DÁIL ÉIREANN

AN COMHCHOISTE UM SHAINCHEISTEANNA RÍTHÁBHACHTACHA A THÉANN I GCION AR AN LUCHT SIÚIL

JOINT COMMITTEE ON KEY ISSUES AFFECTING THE TRAVELLER COMMUNITY

Déardaoin, 29 Eanáir 2026

Thursday, 29 January 2026

Tháinig an Comhchoiste le chéile ag 12.30 p.m.

The Joint Committee met at 12.30 p.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	**Seanadóirí / Senators**
Tom Brabazon,*	Maria Byrne,
Dessie Ellis,	Malcolm Noonan,
Séamus McGrath,	Anne Rabbitte.
Denise Mitchell,*	
Pádraig Rice.	

* In éagmais / In the absence of Deputies John Connolly and Maurice Quinlivan, respectively.

Teachta / Deputy George Lawlor sa Chathaoir / in the Chair.

The joint committee met in private session.

Sitting suspended at 12.47 p.m. and resumed in public session at 12.48 p.m.

Traveller Health: Exchange House Ireland National Travellers Service

An Cathaoirleach Gníomhach (Senator Malcolm Noonan): Apologies have been received from Deputies Connolly, Quinlivan and Ward, and Senator Joe O'Reilly. Members are all very welcome. I remind all those in attendance to ensure their mobile phones are on silent mode or switched off.

As witnesses are within the precincts of Leinster House, they are protected by absolute privilege in respect of the presentation they make to the committee. This means they have an absolute defence against any defamation action for anything they say at the meeting. However, witnesses are expected to not abuse this privilege and it is my duty as Cathaoirleach to ensure this privilege is not abused. Therefore, if their statements are potentially defamatory in relation to an identifiable person or entity, they will be directed to discontinue their remarks. It is imperative that they comply with any such direction.

Members are also reminded of the long-standing parliamentary practice that they should not comment on, criticise or make charges against a person or entity outside of the Houses or an official of the Houses, either by name or in such a way as to make him or her identifiable.

On the agenda for today's meeting is the engagement with our witnesses from Exchange House Ireland National Travellers Service to discuss Traveller health. Our witnesses are Ms Kerry Cuskelly, chief executive officer, and Mr. John O'Brien and Mr. William McDonagh, both of whom are managers at the service. I invite Ms Cuskelly to make her opening statement.

Ms Kerry Cuskelly: I thank the committee for the opportunity to address it on behalf of Exchange House Ireland National Travellers Service. I am joined by Mr. William McDonagh, children and young people's services manager, and Mr. John O'Brien, national Traveller mental health services manager. Our contribution takes account of the HSE national Traveller and Roma mental health working group biannual report and is informed by over four decades of front-line service provision to the Traveller community.

Our message is clear - culturally grounded relationship-based mental health services save lives. Exchange House Ireland, EHI, delivers Traveller-specific mental health services grounded in equality, cultural humility and community development. Our work is trauma-informed, integrated and led in partnership with service users. Evidence consistently shows that generic mental health models do not work for populations that experience systemic exclusion, racism and disadvantage. In contrast, specialised services such as those provided by EHI and the National Traveller Counselling Service have been shown consistently to be accessed by Travellers for many years, showing that deep awareness of cultural and societal norms are key enablers to building trust and improving engagement with services.

Lived experience is not optional; it is essential. Services designed and delivered with Traveller lived experience are most trusted, accessible and effective. At EHI, lived experience is embedded across staffing, governance and service delivery. Traveller staff and peer workers provide cultural insight that improves engagement, assessment and outcomes. Formal

structures, including our lived experience panel work with the National Suicide Research Foundation, ensure that Traveller voices shape service design and evaluation.

Trust and relationships are the foundation of effective mental health care. Research shows that Travellers' mistrust of services is rooted in lived experience of racism, discrimination and power imbalance. One-off or short-term interventions do not work. Our model is built on long-term respectful relationships. We meet people where they are - in homes, prisons and community settings and on sites. We operate on the evidence-informed principle that the relationship itself is the intervention. This approach supports sustained engagement across individuals and families.

Supports must be tailored and trauma-informed. The mental health of many Travellers is shaped by social determinants, including housing insecurity, discrimination, poverty, family conflict and high exposure to bereavement and suicide. Our services are needs-led and flexible. We operate a "no wrong door" approach to accessing the service, facilitated through drop-ins, a duty phone line, outreach and no requirement for form filling or threshold requirements to access the service. We adapt to literacy levels, mobility, age and family structure. Engagement often begins through non-clinical side-by-side activities such as conversation cafes, faith-based groups, arts and physical activity. These pathways reduce stigma and enable direct immediate access to our clinical and professional supports when required. This approach is reflected across our services, including the national Traveller youth mental health service for young Travellers aged ten to 20; same-gender groups within our youth services; prison in-reach services providing peer supports, social work clinics, addiction counselling, crisis intervention and post-release planning; gender-based violence and family support services; and targeted supports for LGBTI+ Travellers experiencing intersectional discrimination.

Our comprehensive integrated care model breaks the sign-posting loop by housing multiple disciplines under one roof. This multidisciplinary approach allows our mental health service to collaborate closely with other internal units, such as our family support and crisis intervention service, to manage shared case loads and address complex intersectional needs. This structure ensures that clients do not have to navigate a complex and unfamiliar care system alone. Instead they receive co-ordinated care from familiar, trusted staff.

Community building is a protective factor for mental health. Evidence shows that community-based settings improve access, engagement and continuity of care. Community development and education initiatives supported through our work have enabled Travellers, particularly women, to progress into further education, leadership and employment. These outcomes strengthen long-term well-being and hope.

Suicide prevention must remain an urgent priority. Traveller suicide rates are unacceptably high. EHI has developed Ireland's first national Traveller suicide surveillance system. Analysis of 2024 data indicates that suicide rates are ten times higher in the Traveller community compared with the settled population, with the rate for Traveller males being eight times higher and the rate for Traveller females being 15 times higher than the rate for their settled white Irish counterparts. Real-time data is critical to effective prevention and a targeted policy response.

In conclusion, we highlight three persistent gaps. First, limited precarious resources prevent Traveller-specific mental health services such as ours from scaling nationally. Travellers in

many counties remain without access to culturally appropriate support. Second, mainstream services must accelerate change in cultural humility, trauma-informed practice and accountability. Third, upstream prevention in mental health, housing, education, employment and family support continues to be constrained by siloed systems and under-investment. We have found from lived experience and practice experience that when service provision is culturally grounded, trusting and relationship-based and community-led, engagement improves and lives are saved. We welcome the committee's questions.

Deputy George Lawlor took the Chair.

Deputy Dessie Ellis: I am very used to dealing with Pavee Point. Is there an agreement between EHI and Pavee Point because the latter's work tends to cross over a lot with much of what EHI deals with? Is there an agreement that Pavee Point looks after the Dublin area because EHI is a national organisation? How does that work? I am so used to dealing with Pavee Point, which is why I am asking this question.

