the Bill whereby if a student council is in existence, it should hold a minimum of three meetings within the school year, or one meeting per term, for example? I would have to think about how that would look in practice but unfortunately, we have many schools that say and promote the idea they have a student council and yet, the teachers are not providing the space for the students to meet as a council. Whatever about not dissolving councils, it is about having councils and not being able to utilise them because they are not meeting. Sometimes that is not down to the students. I have experience of students constantly asking for the student council to meet, one teacher would have specific responsibility for the student council and they would find it difficult to nail that particular teacher down to set meeting times. Are there other less blunt ways of doing this

than through my amendment? Are there other avenues we can take to strengthen the role of student councils?

Deputy Joe McHugh: I appreciate where the Senator is coming from. One of the things we are trying to avoid here is uniformity. Senator Ruane, other Senators in the House and I know that no two schools are the same in ethos and philosophy. I reassure the Senator that there is provision for this within the guidelines. The education partners will include student representative bodies as well and I know we are living in a period where the voice of the student is becoming stronger and louder and there is a sense of urgency in that voice as well. When the education partners meet at the consultative stage of the development of this Bill, there will be a lot of suggestions for the guidelines. I reiterate I am confident they will get it right. I know what the Senator is saying about whether there should be a prescription around how many meetings a year the student councils should have but that gets the Bill into-----

Senator Lynn Ruane: A minimum.

Deputy Joe McHugh: -----disrupting schools. In some schools they meet on a very regular basis and different schools have different ways of doing things. We will look at this again before Report Stage. If there is anything we can do to build reassurances around that, I will get my officials to look at it.

Acting Chairman (Senator Diarmuid Wilson): Is Senator Ruane pressing amendment No. 15?

Senator Lynn Ruane: I will withdraw it with the right to resubmit it on Report Stage.

Amendment, by leave, withdrawn.

Section 7 agreed to.

SECTION 8

Amendments Nos. 16 to 24, inclusive, not moved.

Senator Lynn Ruane: I move amendment No. 25:

In page 10, between lines 33 and 34, to insert the following:

“(f) an explanation of the role of the Ombudsman for Children under section 9 of the Ombudsman for Children Act 2002 and the complaints procedure thereof.”.

The amendment proposes an amendment to the new section 28 of the Education Act 1998, which relates to the procedures available to students and parents to resolve grievances with schools. It sets out the matters that must be included in the procedures for dealing with grievances, how grievance will be investigated and resolved and how any decisions will be implemented.

The amendment proposes to insert an additional subsection which would require that any school procedures relating to grievances would include an explanation of the role that the Ombudsman for Children can play when investigating complaints against a school under section 9 of the Ombudsman for Children Act 2002. Section 9 provides that the ombudsman can investigate the actions of a recognised school and provides an option for recourse for students and parents who have not had an issue resolved locally and with their own board of management.

The ombudsman plays a key national role in this respect, offering expertise, experience and a statutory basis to make investigations into the actions of the school. I want to ensure that the procedures for resolving grievances within schools and for students and parents to complain within their school environments also include a description of the options to escalate the issue to the Office of the Ombudsman for Children.

This Bill sets out a new collaborate to school grievances, which I welcome. Unfortunately, there will always be issues that cannot be resolved in the local school environment and will need the intervention of the ombudsman to resolve them. I want to see a statutory guarantee that an explanation of this route will be set out in the procedures relating to grievances. I hope the Minister will accept my amendment.

Deputy Joe McHugh: The amendment provides for the explanation of the role and complaints procedure of the Ombudsman for Children to be included in section 28. I accept that the Bill does not currently make it an explicit requirement that the grievance procedures would require that schools inform students or parents of their right to make a complaint to the Office of the Ombudsman for Children following the exhaustion of those procedures. However, it is my intention that this requirement will be included in the guidelines on the grievance procedures. Nonetheless, I understand and agree with the intention of the Senator in respect of her amendment. However, I consider the wording that refers to grievance procedures including “an explanation of the role of the Ombudsman for Children” is too broad. It is preferable and more practicable to ensure that the grievance procedures make clear that students and parents should be informed, that they can make a complaint to the Ombudsman for Children’s Office, and that they must be provided with the relevant information or contact details in order to do so. I do not think it appropriate for the grievance procedures to set out in detail an explanation of the ombudsman’s role. Therefore, I cannot accept the amendment in its current form.

I am happy to have my officials consider this issue further with the legislative drafters, with a view to bringing forward an amendment on Report Stage, if required. I agree with the intention of the Senator in respect of her amendment.

Senator Lynn Ruane: I accept the point the Minister made. I will not press the amendment at this Stage and will wait to see if he comes up with a better wording or way of achieving the same outcome.

Amendment, by leave, withdrawn.

Acting Chairman (Senator Diarmuid Wilson): Amendment No. 26 in the name of Senator Craughwell cannot be moved.

Amendment No. 26 not moved.

Senator Paul Gavan: I move amendment No. 27:

In page 10, after line 36, to insert the following:

“(3) Where a school decides not to deal with a grievance on the basis of it being vexatious or frivolous it shall, where appropriate, notify the complaint outlining as to why it deems this to be the case, and keep a record of this decision.”.

I welcome the Minister. My amendment has been proposed to address what I believe may have been an oversight in regard to transparency. We all acknowledge that it is likely that

schools will, from time to time, receive complaints that may not hold water. The opinion of the school may be that the complaint is frivolous or vexatious and, to reach a consensus, a discussion must be had about why this is the case. My amendment provides that any such decision will be put in writing and the basis for reaching such consensus will be outlined. This will be in the interest of the schools to protect themselves going forward regarding matters that may arise in the future. It will also give the complainant, where appropriate, a clear rationale as to why his or her complaint has been dismissed.

I note the drafting error in this amendment where the word “complaint” should read “complainant”. I intend to address this on Report Stage.

Deputy Joe McHugh: I thank the Senator for his amendment. The amendment requires a school that decides not to deal with a grievance on the basis that it is vexatious or frivolous to notify the student, parent or parents as to why the school has deemed the grievance to be vexatious or frivolous and to keep a record of the decision.

Section 8 of the Bill replaces the existing section 28 of the Education Act 1998 and provides for new standardised grievance procedures in all schools. The charter guidelines will set out the details of the new grievance procedures and these will focus on dealing with complaints efficiently, effectively, fairly and, as far as possible, informally. The grievance procedures will be developed in consultation with the stakeholders, including parents and student representatives, which will help to ensure the procedures are straightforward, fair and accessible to parents and students.

The new section 28(1)(d) provides that the new grievance procedures shall include a requirement on schools to give reasons for decisions in relation to grievances. It is intended that this would also include schools giving reasons when they decide not to deal with a grievance when the grievance is, in the opinion of the school, vexatious or frivolous. Therefore, I consider that the Bill already provides for schools to provide reasons where they decide not to deal with a vexatious or frivolous grievance and that the amendment proposed is not required. However, I am happy to have this matter further considered. If it is considered necessary to include an explicit amendment to provide for this, I will be happy to bring an amendment forward on Report Stage.

I note that there appears to be an error in the wording of the amendment which uses the term “notify the complaint”. The Senator has pointed out that this should read “notify the complainant”.

While I will not accept the amendment in its current form, I am more than happy to consider the matter to try to provide more clarity on Report Stage. I will also consider making an explicit reference to the matter in the Bill. I will be happy to do that if the Senator is happy to work with me.

Senator Paul Gavan: I take on board what the Minister has said and I will withdraw my amendment with a right to resubmit it.

Amendment, by leave, withdrawn.

Acting Chairman (Senator Gerry Horkan): Amendments Nos. 28 and 29 in the name of Senator Craughwell cannot be moved as the Senator is not here.

Amendments Nos. 28 and 29 not moved.

Section 8 agreed to.

SECTION 9

Acting Chairman (Senator Gerry Horkan): Amendment No. 30 in the name of Senator Craughwell cannot be moved.

Amendment No. 30 not moved.

Section 9 agreed to.

SECTION 10

Senator Lynn Ruane: I move amendment No. 31:

In page 11, lines 13 to 16, to delete all words from and including “in” in line 13 down to and including line 16 and substitute “by the repeal of subsection (2).”.

My amendment seeks to amend the section, which amends section 9 of the Ombudsman for Children Act 2002. I thank the current ombudsman and staff in his office for meeting me to discuss the provision. The section, as it stands, simply makes a technical amendment to reflect the legislative references made by this Bill. I refer again to the pre-legislative scrutiny process undertaken by the Joint Committee on Education and Skills. This exact amendment was proposed in head 7 but it has been dropped from the Bill, as initiated. I have yet to receive a substantive explanation as to why this crucial provision was dropped. I have tabled my amendment for that reason.

The amendment proposes to delete section 9(2) of the 2002 Act, which states that the Ombudsman for Children can only investigate the actions of a school on foot of a complaint from a parent or student where the local grievance procedures within the school have been exhausted. I do not see the need for the provision as I am concerned about the levels of oversight that will be possible under the provisions of this Bill if the ombudsman can only intervene at the very end of the process. There are many reasons the ombudsman may need to begin an investigation earlier than currently allowed. I can imagine a belligerent board of management using the knowledge that the ombudsman cannot intervene until its procedures are exhausted for the board’s own ends at the expense of the interests of the student. Imagine if we only allowed other investigatory and regulatory bodies to begin investigations once local complaints procedures were exhausted. Would we allow this in hospitals and social care homes? We would not allow it and we should not allow it in schools.