Ms Cuskelly mentioned that there are a lot of challenges in employment and education. I do not know how many people work with EHI. Do they specialise in certain areas such as education and employment? People are obviously then referred to the different services. EHI seems to cover a huge range of issues and Ms Cuskelly mentioned that it does not have enough resources. EHI could do a hell of a lot more, obviously.

I am also curious about domestic violence and the mechanisms by which EHI passes on to different groups. Domestic violence is a major issue in the Traveller community. Families are much tighter than they are in the rest of the community but I find that they tend to be issues that are brushed under the carpet far more than they would be anywhere else. Maybe this is not EHI's experience but it is my experience.

I think EHI gets philanthropic funding and European funding. This is obviously not permanent. EHI has to keep applying for it. It is a shame it does not have more State funding because maintaining the amount of work outlined by Ms Cuskelly is significant.

She spoke about the multidisciplinary approach and I agree that it is extremely important that this is used. What are the challenges with regard to employment and education in the Traveller community? That is important. What are the major challenges in recruitment and training staff to create employment opportunities for Travellers and ensuring the suitability of non-Traveller staff because the fact that people who are not Travellers are doing work, which is often not looked on very well, is a major issue? Does EHI have a good balance there? That is very important.

We all know that there is a lot of discrimination against LGBT people not just in the Traveller community but across the board. Does EHI find that this has a significant effect on the mental health of individuals? Obviously, EHI refers them to mental health services as well.

Ms Kerry Cuskelly: I will do my best to answer all of the questions raised by the Deputy. I will start with the difference between our organisation and others, including Pavee Point.

In a nutshell, our organisation is a direct service provider. Pavee Point, for example, is excellent in its field of work, which is policy development and advocacy on that broader scale. Very often, we work extremely close with Pavee Point, the Irish Traveller Movement and many different Traveller organisations across the country on that collective advocacy piece. Very

often, we will then be implementing or directly providing services that have been recommended by our colleagues, such as Pavee Point, the Irish Traveller Movement, etc. The difference is that we are directly providing services. That is our role and remit. We are delighted to be in a position to do that and have done for over 40 years. We will do that alongside our colleagues in other organisations. In very simple terms, that is the difference.

The second piece is on our how service operates. We have sent the committee in our submission an outline of how the organisation is structured. To keep it as clear and simple as possible, the committee members can think of our service simply as a Traveller-specific version of a typical mainstream service. If members imagine Tusla child and family services, we have a child and family service with social workers, family support workers, psychotherapists, etc., who operate in a Traveller-specific way of that mainstream service. It is the same for our mental health service. It operates like a typical community mental health team or a primary care team with the HSE in terms of having a multidisciplinary approach and providing services, but they are Traveller-specific. Many of the services we offer are Traveller-specific versions of mainstream services.

We know and committee members are all very aware from many years of evidence that people in the Traveller community do not access mainstream services because of a lot of barriers to utilising those services and services not necessarily being accessible. We have developed very specific expertise in providing front-line services across the spectrum of primary care and specialist services directly to the community. In the simplest of ways, that is a way of understanding the services that we provide and how we are organised. We are a very small microcosm of a broader health and social care system. We have developed that expertise directly in response to what people have asked us for and told us they need over the years. We simply have drawn professionals, workers and people across lots of different age ranges and service provisions, including youth service, education, training, health, social services, etc., together under the auspices or roof of Exchange House Ireland to provide those services. That describes us in a brief nutshell and what we provide as a service.

The Deputy mentioned our funding streams. A substantial amount of funding will come through philanthropic sources and EU funding to do one-off projects. Some philanthropic funding is one-off funding as well. Another part of our funding comes from dormant accounts. Again, this is one-off funding to develop and provide front-line services. One of those services that the Deputy mentioned is the domestic violence service we provide, which has been funded through dormant accounts funding. That is not long-term funding or sustainable funding. It is very precarious when we are trying to provide services that are desperately needed by the community but we cannot commit that we will be able to provide them for more than a year at a time due to the type of funding and where we access that funding from.

In relation to employment and education challenges and experiences, I refer the Deputy to my colleagues Mr. O'Brien and Mr. McDonagh for the front-line experiences from both their services, from the youth service perspective and the mental health service perspective.

Mr. John O'Brien: From the challenges in terms of employing within our service, in the wider community and voluntary sector we would see quite a large turnover of staff, people looking to progress and organisations struggling with developing a pipeline. In Exchange House Ireland's experience and my experience being there almost seven years, the turnover of staff has been quite low in comparison with other organisations that I have worked with. That

in itself is a healthy barometer of a good place to work and people who enjoy it and feel safe and are able to produce the work that they have either studied for or trained to be in.

We pride ourselves on Travellers and non-Travellers working together to create change. Recently, in a supervision session with one of my social workers on our team, her experience is coming from being a child protection social worker in Tusla to working in Exchange House Ireland. She said that is actually doing what she studied to do in Exchange House Ireland without being under significant pressure in a statutory service like Tusla. Regarding the challenges, they are similar to lots of other organisations in terms of retaining staff. Our staff turnover numbers are quite low.

Deputy Dessie Ellis: Are there many staff? How does the organisation get to know about issues? There is not a dedicated number that people can ring into. Does the organisation rely on Pavee Point and others to feed it the information?

Ms Kerry Cuskelly: We have a duty phone line. We have a public phone line and duty service. I will use the example of Tusla. It is the same as one might ring a duty service in Tusla as a member of the public to get support. Anyone around the country can self-refer to us. Members of families can contact us. Other professionals regularly contact us across lots of statutory services. Our main phone line is our duty phone line. It is open five days a week. It is always staffed by at least two qualified staff every day. We can immediately triage any referral that comes in. We can see if it is a crisis. We can see if it requires immediate attention. We can figure out who the best person within the team or the organisation is to respond to that. We have a triage and screening system. Like most other community teams in health and social services, our multidisciplinary team, MDT, operates just like that in terms of having weekly meetings, caseload management, referral systems and joint working.

The difference for ourselves is that we make sure that none of that internal working impacts on a member of the public who needs our support. Whether they are a professional, a member of the community seeking support or maybe a parent looking for support for their child who may be at risk of early school leaving, for example, or their child has mental health difficulties that does not impact on them. We will receive that call and figure out how best to help the caller internally. All they need to do is ring the number. We have direct access.

Deputy Dessie Ellis: I do not mean this in a bad way, but I have never used Exchange House Ireland. I am at this for more than 20 years. I have never once had to communicate with the organisation. Whether the message has been lost somewhere or I am not with it on occasions, that is the reality. I have dealt with Pavee Point, individuals and the local authorities, but I never knew that Exchange House Ireland was there in that capacity. It is there 40 years. That is maybe my ignorance. There is something missing when a public representative is not up to speed with something like that. It may be the way we are getting the message out.

Ms Kerry Cuskelly: I fully agree and acknowledge that. In our recent external evaluation of our mental health service, that was one of the clear pieces that came out. One of the main reasons for that, to the detriment of the public-facing piece of telling people who we are and what we do, is that all our resources have always been pumped into providing the services. We do not have any dedicated resources for communications or that back-of-house structural piece. All our resources are genuinely to have people who are fully trained and supported to be able to provide those direct services. Unfortunately, not enough of our attention goes to that external

communication piece, not because it is not important but because that is where we prioritise our resources. I fully acknowledge that it would be genuinely helpful if we had a resource where we could simply develop those external communications with formal mainstream services, particularly to develop those formal pathways. Those are the pieces for us that are missing, and we do not have the resources to dedicate time to. We would love to see the realisation of Sláintecare and that integrated care piece.

We would like to see formal referrals agreed, through MOUs, SLAs or whatever way we need to do it, with mainstream services and also on the other side of it with primary healthcare projects in order to help those teams refer directly to us or via us into mainstream services so we can be that mediator or that middle point to support that. We have had great success with that in lots of small instances but nothing that is formalised or big enough to reach an entire region or indeed the entire country. I fully agree with the Deputy's points. If we had time to go to everyone individually and let them know, that would be fantastic but we just do not have that resource.

Mr. William McDonagh: I echo what Ms Cuskelly and Mr. O'Brien said. I wish to come back to Deputy Ellis's question. We are a front-line service and our service users' main port of call. I have been working here for the last 20-odd years and we work face-to-face on the ground five nights a week on different sites in Dublin as do our colleagues. We are at the coalface of the service. While we do not publicise our service, the main thing is that the client gets the service. That is what we are here for. That is why we have been in existence for so long. Exchange House has always prided itself on providing a front-line service to where the service is needed. That is on the sites in the areas where our community lives and that is where most of the work is done.

Deputy Dessie Ellis: However, Exchange House is not getting the credit for it.

Mr. William McDonagh: The credit is due where it is due. The credit for us is that we are actually making a difference for the people and they are coming back. We have a strong client base. I am a youth worker first and foremost; I am a manager now. I am now working with the children of the young people I worked with. They are still using the service and they trust the service. It is the same with all the services within Exchange House. We are their first port of call because of the trust, the reputation that has been built up and the work that has been done. We know that if we give our word to do it, we will do the utmost to do our best.

Deputy Séamus McGrath: I thank all the witnesses for being here today. I wish to pick up on that point. I agree with what Deputy Ellis said about Exchange House's public image and how well-known the organisation is. It is very noble that they concentrate on the services as opposed to self-promotion, publicity and so on. However, a little bit of that is probably necessary too. Even in the organisation's request for additional resources, it is probably necessary for them to be out front in terms of what they do every week. It is very praiseworthy that it is about the end service for them. That is ultimately what is important. Many organisations in this day and age are interested in publicity, social media and on as opposed to the substance of what they do. That is a compliment but for the sake of Exchange House it is important for the witnesses to get the message out a bit more. I know that is related to resources as well in that Exchange House is not in a position to have a PR person or whatever.

The opening statement mentioned that many areas and many individuals are not reached and it is down to resources. I ask Ms Cuskelly to outline the organisation's level of resources. I know they come from different sources, including the HSE, a number of Departments and so on. How many staff are in the organisation? I would like to get a sense of the overall scale.

Ms Kerry Cuskelly: In broad terms, our funding comes from a number of different streams because our service provision is diverse. We get funding from education services, ETBs etc. We are a QQI provider and provide direct training for people. We also support people in our community employment scheme meaning that we also get funding from the Department of Social Protection. Our mental health service and suicide prevention service is provided through HSE funding. Our new youth mental health service has moved into the general mental health budget and therefore is not specific but rather the youth mental health office and mental health in general. Our other funding streams come from diverse streams such as philanthropic funding. We have worked really well over the years with Community Foundation Ireland and the Late Late Toy Show appeal in being able to develop and provide projects on a one-off basis.

Deputy Séamus McGrath: Is Exchange House a registered charity?

Ms Kerry Cuskelly: Absolutely, yes. We are a section 39 organisation formally. Lots of our projects and work have been developed and implemented over the years through dormant account funding. Again, that comes from a variety of Departments.

Deputy Séamus McGrath: What is the overall annual budget?

Ms Kerry Cuskelly: It is approximately €2.5 million over all the services. That encompasses the regional-based and the national-based pieces. We have a duty service in order to provide directly and make sure our service is accessible nationally. That is subsumed into the workload of the general staffing so it is not a stand-alone service. That means we are doing a variety of remote work as well as front-facing work and the regional-based work as well. We have to make an assessment each time a referral comes in. If it is further away from Dublin, we have to figure out if we can respond physically to that or if we can respond remotely. We will always respond and support people no matter where they are in the country. We work with people in most counties whether that is remotely or in person. That is our way of working.

Regarding staffing levels, we would have between 50 and 60 people working at any one time. About half the staff are on full-time contracts and other staff are on temporary or part-time contracts. That is always a moveable feast because of the precarious nature of the funding.

Deputy Séamus McGrath: I just wanted to get a sense of the scale of the organisation. It seems that it is getting a lot done with the limited resources it has. It is obvious that it is always looking for more resources. In terms of its requests to the State agencies and so on, I am sure it always pitches for higher allocations and can demonstrate the work that could be done if it had the additional resources. It is important to put that on the record.

Ms Cuskelly also made reference to the lack of authority and not just resources. I ask her to elaborate on that.

Ms Kerry Cuskelly: This refers back to Deputy Ellis's earlier question. It would be incredibly helpful if we could engage formally with mainstream services, including the health service, Tusla etc., at a regional and national level to be able to develop those formal pathways and have formal memorandums of understanding or SLAs in order to facilitate that integrated

care and for us to be acknowledged as a service provider in our own right in order to be able to ensure people get access to services when they need them and how they need them. Trying to do that at a local level expends a lot of energy on a service-by-service basis. Also, it does not necessarily translate from a service in Dublin to service in Cork, Galway or elsewhere. For us it is the level of authority we have to be able to formally engage with State agencies and for them to actually agree to develop those-----

Deputy Séamus McGrath: What State agencies is Ms Cuskelly referring to?

Ms Kerry Cuskelly: We interact with the HSE obviously, with Tusla-----

Deputy Séamus McGrath: Even though the HSE funds Exchange House, it still has an issue with access and with engagement.

Ms Kerry Cuskelly: I am talking about a formal written arrangement for, let us say, local mental health services as a discrete part of the health service and with Tusla as a whole as opposed to one particular team in a particular region. With the Irish Prison Service and the Probation Service, we have provided services within the justice system for upwards of 18 years without any formal agreement written down. I am talking about the formalisation of the services we provide and the acknowledgement of that which would allow us to spend less time negotiating on a week-by-week basis and we could just provide the services.

Deputy Séamus McGrath: That is something the committee should try to take on because obviously everyone is always fighting for resources. However, this is a very specific issue relating to authority which is not necessarily resource intense. It is just about putting the structures in place for better co-ordination and co-operation between State agencies. Maybe that is something the committee could take up and try to support the group with that.

Senator Malcolm Noonan: I thank the witnesses for being with us. I have a bigger-picture question. Considering the work this committee has done since it was convened what is the witnesses' general view on overarching trends in key areas around mental health, employment, housing, young people and LGBT? How do the witnesses find it as an organisation working on the front-line with the Traveller community? Do they feel that things are moving in the right direction? The evidence we have been hearing over the last couple of months has not been great, to be truthful. I have a lot of engagement with the Traveller community in my home town of Kilkenny and in my experience I get a general picture of things sometimes moving backwards.