I want the ombudsman to be able to intervene and investigate at the stage that he or she believes most appropriate and helpful, not because an arbitrary restriction in the legislation provides that he or she must wait until local procedures have been exhausted. I do not understand the reason such an important provision was included in the general scheme presented to the joint committee on Education and Skills before being dropped without explanation. My amendment must be accepted and this unnecessary restriction on the role of the ombudsman removed. It allows for an intervention to be made much earlier in the process. It also improves the balance of power and brings equality for students, teachers and schools. Grievances could be resolved at a much earlier stage, rather than having to exhaust every single possible solution. At that stage, a child could be missing school and the relationship with the school will have

broken down. This provision is a preventative tool as it would allow the ombudsman to intervene at an earlier stage if he or she fits to do so, rather than waiting for processes to conclude.

Deputy Joe McHugh: I thank the Senator for tabling this amendment. It would provide for the repeal of subsection (2) thereby deleting subsection (9)(2) of the Ombudsman Children Act 2002, which prevents the Ombudsman from investigating a complaint until a local school compliant process has been exhausted. I understand the concerns raised by the Senator and my Department is actively considering this provision in conjunction with the Office of the Ombudsman for Children. There is ongoing engagement on that. That engagement will involve the Department of Children and Youth Affairs and the Office of the Attorney General and a decision will be made when it has concluded.

As part of this work, further, more detailed consideration must be given as to how best to balance factors such as the valid issues raised by the Senator, the current legal framework under which the Ombudsman for Children's office operates, the autonomy of schools and the general desirability that grievance procedures at school level should be followed before the Ombudsman for Children's office would become involved in a complaint.

While I cannot accept the amendment at this time, I assure the Senator that this issue remains under active consideration by my officials. I hope to bring forward an amendment for Report Stage. In layman's terms, it is not giving the Ombudsman the full rein but there are examples where schools may in the future frustrate or delay proceedings. That is the space we are in. I am happy to consider the issue again but, because a conversation is ongoing between the Department of Children and Youth Affairs and the Ombudsman for Children, I am not in a position to accept this amendment today.

Senator Lynn Ruane: I am happy with the Minister's response and will wait to see how the conversation progresses with the Office of the Ombudsman for Children. I will withdraw the amendment and reserve the right to resubmit it on Report Stage.

Amendment, by leave, withdrawn.

Section 10 agreed to.

Section 11 agreed to.

TITLE

Question proposed: "That the Title be the Title to the Bill."

Deputy Joe McHugh: I briefly wish to thank the Senators. Amendment No. 5 was discussed during the debate on the Bill last week. Its content now forms part of the Bill, having been voted through last week. I wish to advise the House that both my officials and I need to examine the provision in more detail in conjunction with the Office of Parliamentary Counsel to consider how it will work with the other provisions of the Bill. In particular, I need to reflect on the additional administrative burden the amendment places on schools. From a technical drafting point of view, I also need to consider whether the amendment is inserted in the most appropriate section of the Bill and whether it may need to be included in a separate section. There is a bit of housekeeping to be done in that regard. As a courtesy, I want to advise the House that I may need to bring forward an amendment to this provision on Report Stage. I want to be courteous and nice about it rather than demanding.

Acting Chairman (Senator Gerry Horkan): I thank the Minister for that.

Question put and agreed to.

Bill reported with amendment.

Acting Chairman (Senator Gerry Horkan): When is it proposed to take the next Stage?

Senator Maura Hopkins: Next Tuesday.

Report Stage ordered for Tuesday, 19 November 2019.

Sitting suspended at 3.24 p.m. and resumed at 4.30 p.m.

Election of Acting Chairman

Clerk of the Seanad: I have to inform the House that both the Cathaoirleach and the Leas-Chathaoirleach are absent from this meeting of the Seanad. Pursuant to Standing Order 12, it will be necessary, therefore, to elect a Member to perform the duties devolving on and exercise the authority conferred on the Cathaoirleach by Standing Orders for the period of absence of both the Cathaoirleach and the Leas-Chathaoirleach. I will take proposals for the election of an Acting Chairman.

Senator Jerry Buttimer: I propose Senator Wilson.

Clerk of the Seanad: Is it agreed that Senator Wilson take the Chair? Agreed.

Senator Diarmuid Wilson took the Chair.

Illegal Drugs: Motion

Senator Keith Swanick: I move:

“That Seanad Éireann:

notes that:

- individuals, families and communities throughout the country have been devastated by illegal drugs;

- drug-related harm consistently clusters in communities marked by poverty and social inequality;

- drug-related deaths in Ireland are at the highest figure ever, increasing from 431 in 2004 to 736 in 2016;

13 November 2019

- new drugs appear regularly on the illicit market while familiar drugs such as cannabis are becoming more potent;

- too many people are living daily with the nightmare of drug-related intimidation and violence;

further notes:

- the significant increase in drugs offences recorded by an Garda Síochána;

- the increase in the value of drug seizures from €29,706,281 in 2016 to €71,859,695 in 2017;

- not all drug users are addicts and there has been a significant rise in casual and occasional drug use;

- a changing pattern of drug use during the recent economic recovery;

- the latest drug treatment figures from the Health Research Board show a 50% increase in the number of cases presenting for cocaine treatment between 2017 and 2018;

- in 2018, a total of 10,274 cases were treated for problem drug use;

- the number of new entrants to treatment increased from 3,272 in 2012 to 3,962 in 2018;

- Ireland is one of six European countries where crack cocaine abuse has increased in the past five years;

- every cent spent on illegal drugs funds organised crime;

- the reduction in the number of Gardaí assigned to drug units;

agrees:

- the importance of a public health approach to drug and alcohol misuse is paramount;

- there is widespread concern that the partnership approach, which has been at the heart of drugs strategies since 1996, is now in danger of collapse;

- community participation and interagency working is crucial to an effective response to an increasingly complex and challenging drugs problem;

- there is apprehension and frustration at the failure of Government to meet commitments on community involvement;

- investment in drugs task forces has stagnated in recent years with an increase of 1.7 per cent since 2015 compared to 28 per cent in overall health expenditure;

- there is a need for comprehensive services in prevention, detoxification treatment and rehabilitation;

and calls for:

- the Government to act as a matter of urgency to restore confidence in the National Drugs Strategy;
- An Taoiseach to appoint representation at a senior level from his own Department to the National Oversight Committee of the National Drugs Strategy;
- an increase in the level of funding for drugs task forces and treatment services;
- action to be taken against open drug dealing on city streets;
- the strengthening of criminal law against the use of children in drug trafficking;
- increased investment in the Juvenile Diversion Programme; and
- a major education and information campaign to be undertaken on casual drug use.”

We are all aware that the drug crisis in Ireland has reached epidemic proportions. Individuals, families and communities throughout the country have been devastated by illegal drugs. Drug-related harm consistently clusters around communities marked by poverty and social inequality. There have been many drug-related deaths in recent years, with the number rising from 431 in 2004 to 736 in 2016. New drugs appear on the market regularly while familiar drugs such as cannabis are becoming more potent. On a day-to-day basis, too many people and families across in rural and urban settings are living with the nightmare of drug-related intimidation and violence. Garda figures show that there has been a huge increase in drug-related offences across the country but also, thankfully, in the number of drug seizures. For example, more than €29 million worth of drugs were seized in 2016 and €71 million worth were seized in 2017. This is a huge and vast amount of money that funds crime.

Not all people who use drugs are addicts but there has been a significant rise in occasional drug use. This is a very worrying trend because it often goes hand in hand with psychiatric illness. Even drugs such as cannabis that are not considered potent by some people - I disagree because I believe it is very potent - have serious psychiatric manifestations and can cause psychosis and paranoia. There has been a changing pattern of drug use during the recent economic recovery. The latest drug treatment figures from the Health Research Board show a 50% increase in the number of cases presenting for cocaine between 2017 and 2018. Last year, a total of 10,274 people were treated for problem drug use. The number of new entrants to treatment increased to more than 4,000 in 2018. Ireland is one of six countries where crack cocaine abuse has increased in the past five years.

We can never allow ourselves to forget that every cent spent on illegal drugs goes to fund organised crime. There has been a reduction in the number of gardaí assigned to the drugs unit. The Government needs to look at this and redirect resources into the sector. We need a top-down and bottom-up approach to tackle the scourge of drug abuse in Ireland. The importance of a public health approach is paramount. There is widespread concern that the partnership approach at the heart of drug strategies since 1996 is now in danger of collapse. Community participation and inter-agency working is crucial for an effective response to increasingly complex and challenging drug problems. There is apprehension and frustration at the failure of Government to meet community involvement at community level. Investment in drug task forces has stagnated in recent years, with an increase of 1.7% since 2015 compared with 28% in overall health expenditure. There is also a need for comprehensive services in prevention, detoxification and rehabilitation.