I would welcome a general comment on how the witnesses feel things are moving.

Ms Kerry Cuskelly: I might defer to my colleagues who are on the front line day-to-day first and then I can offer a general answer.

Senator Malcolm Noonan: Apologies, it is a very broad question.

Ms Kerry Cuskelly: Of course. We can go to those on the front line and then I can give my view, which is less important than that of the front-line staff.

Mr. John O'Brien: I have been working in the Traveller space for about eight years in total. Compared with Mr. McDonagh, I am still very much a junior. Changes for the community on the ground have been minimal, if there has been anything, and the Senator's description of it going backwards is fair, looking at many sites or housing areas. Why that is, is the silver bullet.

It is extremely complex when looking at all the areas, including housing, employment, education and access to services. Travellers are the most marginalised community. We talk about our service users almost as the marginalised within the marginalised group, because we are dealing with domestic violence, prisoners and people on the fringes of the fringes. That is a fair analysis of where it is. That is due to lack of resources and goes back to extreme levels of accepted racism and discrimination, right the way through society, whether at a local county council desk or in a shop or a pub. Discrimination and racism towards the community is widespread. That is rooted in all layers.

Mr. William McDonagh: I have been doing this job for 26 years and I am a member of the Traveller community. The situation with the Travellers has not progressed in ten of 15 years. It is basically stagnant. The discrimination, prejudice and ill-will about working with members of the Traveller community to raise them up and give them a voice is not happening across the board. Living conditions have not improved in any way, shape or form in the last 15 to 20 years. There is a boost of funding, something is done, and then it is talked about for the next ten years. There is no plan. The plan is to have no plan. We see it on the ground every day. That is across the board. My expertise is in Dublin but I am not just talking about Dublin. The Senator is from Kilkenny. I have a scope across the country and it is the same across the board. It has not moved forward.

Senator Malcolm Noonan: I thank the witnesses. That is an honest appraisal.

Ms Kerry Cuskelly: I echo what my colleagues said. From that external space, having worked in mainstream services and also Traveller-specific spaces, I am thinking of it from a policy to a front-line, real person level. We know what the issues are and people know what they are, yet things do not change. There is something about that inertia and accepting the way things are. There does not seem to be intent, will, or enough urgency to realise how unacceptable the situation is, and that it has been unacceptable for decades, and that action is needed, as opposed to repeated reports or suggestions. We know the issues. Committee members know the issues and meet people daily, as we would. The action and commitment to that action in an urgent way are needed. It is not Travellers who need to act but everybody else. The community knows what is happening and has been telling people for decades. My view is that it is up to us to actually act now.

Senator Malcolm Noonan: I agree. We have had departmental officials in here, many big plans, and lots of the right language, but it does not seem to manifest itself. I have two supplementary questions. Are there jurisdictions which have got it right, where the state has made a commitment to an indigenous population and made a drive towards reconciling the historical wrongs and ensuring that those communities are brought forward with regard to services and human rights in a spirit of equality? Are there jurisdictions we could look to which are moving in the right direction?

Ms Kerry Cuskelly: I cannot profess to be an expert on indigenous communities internationally. I will put that out there first of all.

An Cathaoirleach: To clarify, is the Senator talking about jurisdictions in Ireland or beyond?

Senator Malcolm Noonan: Beyond, because it is almost a universal challenge. I am sorry to be putting these lofty questions. I feel a general sense of frustration.

Ms Kerry Cuskelly: It is a great question. To give a specific example of work that we submitted to the committee as part of our associated documentation for today, members will have seen the business case for development of a culturally appropriate and responsive 24-7 crisis phone line. That is based on international evidence of what has worked for indigenous communities across the world. We use that evidence. We commissioned that report along with our colleagues in the national Traveller Counselling Service to look at what would be best practice in that area. Internationally, there is much evidence to show pockets of good practice and attempts towards reparations, state apologies and acknowledging the wrongs that were done and trying to walk together reflectively to the next steps. That is a tangible example of how that could be facilitated. It looks elsewhere at work that has been done which has been led by indigenous communities and how the state has supported that. Much of what is written in policy here has good intentions. The action behind it is the issue. From my knowledge, I do not think anywhere has got the action piece right, but places are on the journey towards that. Using the information that we have, both nationally and internationally, and doing something with it is important. There are pockets of good practice elsewhere.

We were delighted to be part of a rapid review of international best practice in culturally appropriate healthcare for the Traveller and Roma communities, with our colleagues in National Suicide Research Foundation. The information is not a surprise to us but it shows that there is good practice internationally. Using the information we have and simply doing it is the issue.

Senator Malcolm Noonan: It is important to take the outcomes from that to try to inform how we can shape things better here. I have two other quick questions. One relates to a contribution made here by the Irish Traveller Movement before Christmas. It is to do with grounding all of this work in community development practices. We have had a complete erosion of community development projects, CDPs, in Ireland since 2009, with the reforms in 2014. That notion of self-advocacy and self-determination, and the ability of the Traveller community to be able to advocate for themselves and become powerful lobbyists in their own right, is significant work. There were attempts to bring back a number of CDPs in the previous Government. Is that something that all Traveller representative organisations should be advocating for? I certainly think that we should be moving back towards a more radical community development approach to many of these problems.

Ms Kerry Cuskelly: I will speak individually about the support for radical community development and that more critical approach to community development. Our organisation is not a community development organisation *per se*. We are a service provider organisation, but we are a member of many different organisations in the community development space, including the Irish Traveller Movement. We are in a privileged position and are delighted to be able to support a local group in Limerick, the Limerick Traveller Network, which is beginning to set itself up as an independent community development organisation. We support and want to scaffold that. We will do that any way we can, including supporting individuals and groups that want to develop as their own independent entities. We are in the process of supporting that local organisation. Those are the Traveller women I referred to in my opening statement. We were privileged and delighted to be able to support that group for the last number of years to the point where 11 women who were associated with the network graduated last week from the University of Limerick with postgraduate and master's degree qualifications.

Senator Malcolm Noonan: It was amazing, yes. Incredible.

Ms Kerry Cuskelly: That is evidence of the need for longevity, and an ability to scaffold and support people and groups. Trust building and relationship building are really important to scaffold that long-term change. My individual view is that outcome for that community and the people in that general area of Limerick, both Traveller and non-Traveller, will be generational and can be very positive. We have already seen people in the local community are returning, or thinking about or wanting to engage in the formal education system again, because they have seen members of their own family, their friends or people they know doing it and paving the way. We will do anything that we can do to help that, with our very limited resources. It is incredibly important because now we have people who have formal qualifications who can work and lead organisations but also work in ordinary jobs, and in the Civil Service, HSE and Tusla. They can be social workers, nurses and doctors and come from the Traveller community. It is my wish that every facet of our environment in this country should be diverse. When Travellers enter a health building they should see other people working there who are familiar to them and the environment should not feel alien. We should see everyone in every part of the community.

Senator Malcolm Noonan: I wholeheartedly agree and the media coverage was so universally positive that it is bound to inspire lots more people.

I have a question on mental health services and suicide prevention. Is there a Traveller-specific or appropriate bereavement support service available? I ask because we know post-vention is prevention. It is important that we provide wraparound services to support the Traveller community when a suicide event occurs and it can help save others.

Ms Kerry Cuskelly: I will defer to my colleague, Mr. O'Brien.

Mr. John O'Brien: Quite rightly, yes. The question requires a multilayered answer. Right now, the Offaly Traveller Movement has taken on the new suicide bereavement liaison service for Travellers, which was awarded through the National Office for Suicide Prevention, NOSP. In 2023, Exchange House Ireland was the first organisation to start developing a Traveller-specific suicide surveillance system, which has helped inform the development of that new system. Ms Cuskelly pointed out the suicide rate in her opening statement. For so long, and since I came into this role, we have heard lots about the suicide rates being seven times higher. There is not a Traveller family that we work with who have not been impacted by suicide. In a time when we need data to help inform services the big question is from where does the seven times higher figure come from. It goes beyond the all-Ireland Traveller health study of 2010 but that is where the figure is referenced and the data being used is more than 16 years old. Our most recent figures, from 2024 alone, show that the rate among men is eight times higher and for women the figure is 15 times higher.

Senator Malcolm Noonan: My gosh.

Mr. John O'Brien: Again, we are talking about "probable suicides". We have developed an agile system which has been informed by the community through various methods such as social media, staff members and service users. Along with colleagues in NOSP and the National Suicide Research Foundation, we were able to develop a robust surveillance tool. The next part is the implementation of the post-vention services, as the Senator quite rightly pointed out, because cluster and contagion is a really significant phenomenon within suicide. Typically,

it would be referred to geographically. The community is so spread out yet connected and we have been able to track suicides from local authority burrows in London right across to the west of Ireland and family lines across those areas. We have worked with our counterparts in the UK and across Ireland to develop a response plan for them. It is unique to any other suicide contagion that is seen in other communities so needs a unique response.

Senator Malcolm Noonan: Yes.

Mr. John O'Brien: We welcome the new suicide bereavement supports but that is another service that will, more than likely, need to be scaled up for Travellers. There is not another such community in this country. According to the last census, the Traveller community is 33,000 strong and it is startling that 100 Travellers from every 1,000 die by suicide compared with the suicide rate of eight or nine per 1,000 in the general population. We still are looking at reports, calling for action and seeking methods to solve this crisis, but they are not coming forward. That is why we need the layers in government not to treat it as an isolated health issue. It needs to be addressed across the spectrum of education, health, employment etc.

Senator Malcolm Noonan: From the perspective of this committee, it is important to note that the figures are startling and it is a really deep crisis. Any recommendations that we can bring forward will be helpful.

Senator Anne Rabbitte: I apologise for being late. I thank the delegation for being here and it is good to have them back again.

The data collected and figures are startling. To the families who are watching, or might watch the clips later, we are having this debate to assist and help. Mr. O'Brien spoke about the data that has been gathered. Has the service any information to share about the age cohorts?

Mr. John O'Brien: It spans from 12 years up to 66 years. The majority is within the male cohort of 18 years to early 30s. Again, we are seeing men, women and children right across the lifespan taking their lives.

Senator Anne Rabbitte: Without being alarmist, have particular triggers been identified? As the service meets families and looks at the contagion, are there triggers within their community?

Mr. John O'Brien: There is a significant lack of hope within young people in the community. We ran a pilot, and have just received funding to scale it up, a youth mental health programme. We met a number of kids from five different areas across the country, namely, Dublin, Wicklow, Longford, Mayo and Limerick. The overwhelming piece to emerge from the pilot project was the lack of hope young people have for their future. A lack of hope is one of the most significant drivers when it comes to suicide. Again, there are layers such as a lack of hope for employment, education, maintaining cultural norms and being able to take pride in their identity. Uniquely, the layers are multifaceted.

The second part of the pilot project was the sheer scale of exposure to suicide and death. Again, looking at the risk factors for suicide, there is not a family that we work with that has not experienced suicide. That is the not the same for my community, or that of Ms Cuskelly, but it is for Mr. McDonagh's community which means that something is incredibly wrong.

Senator Anne Rabbitte: Where does the hope get lost? I want to understand the reason for the figures. Does the Traveller community lose hope in post-primary education or earlier? When does the Traveller community start identifying there are not the opportunities that others have?

Mr. William McDonagh: The majority of Travellers have no hope due to their living conditions and the way they are treated in society. As a member of the Traveller community I have experienced discrimination and prejudice my whole life. I continue to experience that in both my personal life and working life. Travellers experience that across the board. There are people who are unable to take that on board so the options are to go down the spiral of drug abuse, alcohol abuse and stuff like that. Then if young children are being bullied in school and feel that they are not fitting in, the easy option, the option nobody likes to look at, is suicide.

The easy option, which is not an option you like to look at, is suicide. In my family, I have encountered three suicides. It touches everyone. The hope is not there because the service providers are not in. I cannot blame everyone but if you look at the living conditions of the majority of Travellers in this country, they are Third World. From when they are born until they die, they are living in these conditions and with the discrimination and the stigma that follows that. You are looking at an uphill struggle all your life and you have to be very strong-minded to get above that. Thank God it is changing and we have young Travellers coming up who are strong and who are making a difference but it has been a long, hard struggle to get to where we are. Unless people start taking accountability for the discrimination and prejudice we are receiving in our daily lives, then the hope is not going to be anything other than a dream.

Senator Anne Rabbitte: One of the reasons I am on the Traveller committee, which I explained the very first day, has to do with Traveller accommodation. It is something that comes up here week in and week out. It is interesting that Mr. McDonagh cites it as the first barrier.

Mr. William McDonagh: For me it definitely is. If you have a mother with seven or eight children who is living in Third World conditions and is trying to live a normal life and get her children out to school, with a multitude of other things coming in the front door as well, it does not paint a very good picture. You cannot continuously throw money at an issue unless you understand it. I am not going to keep going back to it but 20 years ago they built Traveller accommodation on the fringes of society. Now, society has moved to the fringes so they are building in those areas but they are not accommodating the people who are actually in the area. Then what happens is you have no accommodation and you have isolation. If you take a family reared on a halting site - in a community-based setting - who have no other place to stay out of that community and satellite them into another community where there are no supports, then that is isolation straight away. This is a family who have been taken from their whole support system and moved maybe 10 km or 15 km away. That is where the hope disappears. Then you have a young family or a family with children and there are issues there. Those issues are going to turn into big issues and unfortunately some of the issues are that people will take their own lives.

Senator Anne Rabbitte: I thank Mr. McDonagh. I have a question for Mr. O'Brien. He talked about the strategy on the youth mental health approach. Going back to Mr. McDonagh's contribution, children do not differentiate until they are shown differences. They do not say "I am different" straight away. It is within the school and the environmental setting that stigma

sets in and barriers are created. How is that being approached in this youth mental health strategy and how is that integrated with education? We need to break down the barriers of understanding the cultural differences while having acceptance at the same time.