The Government needs to take this problem seriously and it must act as a matter of urgency in order to restore confidence in the national drugs strategy. My colleague, Deputy Curran, has called on the Taoiseach to appoint senior-level representatives from his Department to the national oversight committee relating the national drugs strategy. We need to increase the level of funding for drug task forces and treatment services. We need to take action with community policing against the open drug dealing that occurs on a day-to-day basis on streets in cities, towns and villages, all of which have been affected by the scourge of drug use.

As legislators, it is our job to strengthen the criminal law against the use of children in drug trafficking. We need increased investment in the juvenile diversion programme and a major educational roll out in schools to highlight the dangers of drug use to children prior to using drugs to highlight the adverse mental health and physical manifestations caused by drugs.

We know it is a complex issue. Not only does it affect the people who take the drugs, it also affects their loved ones and the communities in which they live. Drug abuse is not limited to particular sectors of society. It is both a rural and an urban problem; it knows no class and it crosses all boundaries. Drugs are far too readily available and, sadly, the age at which young people and teenagers start to take drugs is lowering all the time. That is a very worrying trend. The use of young people as runners by drug gangs is frightening. For many people, taking drugs can lead to a lifetime in mental health services. I saw this myself when I worked as a GP and in psychiatry at St. Ita's Hospital in Portrane. I worked too in the mental health sector in Artane and in the accident and emergency department of Connolly Hospital Blanchardstown. I saw on a day-to-day basis the physical and mental manifestations of drug use. These were the so-called benign drugs such as cannabis. In my opinion, there is no such thing as a benign drug.

Drug use leads to anti-social behaviour and to crime, directly and indirectly and more needs to be done. We must tackle our crippling drug problem and we need a major reform in our approach to do that. Sweden is an excellent example of what happens when we take illegal drug use seriously. Drug use in Sweden is just one third of the European average while spending on drug control is three times the EU average. There is a direct correlation between the amount of money spent on drug prevention programmes and the use. For 30 years, Sweden has had consistent and coherent drug-control policies, regardless of which party is in power. It would appear to have adopted a Sláintecare-type approach to the issue with a ten-year strategy so that regardless of which party is in power the policy does not change. There is a strong emphasis on prevention, and extensive treatment and rehabilitation opportunities are available to users. The police in Sweden take drug crime seriously and are adequately funded for this task. This is a timely motion and I hope it will gain the support of the House.

Senator Jennifer Murnane O'Connor: I second the motion.

Across this country, lives are being devastated by drug use, drug addiction, drug dealing and drug-related deaths. This Government has not invested the correct amount of funding to fight the war on drugs and the result has been a staggering rise in the consumption of drugs, addiction, social breakdown, drug-related deaths and tragedies. The situation is so bad that we saw only last month all nine former Ministers who held responsibility for the national drugs strategy come together to call on the Taoiseach to act now to reinvigorate drugs policy because the problem has reached epidemic proportions. Having steered the national drugs strategy over a 20-year period between 1996 and 2016, the former Ministers expressed concern and frustration at the failure of this Fine Gael Government to honour its commitment work in partnership with community groups.

Despite constant drug seizures by very capable Garda drug units throughout the country, we seem to be in a state of denial about what is happening when it comes to drugs. The position has changed dramatically in the 22 years since the State acknowledged that Ireland's drug problem was primarily an opiate problem, mainly caused by heroin, and principally a Dublin phenomenon. That is by no means an accurate reflection of the current position.

In June last, the European Monitoring Centre for Drugs and Drug Addiction, EMCDDA, published the European Drug Report 2019: Trends and Developments. The statistics were stark. It found that drug use among young people in Ireland is growing, with use of ecstasy among 15 to 24 year olds quadrupling between 2011 and 2015. Drug-related deaths have shown an upward trend since 2009, with 224 such deaths recorded in 2016. This data is from 2017, the most recent year for which data are available, and was compiled by the EMCDDA from a variety of sources.

According to the most recent global drug survey, more than half those surveyed who are using cocaine want to stop but need help to do so. However, help is not available, which is a serious problem. Despite this, the Minister of State with responsibility for the national drugs strategy stated last month that there had been an increase in the allocation for the development of a strategic health initiative by the HSE drug and alcohol task forces. Throughout the country, service providers dealing with people who are suffering as a result of drug use or addiction are facing closure because of a lack of funding and increased demand. I know of one rehabilitation service in Carlow which needs funding to help the young people with whom it works to rebuild their lives which have been significantly influenced by drugs. The service is in such difficulty that it is threatened with closure, which would leave a number of service users without the vital help they need.

The funding being allocated to local and regional drug and alcohol task forces in communities falls far too short. Investment in drug task forces has stagnated in recent years, having increased by 1.7% since 2015 compared with a 28% increase in health expenditure overall. The 2019 HSE service plan was very disappointing as regards the provision of new funding to tackle Ireland's drug challenges. The plan was devoid of references to drug and alcohol task forces or the funding to be provided to them. The task forces also receive direct funding from the Department of Health.

It is also evident that the HSE is finding it difficult to meet some of its targets. For example, the 2018 service plan set a target of three days for the average waiting time from referral to assessment for opioid substitution treatment. The outturn was five days. The 2019 target is four days.

We are now well into the third year of a new national drug strategy and if commitment to implementation is to be judged by the funding of services provided, this plan gives great cause for concern. There has been a significant increase in the use of crack cocaine and in the number of drug users in the young population. The latest drug treatment figures from the Health Research Board show a 50% increase in the number of people presenting for cocaine treatment between 2017 and 2018, while opiates remain the most common drug reported among those treated for drugs use.

Cannabis is the second most common drug for which people receive treatment. It is very often perceived as largely non-harmful and it is an extremely popular recreational drug, second only to cocaine. The use of drugs is on the increase and people need to be educated about the

links between drug use and the long-term mental health issues. If we had greater investment in the local drug and alcohol task forces, we would achieve change. The task forces are experiencing great difficulty recruiting youth outreach workers as there is no budget to do so. We need more support in local communities that are being ravaged by drugs.

Time and again, at joint policing committee meetings all over the country, the drugs trade is cited as one of the most challenging problems in society. According to those who are dealing with this blight on society, there are more drugs available now than there were in 2018. Some 55 new psychoactive substances were detected in Europe for the first time last year, bringing the total number of such substances monitored by the EMCDDA to 730. It has become easier to find and buy drugs online, in the local pub or club and in schools and colleges. We have a massive problem and society is losing the battle.

Local and regional drug and alcohol task forces play an essential role in communities across the country by providing a targeted response to emerging trends in drug and alcohol use. They cannot continue to do this good work, however, if they are overstretched and underfunded. Their work very often extends beyond dealing with addiction to dealing with anti-social behaviour, public drug use and drug litter. The task forces are under enormous pressure. The bottom line is that if their progress and work is to continue making a meaningful difference to people's lives and in communities, they must be consistently supported financially. Funding is the big issue in this regard.

The Fianna Fáil Party spokesperson for national drug policy, Deputy John Curran, has prepared draft legislation to tackle the use of children in the distribution side of the drugs trade. The new Bill would see the introduction of two new criminal offences. It would become a criminal offence to purchase drugs from a person under the age of 18 or to cause a child to be in possession of drugs for the intent of sale and supply. The use of minors in drug distribution networks is appealing because, owing to their age, there are fewer criminal consequences if minors are caught. This Bill seeks to change that and, in doing so, it would make it less attractive for those higher up in the distribution chain to use young people in this manner. We hope that the combined effect of these two new offences will be to protect young people against getting involved in the drug economy.

The number of gardaí committed to drug units across the country has reduced significantly since the beginning of the decade despite a spike in drug crime. While there has been a modest increase in the number this year, the overall trend since the beginning of the decade continues to be that the strength of Garda drug units is declining. As of September, drug units across the country had 232 Garda members, including inspectors and sergeants. The increase by ten in this number over the previous year was only the second such increase since 2011. The other increase was in 2015 when just four gardaí were added to the specialist units. In 2011, drug units nationwide comprised 359 gardaí. This figure had decreased to 253 by 2014 and to 222 in 2018. During this period, the number of gardaí in the drugs unit in Dublin decreased from 147 to just 80, Limerick lost half of the 20 gardaí in its drugs unit, while the number of gardaí in the Cork city drugs unit decreased from 38 to 23. In the Carlow-Kilkenny region, my local area, we lost 75% of our drugs unit, with numbers falling from eight members to two. The strength of the Wicklow drug unit decreased from 11 in 2011 to four this year. Donegal, Laois and Louth saw numbers in their drugs units halved, while Clare lost two thirds of the number of gardaí in its unit. Most other counties saw minor decreases, while numbers in Kerry, Kildare and Waterford have increased since 2011 and numbers in Mayo, Meath and Tipperary stayed the same. These figures are very worrying. The decrease of more than 35% between 2011 and

2019 comes as the number of controlled drug offences increased by 13% in the same period nationally, from 17,571 in 2011 to 20,153 between June 2018 and June 2019. Calls are made for more resources at all meetings of the joint policing committees. Extra resources are badly needed in these divisions, not reductions.