Mr. John O'Brien: It is not integrating directly with the education system *per se* but to go back to Mr. McDonagh's point, we often have parents we are working with who have young children - I have a child who started primary school this year - and those children are being prepared to encounter racism and discrimination in the schoolyard. They are being prepared at four or five years of age. That is something the rest of society is not necessarily thinking of when a child is going to school.

On the youth mental health piece, we have received funding to scale up an existing pilot. It will be run in three different locations around the country, namely, Limerick, Laois and Louth. We have just recruited a clinical lead and a project co-ordinator from the service. I am happy to say it is an internal promotion of someone in our ranks who has been a youth worker for a number of years and studying counselling and youth services in the community, so from the top it is going to be community-led. We will be recruiting six peer support workers in each of those three areas to work as peer mental health facilitators. They will be running psycho-educational youth-focused mental health programmes. To complement that there will be an adult piece where those facilitators will also be doing an element of crisis intervention training with adults and, in particular, parents within the community. If their young person presents to them as worried, stressed, anxious or suicidal, where do they turn? Most people would wonder what to do. The feedback we received from the original pilot was about parents not knowing what to do when their child presented in that state. In lots of cases, they might tell the child they will be grand, to toughen up or they are just going through something, but it might be something more serious. It will be the psycho-educational piece with young people, plus the crisis intervention training.

Senator Anne Rabbitte: I have another question as a follow-on from that. They are the three locations, so where is the scale going to come into that? I could do with that service in Galway.

Mr. John O'Brien: Yes.

Senator Anne Rabbitte: I have no doubt others here would say exactly the same, so where is the scale? It is one thing to do a pilot and I am aware that the Minister is very committed but where is the scale? Where is the next business case for enhancing the scaling up?

Mr. John O'Brien: We will be evidencing as we go along, and evaluating as we go along, with that existing project, as we did with the first project. The first one was run solely out of Dublin, so we had two staff members running to each of the five locations I mentioned. We had two people driving from inner city Dublin to Ballina for six weeks, which is not scaleable, but it allowed us to evidence what we needed. The scale is that we are partnering with local Traveller organisations to house these two peer facilitators and they are in areas where we already have strong connections and partnerships with local Traveller organisations. Ms Cuskelly mentioned that the Limerick Traveller Network will be housing two. Laois Traveller Action Group is the other organisation. A staff member of ours is a former staff member of that and we have a good working relationship there. It is the same in Louth where there is a new group that is looking to develop its own representative body. We have been working with

it for the last 12 months or so on developing its capacity to support the community. It is looking for staff.

Senator Anne Rabbitte: What does it cost to run what Mr. O'Brien has described? What was the business case for it?

Mr. John O'Brien: I think the business case in its entirety was for €360,000 for a three-year project. We received €140,000 from Community Foundation Ireland to run that and that allowed us to advocate to the Minister of State, Deputy Butler, who was able to allocate more funds. We have two years' worth of funding to run that project as it currently is, to the tune of about €240,000. The original business case was for three years, which was significantly more.

Ms Jane McGarrigle: It was essentially for double that amount to run the programme over three years so as to really be able to show, through evaluation, the outcome and the impact. We would then have a proper business case for scaling nationally but also for recurring funding and for embedding it. We do not want to do something, have it be a one-off and not be able to continue it. We have a commitment to recurring funding of €100,000. There is a large shortfall compared with the funding we have sought for the longer term project. We have had to scale back to the two years and the funding comes partially from Community Foundation Ireland and the HSE via the Minister of State's advocacy. We have €240,000 for two years, like Mr. O'Brien said. At the end of this year, we will seek to evidence the impact we have made in those three areas with a view to being able to sustain the three areas at least and then to double the areas we exist in from three to six in the next two years.

Senator Anne Rabbitte: I am just teasing this out with the officials to try to understand it because we want to play a role in our advocacy when it comes to supporting them on mental health, especially in the youth area. What does "good" look like in the end? The officials have their figures and know where this is going. They are doing a pilot but they know where the pilot is going to land them in two years' time. With the height of respect, the officials nearly know the results in advance. What is a fully functioning Traveller youth intervention team looking like and what is it really going to cost? The Government has three and a half years left, so you would want to have the ambition to be at the stage where you are seeing something functioning. What does a functioning team look like to the officials, nationally?

Ms Kerry Cuskelly: In broad hypothetical terms, the youth mental health service is part of our overall mental health service. We operate a lifespan approach. If we were to specifically replicate our mental health service, which could include our youth mental health strand nationally across the country, and if we were to position that in alignment with the six HSE regions, that would allow us practically, which I mentioned to Deputy Ellis previously, to receive and have co-ordination with primary healthcare projects nationally in terms of working with people they work with, provide direct interventions across the lifespan, and form those formal referral and integrated care pathways with mental health and primary care services in the HSE. If we were aligned to those six regions and had six satellite teams essentially of a fully staffed mental health service as we have now, we would be looking at a cost of circa €2 million per year in addition to our current specific mental health funding, which is under €400,000 per year and the €100,000 or so of recurring funding for the youth mental health service.

Senator Anne Rabbitte: Is it currently €400,000?

Ms Kerry Cuskelly: Yes.

Senator Anne Rabbitte: That answers my question. I thank Ms Cuskelly.

Deputy Pádraig Rice: I thank our witnesses for coming in. I apologise for being late, as I had a speaking slot in the Dáil earlier.

I have a few questions relating to the national Traveller and Roma mental health working group bi-annual report, in particular actions Nos. 26 and 27. These are questions we had for the HSE and the Department of Health. I am interested in the witnesses' thoughts on them as well. They relate to staffing shortages, vacant posts and the challenge identified in the varying levels of leadership support and the HSE restructuring's impact on roles. This relates to Traveller men's mental health resources and the development of culturally safe mental health services. What is causing those staffing vacancies and are the witnesses seeing varying levels of leadership support within the HSE? What impact might that have on services?

Ms Kerry Cuskelly: I thank the Deputy. I will try to answer his question in terms of the areas he has noted. In terms of staffing vacancies, did he mean across the public sector or was his question specific to Traveller organisations and the information coming out in the bi-annual report?

Deputy Pádraig Rice: This is related to the national Traveller health action plan.

Ms Kerry Cuskelly: I thank the Deputy. I just wanted to clarify that. Before the Deputy entered, my colleague, Mr. O'Brien, was talking about our experience in Exchange House Ireland. We are in a privileged position of not having experienced a huge amount of staffing turnover other than to end positions when funding ends, for example. Over the years, Exchange House Ireland has managed to recruit excellently skilled professionals but also support people to train into the roles they were entering into. We are a very strong proponent of recognition of prior learning, life experience and work experience, and of taking more into account than formal qualifications, bearing in mind the difference when an organisation is hiring someone with a professional qualification that is necessary legally. We really try to support and grow people into roles and retain staff.

As regards our experience of the retention of staff, one of the key things is that staff receive structural support from the organisation. That may come in many different forms, but in particular, really supportive supervision, staffing and management structures, and spaces for reflection for staff, particularly when they are dealing with day-to-day traumas and difficult situations on the front line. That is something we have always invested in. Without additional resources, we have been advocating to the State and the HSE most recently for formal investment in what we are calling clinical lead positions, which exist in many different organisations and across the formal health services. The understanding is that staff working on the front line with trauma, difficulty and complexity themselves experience vicarious trauma and need support as workers. If someone is living in the community they are working in, they also need that structural support. We have not to date being successful in that advocacy but we see that as incredibly important. We have invested, without additional resources, in that structural support internally in our organisation.

Regarding the report, that does not exist across the sector. It is something that is absolutely needed across all Traveller and marginalised communities working in spaces like this. There

needs to be structural investment in support, supervision and reflective spaces. There needs to be understanding that people are working in very complex and difficult conditions without that structural support. This leads to burnout and, very rationally, staff not being able to manage those conditions. It also leads to the terms and conditions of staff being much poorer generally than they would be in your typical statutory services, whether they be the HSE, Tusla or so on. Typically, staff in voluntary and community services are working on very precarious short-term contracts but also have much poorer pay and conditions in general. That is another reason we see staffing levels vary and why there are many vacancies across the country.

Deputy Pádraig Rice: It is quite concerning that staff are in these precarious working conditions and are poorly paid without the proper support and services while trying to address some of these really serious health challenges. They face burnout and impacts on their own health and well-being. That is something we as a committee can note in terms of our recommendation on things that need to improve.

The other things that stood out for me were the funding structures and the lack of multi-annual funding. These impact Exchange House Ireland and its services. The report highlighted one of its services - the thriving together project - and initiatives like that. Is it a struggle when Exchange House Ireland is going for annual funding and not having that security of funding year after year?

Ms Kerry Cuskelly: The short answer is "Yes". A substantial number of the services we provide, including our thriving together youth mental health work, domestic violence project and the LGBTI+ action work programme we are establishing, are funded by precarious funding. They are all either funded by dormant accounts or a mixture of one-off philanthropic funding. We know there is no definite continuation of those services, which impacts on everyone. It impacts on our ability to plan for the long term, to plan a service that is based on trust and relationship building, based on staff being properly supported and based on being able to take one's time to develop a service with the community and interventions that are tailored specifically to the community.

Deputy Ellis referred to domestic violence services particularly. Our approach has always been to be led by the community. For better or worse, we will develop the services at the pace of the people we are providing the services to, not to the deadline of needing to have a KPI filled and so on in terms of funding and that precarity. This means there is a trade-off, though, in that we do not always get to provide the volume of services or for the length of time we want to. We also have to scale back. Mr. O'Brien referenced scaling back our youth mental health project. We could have provided funding in a number of areas additional to the three we have picked, but we have had to scale back to be able to cut our cloth to suit the resources we have been given. Please do not get me wrong, as we are delighted to have the resources. We absolutely put all of our resources into the provision of front-line services. This is to our detriment because not everyone knows who we are, what we do and where we are, but we prioritise providing the services, so if it is a choice between telling somebody externally who we are, we will prioritise providing that service for that year and get as much value out of it for people as possible.

Deputy Pádraig Rice: In relation to the LGBT work group Ms Cuskelly mentioned, is that linked in with the National Action Group for LGBTI+ Traveller & Roma Rights.

Ms Kerry Cuskelly: We are delighted to be able to support the LGBT action group in this business case. We are the host organisation for the worker on behalf of the LGBT action group. We have been working with the national group for many years and have had a representative from Exchange House Ireland on the group for that time. I referenced our support for the Limerick Traveller project to become its own community development project. This is another piece of work we are taking on in addition to our own work, but gladly so.

Deputy Pádraig Rice: Exchange House Ireland has secured funding for that?

Ms Kerry Cuskelly: Yes. We work very well with the Department of children for the past number of years and this in particular is to support the implementation of one of the NTRIS actions and we are delighted to be in a position to be able to support it.

Deputy Pádraig Rice: It is great to see that resourced as it is really important work. Well done to Exchange House Ireland on that. I saw a document related to the telephone suicide crisis support line. What is the progress on that? Is it something that is in development or has it been set up?

Ms Kerry Cuskelly: Unfortunately, it has not been set up.

We have no money to implement it. That was a commissioned piece work by the national Traveller counselling service and ourselves a number of years ago to look internationally at best practice for indigenous communities in terms of 24-7 crisis support. We have a fully costed and fully evidence-informed business case. We need engagement from or openness to someone across any Department or space that would work with us on that. In real terms, I would say it is a very modest cost of in and around €500,000 per annum to actually run the service. It could be less than that if we are hosted with an existing organisation that has the infrastructure. If not, it possibly would be slightly more to develop it from scratch.

Deputy Pádraig Rice: Has Ms Cuskelly been told why that was not funded successfully? It sounds like a pretty good idea.

Ms Kerry Cuskelly: With respect, the Deputy would have to ask others why that has not been taken on board. We see it as very reasonable, community led and evidence informed and a reasonable value-for-money initiative. It could row in very easily with the work that we already do with our existing duty service and the work the national Traveller counselling service is doing in terms of both of our organisations providing the front-line support, but having the scaffold of a crisis phone line could really support the work we are already doing and fill a lot of those gaps.

Deputy Pádraig Rice: That is probably one we could raise with the Minister if we had the Minister before us. It could be a positive development and intervention as well.

Finally, in terms of scaling the national Traveller youth mental health service, has Ms Cuskelly seen any improvements since the HSE established the national youth mental health office? Is she getting much engagement from them in terms of the work around Traveller youth?

Ms Kerry Cuskelly: I am delighted to say we have begun initial engagement with the youth mental health office, which itself is developing its own structures to be able to communicate and interact nationally with groups in the youth space and across the community and voluntary

sector. We have been invited to be part of an initial forum that is developed to bring together all stakeholders in the youth mental health space, but we will be in the Traveller youth-specific space. The conversations are just beginning there.

What we would like to see is that there is more collaboration and more formal interaction, particularly around our youth mental health services and our youth services as a whole and to see how we can try to divert issues before they reach the more crisis and specialised CAMHS level. We would like to look at a more social-determinants-of health approach and see where we can help that, where we have had success and continue to have success working with young Travellers, where they may not be engaged or even visible in formal services or waiting lists. We know young Travellers will engage, respond and take part in services in many different forms, if they are engaged with the way they need it. We have that experience and we would like to bring that to the table.

An Cathaoirleach: From my own point of view in relation to the work Ms Cuskelly does in relation to the area of domestic violence, I am a member of the voluntary board of Wexford Women's Refuge. We just built a fabulous new domestic violence refuge in Wexford town. One of the things we as a board noticed was that when certain obligations to report came in - when certain obligations were placed on An Garda Síochána, for instance, particularly in the area of children if there was any incident that involved children - that the numbers of women from the Travelling community attending domestic violence refuges plummeted. Was that Ms Cuskelly's experience over the years of working in that area?