Fianna Fáil believes in examining the feasibility of decriminalisation as a means of help us to turn a corner in efforts to reduce drugs use. The leading Irish drug project, Ana Liffey, recently launched its campaign, #SaferFromHarm, in collaboration with the London School of Economics, to emphasise that health not criminal justice should be at the core of the State's response to the possession of drugs for personal use. Drugs were once considered to be an issue only for city areas with lower socio-economic status, including areas of Dublin where there was an issue. The problem has spread across the country and is huge. In an ideal world, no legislative response would be necessary. We do not live in that kind of world, however. We live in the real world and the crisis of public drug use, associated gangland criminality and open drug dealing requires us to explore possible solutions to a broadening public health crisis we can no longer ignore. We are conscious that there are many ethical considerations, but drugs are impacting every town, every village and every household nationwide. We either ask ourselves difficult questions or we continue to leave vulnerable people suffering in addiction and being exploited by merciless drug dealers. The traditional methods of prohibition are not working and we need to listen to the experts in this area to inform ourselves of the challenges ahead. That is crucial.

In our submission for the 2017 drugs strategy, we stated that there should be an exploration of the introduction of a delayed criminalisation model where those committing drug offences currently defined as being for personal usage are directed towards proper treatment and intervention. It is important that this model would be properly codified, constructed and formalised to ensure that people with a drug addiction are given the opportunity to overcome that addiction. We also feel there is an urgent need to review the methadone treatment protocol, as the last review was conducted almost ten years ago. While methadone has a significant role to play in harm reduction, our concern is that more than 10,000 people are now on a methadone treatment programme and it is being used as a long-term solution without any integrated care plan for each patient. More than 6,000 people have been on methadone for five years or more, while more than 4,000 people have been on it for over ten years. That is a long time to be on an opioid substitution treatment.

There appears to be a lack of patient-centred care plans for those receiving methadone. It is particularly concerning that since 2016 some 70 to 80 teenagers have been on a treatment programme. There must be better outcomes and pathways to recovery. I believe that all of us working together can achieve better outcomes and fight the war on drugs with better tools, funding, resources, policy and education. We need a national education awareness campaign and we need to give the tools to just say no to our young people if we are going to tackle this scourge in our society.

Senator Martin Conway: I welcome this important motion from the Fianna Fáil Party on the scourge of drugs in our society. I welcome the Minister of State, Deputy Catherine Byrne, to the House. For many years, she has represented communities, parts of which have been badly affected by drugs. She is on the ground and knows exactly the consequences drugs use has for people. She has first-hand experience of this issue as a former Lord Mayor of Dublin, councillor and Deputy of the impact of drugs on people's lives. In all of the Oireachtas, certainly in the major parties, we could not find somebody better equipped to deal with this issue. I know the Minister of State listens to the wisdom of this House.

When I look at these issues and consider who knows what happens, has a better handle on the issue and how to come up with a solution to overcome the problem, it is Senator Ruane; she inspires us to do better. We can, will, should and need to do so. We should always aspire to do better and that is what this motion does. It calls on all of us to do better and we are all united in appreciating that there are challenges and this is not an easy problem to solve. It is most difficult for the families directly impacted and the communities affected by violence, and the consequences of that violence, arising from the drugs trade. That is worrying.

We have to approach this issue from a number of angles. We need to deal with the major drug dealers, the big boys. I dispute the figures mentioned, particularly for Clare. I refer to the drugs unit being reduced. That is not what has happened. A core group works full time in the drugs unit and then rotates. That is a far better system. A number of gardaí go into that unit for six months and work there exclusively for that time. They will then be redeployed and replaced by another group of gardaí. I discussed this issue and sought clarification as recently as last Monday with the chief superintendent in Clare. While it appears as if the drugs unit is reduced, more gardaí are actually getting direct experience working in the drugs unit. Those gardaí bring their acquired knowledge with them when they are redeployed into other units and are far better equipped to deal with the drugs issue.

An Garda Síochána tends to get what it looks for and it is the Commissioner's responsibility, and that of his senior management team, to decide how resources are deployed. We have more gardaí now than we have had in some time and in real terms we have more gardaí on the beat than ever before because of the upscaling of the back office civilian element of An Garda Síochána. Within a few years, more than 20,000 people will be on the payroll of An Garda Síochána and at least a quarter of those people will be civilian staff, dealing with the stamping of forms, passport applications, human resource issues, public relations and all of the other necessary paperwork and supporting administration required for an organisation as large as An Garda Síochána. Heretofore, the vast majority of that work was done by gardaí who were qualified and could have been on the beat. A significant recalibration is happening and the results will percolate right down to gardaí on the beat.

I would like to see all gardaí who have worked in drugs units having understanding and compassion. That is important and many gardaí do have compassion. The most important thing we need to do, however, is deal with the criminals. I refer to the inner-city gangs, not just in Dublin but in every other city. Those gangs are making fortunes. We passed legislation in this House some years ago that empowered the Criminal Assets Bureau, CAB, to target not just major criminals, but lesser criminals as well. I refer to the people driving flashy cars who may not be making tens of millions of euro from the drugs trade but are certainly making hundreds of thousands of euro each year from their criminal activities. Last year, CAB made seizures valued at about €7 million or €8 million. The unit had more seizures in 2018 than ever before and that was because the Oireachtas equipped it and changed the legislation.

A determined effort is under way against the drugs trade. I spent an hour and a half with the Garda Commissioner yesterday talking about the drugs issue. I will come to that in more detail in a minute. The other area we need to examine concerns people using drugs who find themselves addicted. That is a health issue and not a justice issue. I went to Portugal as part of a delegation from the Joint Committee on Justice and Equality during the last Seanad term and we witnessed how the drugs issue was dealt with there. It is not a perfect system, but it is certainly a far better approach and a health-driven one. I bow to the immense experience in the area of medicine of our friend and colleague, Senator Swanick. He knows what he is talk-

ing about and he will appreciate where I am coming from on this aspect of the drugs issue. A justice approach is not the way to deal with people who have addictions. It should, instead, be a health-led approach and we are moving in that direction.

Another approach has to involve educating middle Ireland. We should let the people going out on Saturday night, who are snorting cocaine and taking other drugs, know that they are, ultimately, destroying their own health.

I am convinced that in 20 or 30 years, there will be medical conditions as a result of using these substances that we do not have experience of today. We should point out in simple English that they are fuelling organised crime and gangs such as the Kinahan and Hutch gangs which murder people on the streets over money, territory and territorial claims. I was out with Garda Commissioner Harris yesterday because I was with an organisation called Think Before You Buy, a fantastic group from Blanchardstown which is running a campaign to try to educate and make middle Ireland aware that there are consequences for going out on Saturday night and taking a strip of cocaine. The Commissioner was taken by the contribution that this group had made. He had already done his research, seen its videos, sat down with its members and listened to their arguments and case. He could see the logic in it and will work with the group on a development and education campaign to determine how it will work. What it has done on a pilot basis in Blanchardstown, which has produced evidence and results, can be turned into a national campaign.

Over the years, we encouraged people to give up smoking with anti-smoking campaigns. I am afraid the same approach will have to be adopted with regard to middle Ireland, the middle class, so-called educated people using drugs. Unfortunately they are using them in their droves and do not see anything wrong with it or any consequence from it. Much is wrong with it and there are significant consequences. We have much work to do in this area. We are not the only country with work to do but I always believe that Ireland punches above its weight and that we should set international best practice, as we have in many other areas. Now is the time to set international best practice in dealing with this issue.

My friends on the opposite benches have honourable motivations. They are fantastic public servants and I know they are trying to do the right thing. I know they appreciate that the Minister of State is trying to do as well. As I said at the start of my remarks, we are lucky to have a Minister of State with empathy, understanding and experience on the ground. That is the kind of Minister of State who can, will and intends to make a difference.

Senator Victor Boyhan: I welcome the Minister of State. I echo what Senator Conway said about the Minister of State. I have always found her to be a decent person who is empathetic and supportive on this issue. She has always taken a responsible lead against sometimes stiff opposition.

Not all drug users are addicts. We need to keep remembering that. In every walk of life, there is misuse of drugs and of drink. Alcohol is a terrible drug and a scourge on our society, as are drugs, and prescribed and non-prescribed medication, which is an issue that arises repeatedly. When gardaí stop people for drug issues, they have sometimes taken prescribed or non-prescribed drugs that impair their driving. It tells us about the dependency on drugs, whether prescribed or not, and I include alcohol in that regard. We all know people, including friends, colleagues or politicians, dare I say it, and certainly businesspeople who I know, regularly use cocaine and other hard drugs. That is the reality and we are fooling ourselves if we suggest

anything else, that a marginalised or disadvantaged group is somehow more prolific in the use of drugs. People with a disadvantage do not necessarily have the same supports early on in life and that feeds into the issue. This crosses all spectrums and strata of society, life, our communities and our families. We must always be conscious of that. It is not an issue which only affects someone unknown to us. It affects our families, friends and loved ones that we deal with daily. When one tries to understand that and talks about the issue in the context of a brother, sister or family member, one takes a different perspective on it. I like to apply that perspective to this issue.

This is a health issue and we need to treat it as such by implementing the necessary supports. We should do so locally. I was involved in Dún Laoghaire for many years as a county councillor. There was a constant barrage of criticism suggesting that people were coming in from outside the area. In an ideal world, we would have local treatment, supports and therapies across all of our community. We do not have that ideal situation at present. I thank the Minister of State. I thank Fianna Fáil for raising the issue. Let us keep it simple. This affects all of our lives. We need to be fair, compassionate and responsive to the needs of people who are reliant. Some use recreational drugs and get away with it since it does not seem to affect them. It impacts people in different ways. It is important that we give all the support that we can, and that we humanise and take away the mystique from around this, because it is very near us in our work and our life.

This motion calls for the Government to act urgently to restore confidence in the national drugs strategy. It calls on the Taoiseach to appoint a senior representative from his Department to the national oversight committee on the drugs strategy. It refers to funding and supports in place and to strengthening criminal law against the use of children in drug trafficking. Of course we do not want children involved in drug trafficking, as we do not want children involved in prostitution, begging on the streets, or in many other things. There is obviously no place for children in any of that. I want to hear about the supports. Unless we educate, help and assist people in their communities, we will go nowhere. I am interested in hearing from the Minister of State how she can better resource the work that she is doing. Can she give us any feedback on the positive engagement that she is getting from communities?

This is a matter of leadership. It is a matter of all Members' party colleagues and Ministers, county councillors, neighbours and friends engaging. We can come in here, bellyache and talk about all the shortcomings. If we feed into negatives about this issue in our communities, then we are failing our communities, citizens, family and friends. The challenge for all of us is not to point at anyone, but to collectively take that responsibility, show compassion and concern, and to give all of the supports needed on a difficult journey of rehabilitation that will have many setbacks. We must try and try again. It is an ongoing issue but we must put the supports in place and stop pointing the finger. We must support the Minister of State and her strategy to bring about change.

Senator Paul Gavan: The Minister of State is very welcome. On behalf of Sinn Féin, I welcome this motion from Fianna Fáil. It is important that as public representatives we are discussing such an important issue, particularly considering the statement issued last week and signed by several former Ministers with responsibility for drugs, expressing their concerns that the national drugs strategy is failing. While shocking to hear, that is not news to most of us. I acknowledge the point about the Minister of State having empathy. I know that she goes into local communities and talks to people at the coalface. She knows first-hand that there has not been a noticeable or substantial change in the drugs crisis for many local communities. Mat-

ters are getting progressively worse for many local communities, certainly in Limerick, where my colleague, Deputy Quinlivan, has been involved in the regional task force for more than a decade. He was involved in that task force when its funding was cut to ribbons by Fianna Fáil. The recent budget was an opportunity to turn this deepening crisis around. However, the Government's priorities lay elsewhere and not with those areas most affected by the drugs crisis. That was an opportunity for Fianna Fáil to press for additional funding for the task forces since it is supporting this Government. Why did it fail to do so? Perhaps when Fianna Fáil Senators are summing up, we will hear about their continuing failure to deliver substantial changes in terms of funding.

While the drugs crisis affects every demographic and community, it is most severely felt by disadvantaged areas and vulnerable communities which have had many services and supports cut by this Government and previous Governments. The local drug task forces established in the mid-1990s were a response to pressure from communities devastated by drugs and addiction. A dedicated Minister of State with responsibility for the national drugs strategy was appointed. Drugs task forces became central to combating the drugs crisis in our communities. They liaise with statutory agencies and local public representatives and help oversee strategies that help develop responses to the varying aspects of local drug problems. They are responsible for many local initiatives to help people affected by drugs problems. Task forces across the country have developed many projects in their areas to address issues such as prevention, education, treatment and rehabilitation. More recently, tackling the alcohol crisis has been added to their remit without corresponding funding or any additional resources. Funding for drug task forces has been cut every year between 2008 and 2014 and funding has been frozen since 2014 without any consideration for inflation.

We are losing experienced and talented people from the task forces and the various projects they run. This is a loss of irreplaceable organisational knowledge that can only be detrimental in the fight against drugs. These crucial workers have not received a pay rise since 2008. We are also in danger of losing a vital connection with the community if task forces cannot properly function. Many local and regional task forces provide a focal point for the community and community representatives, allowing discussion to take place on drugs issues. They provide a crucial link to tenants' organisations, youth workers, the Garda, statutory agencies, community projects, public representatives and many others. Such interactions help task forces set and identify priorities and help co-ordinate the implementation of plans and agreed actions.

Task forces are important in identifying and responding to the needs of those affected by the drugs problem. They are at the coalface of this problem. Consulting the community is imperative in the fight against drugs in the community and the task forces are best placed to carry out such consultations. Funding needs to be reinstated to 2008 levels with a comparative increase in funding to reflect the additional remit of alcohol. We must keep the knowledge and experience the staff in task forces and community-based drug and alcohol projects have acquired over decades. In order to do that, it is only reasonable to ask that those who work in the projects should also expect decent pay and conditions. Staff should have their pay restored and those who are entitled to increments should also have those restored. It is no wonder that we are also having a recruitment problem with regard to these organisations and projects.

Communities devastated by the drugs problem are also being terrorised and intimidated by those involved in the drug trade. Families are concerned about the increasing use of children who are being groomed for use as drug couriers. Sinn Féin fully supports the great work and dedication of the staff of local and regional drug and alcohol task forces. I disagree slightly

with my colleague, Senator Martin Conway, from Fine Gael. Having had a recent conversation with a senior garda in Limerick, I am very clear that drug task forces are significantly down on resources.

Senator Jennifer Murnane O'Connor: Yes.

Senator Paul Gavan: That is first-hand information. Task forces need to be able to operate and function independently of the HSE. They should continue to draft and implement local strategies in consultation with the community. There is a number of other measures that can be taken in conjunction with increasing the funding for task forces. We need to re-establish the emerging needs fund and the young person facilities and services fund. Those funds allowed local drug task forces to respond quickly and effectively to new challenges. We need an inter-agency approach to tackle the drugs problem and, as such, task forces must be supported by State agencies, including the HSE, the Garda and local authorities. Sinn Féin previously called for a dedicated Minister for the national drugs strategy and I repeat that call today.

The national drugs strategy is causing a disconnect with the communities most affected by the drugs crisis. Isolating or marginalising groups such as the drug task forces will only exacerbate the drugs problem not help solve it. A bureaucratic solution, as envisaged under the national drugs strategy, will not combat the drugs crisis but prolong it. I look forward to the Minister of State's response to those issues.

Senator Lynn Ruane: I move amendment No. 1:

In the first paragraph under "notes that", to delete "illegal drugs" and substitute "the harms of drug use and the drug trade".

Senator Frances Black: I second the amendment.

Senator Lynn Ruane: The amendment relates to the language used and tries to make it much more inclusive of how people who use drugs like to frame themselves. It also moves slightly away from the idea that we need to strengthen laws instead of focusing on prevention. Much of the language in the motion is very much focused on strengthening the criminal law, which seems unusual in that we are also talking about removing some elements of the criminal law relating to drugs. In general, this is not how I would have written the motion but instead of completing rewriting it, I attempted to change some of the language.

Listening to the contributions of other speakers, I am conscious that it is hard to even begin to unpack the issues they addressed. Sometimes that is the problem. We are talking about drug dealing and people who use drugs in the same breath. We should not do that because if, when we speak about people who use drugs and services that need support, the discussion becomes wrapped up in criminal law and drug dealers, people become afraid to discuss decriminalisation or loosening up the law in any shape or form. We need to begin separating those two issues. One conversation is about how we tackle supply and provide the resources to do so. How we resource services and work with communities that are most affected by drug use is a separate matter.

I disagree with framing this discussion as one of drug use and drug addiction knowing no geographical space. That is not the case because it does. Addiction in more affluent communities looks very different from how it looks in less advantaged communities, as I am sure the Minister of State will agree. Of course addiction creeps into households in other commu-

nities, but it does not cause devastation in affluent communities in the way that it devastates our communities. It does not kill in the way that it kills in our communities. That is because problematic drug use in our communities is not about fun. It is not about snorting cocaine at the weekend, as previous speakers mentioned. It is about self-medicating the impacts of trauma, poverty, isolation, depression and other mental health issues, all the things that come from intergenerational poverty, lack of employment and lack of education. When those issues are matched with drug use, the outcome for a community is very different from what happens in other, more affluent places. What we have is a whole community where people are seeking to escape the reality of their lives.

Drug use and drug abuse are two different things. People have been taking mind-altering substances in some shape or form in every country in the world since the beginning of time. The “war on drugs” is a term we should not use because it is a war on people. Just Say No campaigns do not work. We must acknowledge that there are different types of drug users and that usage can affect people’s lives in different ways. We must have the appropriate responses in place in each case.

I work in areas where people have been most devastated by drug abuse. Reference was made to the prevalence of ecstasy use but, in fact, a very small number of people have died as a result of using that drug. Heroin, benzodiazepines and those types of drugs cause many more deaths on a weekly basis. We need to get real in terms of how we unpack the conversation around the types of drugs and drug users. There has been talk about the potency of cannabis. The weed that is available now is more potent than the hash we used to buy in the 1980s and 1990s. It is a different substance in terms of its strength. However, it is neither accurate nor proven to say that it causes mental health issues. What we see is that most people, when they get to the stage where they start displaying mental health issues, begin to overuse weed to suppress those problems. It becomes a chicken and egg question of whether the mental health issues or the addiction issues came first. That is why we need to have only the conversation about dual-diagnosis care plans. We must not have a conversation about whether addiction or mental health issues came first because then the person never benefits from an adequate response to his or her situation. At that stage, does it really matter what came first? The person is presenting with two conditions, one being addiction at the other being mental health issues.