Ms Kerry Cuskelly: I thank the Cathaoirleach for the question. It is a complex area and issue. However, from our experience, Exchange House Ireland has always had social work staff in the organisation from the get-go. I am a registered social worker and worked as a social worker for many years in a number of different spaces. Tangentially related in our recent mental health external evaluation of our mental health service, it was particularly interesting to note that the highest service sought in our organisation on many counts is social work. To me, that indicates that it is not necessarily the statutory remit of our role or the difficult conversations that may need to be had, or indeed complex conversations that may need to be had about gardaí, social work, child protection issues or child welfare issues. It is actually the environment in which it takes place.

Very often, it is the professionals' ability to engage with communities that are marginalised and have experienced systemic racism from the systems of justice, the systems of the State and the systems of child protection itself, as opposed to the individuals within it. Our experience for a domestic violence service in practical terms has been that we have an overwhelmingly, unfortunately, high uptake of the service and engagement with it. We have a hub-and-spoke system where we have one senior social worker who works with the most high-complex cases, and provides expert advice and guidance to our wider staff and team, but also externally. We will have professionals from other organisations contacting us and looking to joint work with us around issues of domestic violence and will seek our input on that.

Our service has developed from lived experience. How we provide the service and in what way we provide the domestic violence service is informed from people who have experienced domestic violence themselves in the community. It is all very nuanced and delicate and needs to be treated with care and confidentiality, as I am sure the Cathaoirleach and the board are aware of. To date, we have experienced consistent and increasing uptake in the service. The

scaffolds and supports in the background and the training and knowledge and the ability of the organisation to respond to the particular needs of the Traveller community are key for me, as opposed to a generic service to having a Traveller specific service.

An Cathaoirleach: Does Exchange House interact with Cuan?

Ms Kerry Cuskelly: Yes. We just found out at the end of last year, we submitted an application for funding to Cuan, and we were delighted to receive some funding for one social work post, which we were hoping to continue our dormant accounts funded service, ideally using the Cuan funding, which is a good outcome, in our view. We were able to build the business case and show the value of that service. That has been taken on board by Cuan, which we are delighted to see. We hope to be able to work with Cuan for many years to come.

An Cathaoirleach: Mr. McDonagh raised the issue of discrimination in many areas of being a member of the Travelling community. Accommodation was one of the key areas where people are living in squalid conditions and have been for generations almost. Prompted by Deputy Ellis, I raise the whole issue of Dunsink Lane and the council's proposed developments that were going ahead without any consultation whatsoever with the Travelling community, who have been there for decades. There is this institutionalised discrimination from bodies that are supposed to be serving all sectors of the community. We have written as a committee to AnnMarie Farrelly, the chief executive, seeking a response and meaningful consultation with both the Travelling community and their representatives. It is endemic, not just in society, but in organisations across the spectrum.

One of the things that struck me was something that was essentially supposed to be a positive proposal, namely, the caravan loan scheme, which in my view presents a situation of discrimination. Most of us have been members of local authorities. I know of no other applicant for housing to a local authority who was asked to pay for their accommodation upfront in a loan scheme. People are asked in the Travelling community whether they want Traveller-specific accommodation and when it is offered it can be offered under a loan scheme. In many respects and incidences, I have seen Travellers borrow this money or being given this loan for second rate and poor accommodation facilities. I know of no other applicant for social housing who would be asked to do that outside the Travelling community. That, to me, is a form of discrimination. It is something that we as a committee should seek to have some reparation on. I do not believe it is fair to a community to impose that on them. I would be interested in Mr. McDonagh's views on some of that.

Mr. William McDonagh: You have to look at it in another way. You can provide somebody with a home but you do not provide the foundation for that home. You are still putting a new home on the same site that was there for the last 20 years. You are not upgrading the structure; you are only upgrading the home.

Basically, it is like putting a sticking plaster over a cut. The cut has not healed but the plaster is there to cover it. Statistically, it can be said that 30 or 40 mobile homes were given out but where are they positioning them? What is their value? What are the living conditions where they are being placed?

An Cathaoirleach: Members of the Traveller community are then asked to pay for it-----

Mr. William McDonagh: To pay for it, yes.

An Cathaoirleach: They depreciate the minute they open the door.

Mr. William McDonagh: Yes, the minute they are in. It does not solve the overcrowding either. They are paying for-----

An Cathaoirleach: It is an area that I think-----

Mr. William McDonagh: Basically, people are caught between a position of wanting to upgrade their living conditions - which they must pay for - but when they achieve that, they are living in the same conditions only in a better home.

Mr. John O'Brien: To add to that, it is a system in which there is very little consistency and transparency when it comes to how local authorities decide who gets to avail of the caravan loan scheme. Approximately 50% of the people who access our services do so for accommodation supports, and that then manifests into other areas of their lives. The caravan loan scheme is one of our top areas of caseloads that we discuss with legal support services, such as Mercy Law Resource Centre and the Free Legal Advice Centres, FLAC. The communication around it, the transparency within it and the consistency as to who gets the loan is-----

An Cathaoirleach: It is good information for this committee to know.

Deputy Dessie Ellis: As we have entered into this subject, I have been dealing with these caravan loans for many years. While one family might get a loan for a new caravan, another family might get a loan for a second-hand one. The whole issue should be to address the whole accommodation issue and deliver accommodation across the board that is suitable and general, particularly in the sites. I have to say that I do not agree with this caravan loan scheme. We need to put proper accommodation in place. There is a pilot scheme in Cork with new, modular-type homes that are supposed to be very good. Maybe we should look at them as a model for each site. We should ensure that we do not develop this discriminatory role in sites where a person gets one thing and the next person gets another. I am inundated with people telling me that certain people got certain things. It is very frustrating.

Mr. John O'Brien: The procurement of it seems to be ludicrous. Some people will say that if they were to buy a caravan privately, it would cost half the price compared to what they are being quoted.

An Cathaoirleach: It is something we, as a committee, could address. If Mr. O'Brien has any information, whether anecdotal information or evidence, I ask him to send it to us. We have encountered it all ourselves but if Mr. O'Brien is telling us that 50% of the people who access his service do so for accommodation issues, and the top issue on that is-----

Mr. John O'Brien: The caravan loan scheme comes up again and again.

An Cathaoirleach: It is something we could potentially tackle.

Deputy Dessie Ellis: The big problem is that, in a lot of cases, there are medical issues. Those people with medical issues are being offered a caravan that does not even have steps up to it or proper ramps, etc. Rather than that whole system of that caravan loan, it would make far more sense to deliver proper housing on the sites across the board, accounting for people with disabilities as well.

An Cathaoirleach: Okay. I thank the witnesses for coming along today. It has been very informative. We have received information that we can utilise in our reporting. The aim is to have a number of pillars where we can pinpoint areas where we will try to make a difference. Certainly, the input of the witnesses today has been very helpful in that regard. I apologise for being late. The nature of this building is that Members are running from Billy to Jack, as the witnesses will have seen. I thank them very much. We are adjourned until 6.30 p.m. next Wednesday, 4 February.

The joint committee adjourned at 2.14 p.m. until 6.30 p.m. on Wednesday, 4 February 2026.