Let me outline what we need. I do not believe it falls under the Minister of State’s remit. Rather, it comes under the remit of her colleague, the Minister of State, Deputy Daly. We lost the co-ordinator for dual diagnosis two years ago. There was an interview but nobody else was put back into the position to address dual diagnosis. Has the position just evaporated? What are we doing? Are we recruiting somebody so we can move towards responding to mental health issues and addiction in a genuine way?

Senator Gavan mentioned the idea of grooming kids. I resist the implication a little because the same thing that creates problematic drug use in our communities is the same thing that creates drug dealing. It is inequality and an inability to succeed within one’s own community and have what other people have. That is what attracts young people to drug dealing. The only research in this country on middle-ranking drug dealers was carried out by Dr. Fiona O’Reilly and me . Everybody is afraid to touch the subject. I do not understand why we are we not engaging in conversation with drug dealers. We keep talking about what we need to do to address the problem but nobody is actually having a conversation. Ten years ago, when we carried out the research, which is the only research still being referred to now, we met ten middle-ranking drug dealers. We framed them as middle-ranking because they were not heroin users. They

were not opioid users so they were not selling and did not get into selling purely to feed their own habits. We wanted to rule such dealers out. We wanted to really understand the obstacles to exiting drug dealing, the advantages to beginning drug dealing and the attraction.

When we carried out the research, we discovered a theme. Some of the dealers used drugs such as cocaine and ecstasy recreationally but made a decent profit from drug dealing. The thread running through the research was that the dealers were 12 and 13 when they started. They were not groomed and certainly do not groom others, but younger siblings definitely end up getting involved. It almost becomes known as the way to make money. Some communities are literally operating on the back of funds that should be coming from the State but that are actually coming from a market we would prefer them not to come from. Various clubs and societies, including boxing clubs and football pitches, benefit. Jerseys may be purchased with the proceeds. One will find that we need to have a conversation. The entrepreneurial and business skills of drug dealers are skills on which we should be engaging. If in a few years we move towards a model based on legalisation, drug dealers should definitely be involved in the conversation.

We did not just survey the ten dealers; we spent considerable time with them. It emerged that they were 12 and 13 and when they started selling drugs. One said that when he started, he did not want to wear his brother's hand-me-downs anymore. I have circulated this research before. Another dealer said he did not want to have to eat cereal out of the sink anymore. He had a large number of brothers and sisters and there were not enough bowls in the house. Another said that all the houses that had money within his estate were getting Weatherglaze windows. This was before the council decided to upgrade. The individual said he wanted to try to save enough money because everybody on the road believed he was poor because he could not get Weatherglaze windows. He wanted to buy them for his mother. These were the reasons young men were deciding to start trying to make money. When they start, it keeps escalating. We use the word "gangland" as if it were something separate from us; it is not. Those concerned are our community members, family members and friends. They live in communities and estates. Their society is not separate from ours. We need to engage with them.

I support many aspects of this motion. I could talk about it for the next hour but I do not have time. We need to engage with drug dealers and stop being afraid of that. We can never move forward if we do not understand the root cause of engaging in drug dealing in the first instance.

I have one question for the Minister of State other than my question on dual diagnosis. It concerns something I believe will be crucial in moving more towards community involvement of the kind that has not occurred in the way we would like. It is not that there has been none at all but it has not occurred in a real way to a great enough extent. During this Government's term, we seem to have moved to a point where the HSE took over the role appointing co-ordinators to the task forces. The task forces have been excluded from the process of recruiting co-ordinators. This means that co-ordinators went from working for the task forces and community to working for the HSE. This put the role very much back towards the centre and caused a considerable amount of distrust among several task forces. Can we move back to a community model where the task force has responsibility for employing the co-ordinator, as was always the case? The co-ordinators now seem to believe they work for the HSE and not the task forces.

Acting Chairman (Senator Diarmuid Wilson): I welcome to the Seanad John Dineen and Colm Curtin, students from St. Colman's College, Fermoy. They are guests of Deputy

O’Keeffe. They were in the Visitors Gallery a few moments ago but I forgot to welcome them.

Senator Gerald Nash: I was looking around wondering where they were. I welcome them too.

I now have the unenviable task of following in the footsteps of Senator Ruane, who is an acknowledged expert in this area. There is very little that she has remarked upon that I would take issue with. As the Minister of State knows only too well, the community I represent and in which I am proud to live and have grown up is in the grips of a vicious feud. I will call it a gangland feud and I make no apologies for doing so. I call it a gangland feud for a range of reasons.

Senator Ruane articulated very eloquently the spectrum of issues communities experience in terms of problem drug use, drug abuse, casual drug use and the fallout from these. We all know in this Chamber the variety of reasons for which individuals may decide to choose to engage in drug use of one form or another. There are many multifaceted reasons. There absolutely is a distinction between the kind of addiction we all know about and have encountered and the casual drug use referred to by my colleague Senator Conway. He referred to those who are taking drugs occasionally, including at weekends, and not understanding, or perhaps choosing not to understand, the impact of casual drug use.

As the Minister of State knows only too well, my area has been blighted over the past 18 months by an ongoing feud over control of the local drugs trade. It has claimed two lives. The Garda was very slow to respond with additional resources to deal with criminality. I am referring to the operation of the drugs trade at a high level in my area, comprising Drogheda, south Louth and east Meath. The fact of the matter is that it is working class communities, the communities I represent, that have been absolutely blighted and affected by the fallout from intimidation and victimisation. People who have nothing whatsoever to do with criminal activity are having their homes fire-bombed and their cars attacked. People’s lives are in danger. Given my political philosophy and ideology, I would be the first in this Chamber to stand up for civil liberties but when individuals are tormenting the communities in which they live, it is simply not good enough that they are allowed to continue to walk the streets and get away with what they are doing with impunity. We have seen some success in recent days on the part of the local gardaí in that it seized cocaine worth €1.5 million. There were significant arrests for the possession of firearms. These are firearms that would be used to execute or assassinate people in my community. Regardless of where people stand on the so-called war on drugs, which is a term I never really accepted, I believe it is a war that can never be won in any event. We need to get real about drug use and accept that it is a reality of life. We need to look at decriminalisation, regulation and moving from a criminal justice to a health intervention perspective when dealing with the drugs issue. This war on drugs will never be won. It is impossible. Trillions of euro have been spent across the world in tackling this but to no avail. We are still seeing these issues in Drogheda, north Dublin and elsewhere.

I congratulate the Garda on the work it has done in recent times and using the additional resources at its disposal. I will issue a word of warning, however. The funding An Garda Síochána received in my locality for the additional deployment of gardaí and other resources to help tackle this problem has run out. The Garda has used these resources smartly. I appeal to the Minister for Justice and Equality and the Garda Commissioner to ensure that funds remain available in my area because this feud is still very much alive and well. We will not rest until our community gets back to normality and until such time as people in the area can live safely and securely without fear.

The Minister of State, Deputy Catherine Byrne, has visited the local drugs service in Drogheda, the Red Door Project, which I have supported for a long number of years. The Minister for Employment Affairs and Social Protection, Deputy Regina Doherty, visited it last week. With all due respect, if it were down to ministerial visits alone, the Red Door Project would have all the funds it requires to run the kind of outreach services we need in the Drogheda area to deal with addiction and problem drug use. We do not have that, however. It is an area gripped by a criminal feud and problem drug use but does not have the outreach workers in the communities most adversely affected by this problem. That is simply not good enough. If ministerial visits were worth anything, we would be rolling in clover and would have all the resources we need but we do not. I always take any commitments made with a pinch of salt. We have seen commitments made in the past but not delivered on. To be frank, it is simply not good enough. People are working extremely hard to tackle this issue in our community using the kind of approach in which I believe, namely, a health-based and community development approach, but not getting the resources they need.

We can focus many of the resources we have available to us battling the gangs. That is important and should happen. However, we need to look at the root causes of why people decide to use drugs, self-medicate and do not have opportunities. We need to build up communities with self-respect, dignity and opportunities. I, along with my colleague, Councillor Pio Smith, who works with the Red Door Project and who the Minister of State would have met during her recent visit there, have been engaging with Louth County Council to ensure the communities most adversely affected by the ongoing feud in Drogheda and problem drug use are resourced properly. We have requested that Louth County Council establish a task force with organisations such as the local education and training board, SOLAS, local schools and further education bodies to take a community-based, education-led and employment-led approach to the problems in those areas. We have been told that, if the council and other authorities can produce a report on some actions to deal with these issues, it will be funded. I will believe that when I see it, however. We need the kind of approach involved in the Mulvey report and the resources which were invested in Dublin's north inner city. We need that to be directed towards places like Drogheda if this is not to be a recurring problem in my community.

Will the Minister of State consider the strong argument that resources obtained by the Criminal Assets Bureau, such as expensive vehicles, watches, cash, property and so on, in raids in Drogheda over the past two years, should be directed right back into the communities from which they came? This would ensure we can build community facilities and fund projects, as well as resource community workers to tackle the problems I am encountering and dealing with, day in and day out, on behalf of the people I represent.

With respect, will the Minister of State listen to the former incumbents of her office and properly resource the national drugs strategy? Will she do the kind of actions I think she wants to do but may not have the resources to do?

Senator Paul Daly: I support this motion and compliment previous speakers, in particular Senator Ruane. Senators Ruane and Nash speak about their experience from predominantly urban areas. I am speaking from a rural perspective. Without being flippant or smart, when I speak of rural I am referring to very remote areas. If somebody passes my house, he or she either lives further up the road or is lost.

We did not have this drug use issue but we have it now. This became a problem in the cities and urban areas some 40 years ago. It is now coming to the most rural areas. We are still

talking about potential solutions to tackle the problem. Why have we not learned from the past? Why are the institutions, methods, resources and personnel which have got to grips with this problem and learned by its evolution in urban areas not in place for us now in rural areas? Instead, we are still asking what can be done and how can we handle it. That aggrieves me. I live in a remote area. Even if we had all the resources requested, they would be given to rural towns such as Tullamore, Mullingar and Athlone. In remote rural areas we are struggling with GP access. How are we going to get a solution to what is becoming an endemic problem? I am 54 years of age and have never come across drug use until recently.

When education is thrown out as a solution to a problem, I always question it as it cannot be the answer for everything. We need to deal with education of communities. One of the most significant issues in my community is not ignorance but denial. The pillars of our communities, such as the GAA and other social clubs, become the extended arms of families in times of need and crisis. They are ignorant to an extent but they are also in denial about drug use. Education on the dangers of drug use needs to be directed at the adults in communities to a greater extent. I do not know why this did not start when this issue became a problem in our urban areas. It is vitally important that we educate our communities about this issue.

I must highlight a certain solution in an area not too far from my community which ignited a drug issue. It was a solution to one problem but has turned out to have created many more problems. It involved the acquisition of houses by a housing body and the rehousing of people in an area total alien to them with the promise of all the services they would need to integrate in society. Unfortunately, the services were only promises and drug and crime issues have escalated in that area. It grieves me to have to say that the locals were integrated more than the people who were brought into the locality. Everybody deserves to be housed and everybody is welcome everywhere. They were not foreign people, they were Irish people who were rehoused. They were not from places far away from the area to which they went but the services that were promised when they arrived were not provided and this has had a knock-on effect.

I support the motion and compliment my colleagues who put it together. This is not a political issue. Everybody here agrees about the severity of the crisis and the need for solutions. We must have learned something from where we have been. It is disappointing that we might have learned nothing from the past and, like many other crises, we are playing catch up and firefighting.

Minister of State at the Department of Health (Deputy Catherine Byrne): I thank the Senators who have contributed. I will not name all of them. I acknowledge the rawness with which Senator Ruane can speak about this matter. I am aware of her commitment to her community and to the people she represents in the context of how individuals so cruelly trapped in addiction can be affected, possibly because of the places and postcodes from which they come. I agree that addiction in poorer communities has a far greater impact than in more affluent communities.

I will make a few remarks regarding the co-ordinators and the HSE. I will have to come back to Senator Ruane because I do not have the answer in front of me.

In response to Senator Nash, I visited the Red Door Project on a number of occasions and held meetings with all the strategy groups. The Red Door Project does wonderful work, as do many groups around the country but we have a budget and within that budget, we are limited as to what we can resource. I acknowledge the work of the Red Door Project.

13 November 2019

I agree with Senator Paul Daly that for far too long, people in rural Ireland did not really understand and probably had not felt the impact of drugs. The furthest reaches of our country are now affected by drugs. On foot of visiting them and speaking to the rural task forces, I know the difficulty they face in terms of outreach services to people in isolated communities. We will begin to resolve this as time goes by because we do not merely need services in the capital and in other cities, they are also needed in rural areas. Putting in place sub-committees in rural communities that can connect with local task forces might be a way of expanding those services. That is something I would like to work on during my tenure as Minister of State.

I am pleased to address the House on the very important matter of our national drugs strategy, Reducing Harm, Supporting Recovery - a health led response to drug and alcohol use in Ireland 2017-2025, and to take this opportunity to reiterate my commitment and that of Government to it. Somebody said that this is my strategy; it is not. This is the people's strategy. It came from consultation with people from every sector and from across the country, including those who have been in addiction, recovered from addiction and families who have lost loved ones to addiction. The strategy is based on the experiences of the many people who came together in their communities at public meetings and bared their souls to me and others. I thank them for doing so.

In July 2017, I joined with the Taoiseach and the Minister of Health in launching the national drugs strategy. We remain committed to the strategy and to addressing the serious issue of drug and alcohol misuse. The strategy adopts a health-led approach to substance misuse. It commits to treating substance misuse and drug addiction as public health issues rather than as criminal justice matters.

In conjunction with the Minister for Health and the Minister for Justice and Equality, I recently announced the introduction of a health diversion programme for persons in possession of drugs for personal use. This is a hugely important step in developing this health-led approach. I am very pleased that we are delivering on this key commitment in the national drugs strategy because it was one of the commitments made. A group of people came together and worked tirelessly to come up with different approaches. I am sure Members are very familiar with one of those approaches, namely, the health diversion programme.

Last week, I opened the second annual national drugs forum. It provided an opportunity for nearly 200 stakeholders working in this sector to come together, to network and to share knowledge and experience. The theme was "Inclusion health: responding to the complex health needs of people who use drugs". This is a further example of our commitment to a health-led approach to the use of drugs.

In all, there are 50 actions in the national drugs strategy. These are reported upon on an annual basis, which is publicly available. The annual progress report is also presented to the national oversight committee made up of all stakeholders and discussed in detail at a sub-committee level. The strategy will be reviewed in 2021 and an updated set of actions will be agreed for the remaining period from 2021 to 2025.

In the context of funding, I am pleased to report that expenditure on HSE on drug and alcohol services has increased from €94 million in 2016 to over €100 million in 2018. This funding is used by the HSE to deliver a wide range of services, including early intervention, treatment and rehabilitation. I am pleased to note that the number of cases availing of drug treatment services in 2018 was 10,274, an increase of 1,300 on 2017, or over 15%. The proportion of

new cases presenting in 2018 was 39%, up from 37% in 2017. The increase in numbers seeking treatment is encouraging from a public health perspective but, of course, any indication that the use of certain drugs, including cocaine, is on the rise is a matter of concern and one we are determined to continue to respond to.

My Department also provides €28 million to drug and alcohol task forces through various channels of funding, including the HSE. This funding supports over 280 community projects prioritised by drug task forces in local areas and communities throughout the country. I gave an additional €20,000 for each of the 24 task forces this year, or €500,000 in total. Funding has also been provided for 13 strategic health initiatives that reflect regional priorities agreed between the HSE community health organisations and the drug and alcohol task forces and will ensure that resources are targeted at groups most in need. The Department website provides specific indications of where that money went. It went right across the country to support young people in the context of substance misuse, important outreach work in Galway, youth addiction counselling services in Kerry, case management and clinical supervisors, informing care interventions, hidden harm interventions focused on children and young people, community alcohol and detox projects, supporting women to access appropriate drug and alcohol rehabilitation and aftercare support regarding drugs and alcohol services, an antenatal and post-natal care partnership for women using drugs or alcohol and establishing a service user participation programme to optimise the service users' recovery and treatment. Over €500,000 went into those 13 strategic health initiatives reflecting priorities agreed with the people involved in the task forces. I am confident that these new initiatives, which are aligned with the objectives of Sláintecare, will have a positive impact and make a difference to people's lives as they journey to recovery.

Measuring the overall effectiveness of the response to the problem of drugs is an important policy objective. I want to ensure that resources are directed towards those interventions that are most likely to lead to a reduction in problem drug use and a positive improvement in public health. The strategy commits to operationalising a performance measurement system by 2020 to improve accountability across the statutory, community and voluntary sectors and to strengthen the drug and alcohol task force model in consultation with relevant stakeholders and sectors.

The partnership approach between the statutory, non-statutory and community and voluntary sectors underpins the strategy. Drug and alcohol task forces play a key role in ensuring that a co-ordinated approach is taken as well as developing responses to substance misuse based on locally identified need. The Department of Health provides annual funding of €225,000 to support, develop and facilitate the involvement of communities in the local and national structures for implementing the strategy. Indeed, there are 11 community and voluntary representatives on the national oversight structure - the national drugs strategy - which gives them a direct say in the development of the strategy. A key challenge in the national drugs strategy is to reduce the number of lives lost to drug overdose. More than 350 people died due to drug overdoses in 2016. Overdose deaths are preventable and tackling them requires a public health response. Some 31 overdose deaths occurred in 2016 among people who injected heroin, and the majority of them occurred in Dublin city. The establishment of a medically supervised injecting facility in Dublin city centre would provide an appropriate healthcare response, especially for those who inject drugs and are homeless. This in turn will make our city safer for residents, children, tourists and workers but, mostly, it will save lives.

I strongly support the appeal by Merchants Quay Ireland to An Bord Pleanála to overturn the decision by Dublin City Council to refuse planning permission for the critical healthcare

facility in Dublin city. We cannot be complacent about the dangers of drugs. The Department of Health works closely with the HSE to raise awareness on the dangers associated with drugs through the *drugs.ie*. There is limited evidence that the mass media campaigns are effective at reducing the use of drugs and alcohol. Therefore, the HSE favours more targeted awareness campaigns. In 2019, the HSE developed and promoted two national campaigns aimed at students and festival goers, who may not present at traditional addiction services. Next year, the HSE will commence a national campaign to raise awareness of the risk associated with drug use and recommend steps on how people can reduce the harm. This work will include information about club drugs, festival drugs, newer drugs as well as cannabis.

While the national drugs strategy is a health-led approach, it also emphasises that tackling of sale and supply of drugs is a key priority for the Government and for An Garda Síochána. This is achieved by supporting local communities through various prevention and detection interventions and engagement with local and regional drugs task forces, the Garda youth diversion programme and projects, the Garda schools programme, the joint policing committees and community policing fora. The Government has dedicated very significant additional resources to An Garda Síochána in recent years, and this has enabled the Garda Commissioner to continue to assign resources to tackle drugs.

In addition to the 105 gardaí assigned to the Garda Drugs and Organised Crime Bureau, as of 30 September, there are approximately 230 further personnel assigned to the Garda divisional drug units addressing demand reduction and supply reduction at local level. I am fully aware of the reality of the drug-related violence and intimidation for families and communities. The drug-related intimidation reporting programme, developed by An Garda Síochána and the National Family Support Network, in 2013 responded to the needs of drug users and family members experiencing drug-related intimidation. An Garda Síochána and the National Family Support Network are currently implementing a joint action plan designed to enhance the effectiveness of the programme through training, knowledge sharing and awareness raising. This follows separate evaluations of the programme by An Garda Síochána and the National Family Support Network.

For all of us the most important thing in life is to protect our children. The Minister for Justice and Equality has stated that he is considering the grooming of children by those who control criminal activity as an extremely serious matter and has asked the Department of Justice and Equality officials to consider the effective response, which may be a combination of policy, legislative and operational measures. The Department of Justice and Equality's budget for the Garda youth diversion programme has been steadily increased over the last number of years, from €11 million in 2015 to €15 million in 2019. This provision includes funding of 106 Garda youth diversion projects. The important projects are community-based, multi-agency crime prevention interventions, which seek to divert young people who have become involved with crime and anti-social behaviour.

I could probably spend the next 20 minutes trying to respond to some of the issues. As was said by Senators, including Senator Conway from my own party, I come from a background similar to many in the Seanad and the Dáil. People are targeted by criminal gangs, particularly young people. I was a youth leader and I found that many of the young people who came into the youth club did not reach their 18th birthday because of the scourge of addiction. It affected not only them but their families. Senators spoke about how important it is that we make sure that communities, like the one I represent, like the north inner city and like many other communities across the country, are not forgotten, and that there is a proper way to deal with com-

munities, particularly communities that face intimidation on a daily basis. We must structure services, like those in the north inner city, which Senator Nash mentioned. We should be able to come up with a model for communities in which there are real difficulties around intimidation and criminal activity and where young people are getting involved in drugs at a very young age.

I will not oppose the motion by Fianna Fáil. I regret, however, that the leadership of the implementation of the national drugs strategy has been questioned. Nothing could be further from the truth in this regard. I work on a daily basis with people like the official with me and people in the drugs policy department. They work tirelessly in communicating with agencies and HSE community groups to implement the strategy.

I regret very deeply that nine former Ministers of State made a statement, which has been totally taken out of context and which is why this motion was tabled in this House and in the Dáil. I have known many of those Ministers of State for a long time, and I am deeply upset that they would join together without any notice to me as the sitting Minister of State and sign a petition or whatever. I understand there are concerns about the national drugs strategy and in communities, which I will address in the coming days and weeks. The leadership of the implementation of the national drugs strategy will not be questioned by anybody, and I mean that sincerely. I am a deeply passionate about the job I do, particularly the emphasis on young people and drug addiction.

One of the Senators said that none of us knows when it might knock on our own door. Senators and Deputies, who represent their communities, know that we must tackle this from the very beginning, from when the child is born. A woman arriving in the Coombe hospital expecting a baby may be afraid her baby may be taken from her because she has a drug addiction. We have to stop that. We are doing that through the introduction of drug and alcohol midwives in maternity hospitals where we will catch those young women at the very beginning when they are giving birth when we can help them.

We all own this; this is not my strategy. This belongs to all of us, whether we are in a party or not. We need to educate and raise awareness in our communities that drugs kill people. As
6 o'clock Senator Nash and others said, not only do drugs kill people, they bring criminal activity into communities that people have never seen, where people are shot on their doorsteps and people are intimidated. I grew up in a parish where young people were taken up lanes and beaten up. We have to get away from that kind of society and we owe it to all the people who are living in communities that are poorer. I use the word “poorer” because I do not agree with the word “deprived”. Many people come from poorer communities but they are not deprived. I am sorry for lingering on that theme.

I understand the concerns that have been raised. I will address them over the coming months and weeks. I thank Senators for their contributions because this strategy can only work if we work together, and that means right across the board.

Acting Chairman (Senator Diarmuid Wilson): I thank the Minister of State, Deputy Byrne, for her contribution. Senator Swanick, you have five minutes to conclude.

Senator Keith Swanick: I will be very brief. I thank the Minister of State, Deputy Byrne, for her comprehensive response and her support for the motion.

I compliment the Minister of State on her efforts. I am fully convinced that she is a very solution-driven, pragmatic, motivated and hands-on individual. On a personal level, I would

never criticise her efforts and I appreciate what she has done.

It is heartwarming to see the cross-party support for this motion on an issue which really is a national scourge. There are many similarities to the loneliness campaign and the loneliness task force insofar as the drug problem does not discriminate between old or young, rich or poor, urban or rural. As Senator Paul Daly mentioned, this is affecting all of us in every geographical location, including my town of Belmullet. At the end of the day, we are all motivated by the same agenda. We want the welfare of our citizens who are afflicted by the scourge of drugs to be improved, either directly, if they are using drugs, or indirectly, if they are, say, a family member or a victim of crime or intimidation.

I agree with many of the points raised by Senators. Senator Ruane referred to the health model. I am totally in favour of the health model, rather than solely taking the punitive approach we have adopted for far too long. In the context of the dual-diagnosis approach, we all know that drugs cause mental health issues, but, as Senator Ruane stated, it is a chicken-and-egg scenario. There are many people with mental health issues who resort to drugs as a form of release. Perhaps those in the medical profession have to hold up their hands up in that regard and accept that they could do better. I also agree that we need to take an alternative approach and look at this matter from another angle. The Senator is right that we need to engage with drug dealers on a community basis. There can be a disjoint between such people and the task force in a locality and it is important the co-ordinator in a locality comes from that locality and is appointed by that task force. If there is a perception that the person is a HSE employee, that sometimes leads to a lack of engagement with the programmes.

Of course, Senator Gavan is right that, during the time of austerity under Fianna Fáil, there was a reduction in funding to the task forces in line with other HSE reductions. However, it is also worth noting that the funding has stagnated and there has only been a 1.5% increase in the past five years despite a 28% increase in the overall health budget. Senator Wilson will be familiar with one gentleman, Tim Murphy from the Cavan and Monaghan drug and alcohol services, who stated that his project is in danger of closing by 2020 unless it receives additional resources.

Overall, we are all singing from the same sheet. We need to show a unified approach, as we have done today in passing this motion. Ultimately, complacency is not an option and none of us are complacent. I welcome what the Minister of State said and I thank her for her contribution.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 2:

In the fourth paragraph under “notes that”, to delete “illicit”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 3:

In the third paragraph under “further notes”, to delete “are addicts” and substitute “have dependency issues”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 4:

In the eighth paragraph under “further notes”, to delete “abuse” and substitute “use”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 5:

To delete the ninth paragraph under “further notes” and substitute the following:

“- every cent spent on drugs on the unregulated market funds organised crime;”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 6:

To delete the first paragraph under “agrees” and substitute the following:

“- the implementation of a public health approach to drug and alcohol misuse is of paramount importance;”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 7:

In the sixth paragraph under “agrees”, after “comprehensive” to insert “person-centred”.

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Senator Lynn Ruane: I move amendment No. 8:

To delete the fourth and fifth paragraphs, under “calls for” and substitute the following:

“- action to be taken to respond to open drug dealing on city streets;

- increased measures to prevent young people being drawn into the drugs trade.”

Senator Paul Gavan: I second the amendment.

Amendment put and agreed to.

Motion, as amended, agreed to.

13 November 2019

Acting Chairman (Senator Diarmuid Wilson): When is it proposed to sit again?

Senator Martin Conway: Next Tuesday at 2.30 p.m.

The Seanad adjourned at 6.05 p.m. until 2.30 p.m. on Tuesday, 19 November 2019.