DÁIL ÉIREANN

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

JOINT COMMITTEE ON KEY ISSUES AFFECTING THE TRAVELLER COMMUNITY

Dé Céadaoin, 4 Feabhra 2026

Wednesday, 4 February 2026

Tháinig an Comhchoiste le chéile ag 6.30 p.m.

The Joint Committee met at 6.30 p.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	**Seanadóirí / Senators**
John Connolly,	Eileen Flynn,
Dessie Ellis,	Malcolm Noonan,
Tony McCormack,	Joe O'Reilly,
Séamus McGrath,	Anne Rabbitte.
Maurice Quinlivan,	
Pádraig Rice.	

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

The joint committee met in private session at 6.33 p.m., suspended at 6.36 p.m. and resumed in public session at 6.38 p.m.

Traveller Health: Discussion (Resumed)

An Cathaoirleach: No apologies have been received from members. I welcome everyone. I ask those attending online to mute themselves when not contributing so we do not pick up any background noise or feedback. We have one member who is online. I remind all those in attendance to ensure their mobile phones are on silent mode or switched off. Members attending remotely are reminded of the constitutional requirement that in order to participate in public meetings, they must be physically present within the confines of the Leinster House complex.

As the 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.

The agenda for today's meeting of the committee is engagement with our witnesses from Pavee Point to discuss Traveller health. I welcome Ms Lynsey Kavanagh and Mr. Martin Collins. I invite Ms Kavanagh to make her opening statement, followed by Mr. Collins. We will then proceed with a question and answer session.

Ms Lynsey Kavanagh: I thank the Cathaoirleach and members of the committee. Pavee Point is delighted to have the opportunity to be here and welcome the committee's focus on Traveller health inequalities.

We encourage the committee to continue its really good work in interrogating the key issues in terms of Traveller health. We will give a quick overview of the key issues involved and leave time for a discussion, which will be the best use of the committee's time.

Pavee Point is a national Traveller organisation and has been working since 1985 on all policy areas impacting on Travellers and Roma. Our work on health has been recognised both nationally and internationally, including our work on Traveller primary health care, which we were delighted the committee has been highlighting over the past number of sessions and which we started in 1994.

We wish to briefly highlight the key issues regarding Traveller health inequalities and the broader impacts of the social determinants of health, that is, those that lay outside the health sector, on Traveller health. We also want to look at and discuss the positive developments that have occurred, the need for investment in targeted measures in Traveller health work and a strategic and co-ordinated response to address the issues highlighted today.

Before we begin, it is important to acknowledge that Traveller health inequalities are contextualised within the broader social determinants of health and the need to recognise the causal pathways, which include racism, discrimination, education, employment, accommodation and so forth, if we are to realistically tackle Traveller health inequalities. These health inequalities are well-documented, so we will not go over them *ad nauseam*. The committee is well versed in terms of what those statistics are with lower life expectancy, disproportionate rates of mortality and morbidity, disproportionate rates of higher chronic disease and Traveller suicides being higher than the general population.

We want to highlight that Travellers are not dying of some exotic diseases. Travellers are dying from the same causes that are found in the general population, such as cardiovascular disease, cancer and respiratory issues, but at a far greater rate. We get this data from the all-Ireland Traveller health study, which colleagues and committee members have discussed at length in other committees. However, we have been told this data is out of date; it is 15 years old. Subsequent national and international reports have endorsed the veracity of the findings of this research, however, including recent data by the national cancer control programme, NCCP, and research that was published in 2025, which many colleagues here will have heard about in the session before Christmas. That research drew from a survey conducted with almost 500 Travellers and found that key institutional barriers, including poor accommodation, poverty, racism and so forth, all continue to adversely affect health inequalities and health outcomes for Irish Travellers. Today, we launched the findings of a European survey on the rights of Travellers and Roma conducted by the European Union Agency for Fundamental Rights. What that report really highlights and shows is that 75% of Travellers in Ireland reported cases of discrimination in the year before the survey, which is a 10% increase in experiences of discrimination compared with a comparable survey in 2019. For the purpose of this committee, some 39% of Travellers reported discrimination in accessing health services in Ireland.

Thanks to the work of Pavee Point and other Traveller organisations around the country, the national Traveller health action plan was published in November 2022. The vision is very clear. It sets out:

> The vision is for a health service in which Travellers can achieve their full potential in respect of their physical, mental and social wellbeing and where the well-being of all Travellers is valued and supported at every level." [This is] underpinned by one in which Traveller families have equitable outcomes in health resulting in a healthy and resilient Traveller community.

In 2023, the Department of Health provided €1.3 million in ring-fenced funding for the implementation of the plan, which is welcome. As one Deputy noted in a previous committee session, however, this is a drop in the ocean of what is required to seriously tackle health inequalities. Further investment is required to support implementation of core actions in the plan. What we are talking about is recurring funding. We are not talking about once-off measures. That really includes supporting and sustaining Traveller primary health care projects, from which some colleagues are in the Gallery today, into the future, including workforce planning and development.

It would be remiss off us not to acknowledge some of the real positive work that has happened over the years. This includes changes to overall life expectancy, albeit incremental,

with more Travellers living over the age of 65, although we do have Travellers living over the age of 95, albeit small numbers. It also includes Travellers' greater access to mainstream services, including higher rates of screening among Travellers, higher rates of health literacy and greater access to mainstream services. We would credit this to the role and work of the Traveller primary health care projects on the ground. When I talk about the Traveller primary health care projects, these are peer-led projects staffed mostly by Traveller women. We have Traveller men working in these projects who are working on average 12 hours per week, but exceed that beyond their 12 hours that are paid. We see where really good partnership working is between Traveller organisations and the HSE, including those in senior leadership positions. These relationships are based on mutual respect and recognition of the role and expertise of Traveller primary health care projects. However, this needs to be acknowledged in terms of career planning, workforce planning and development and resourcing.

We are at a very critical juncture here with the national Traveller health action plan at its midway point. Traveller families around the country deserve to see real change. Pavee Point, along with other Traveller organisations around the country, in the spirit of true partnership - we mean that - is willing to meet that challenge in working constructively and positively with the HSE and the Department of Health in realising the ambition that is laid out in the plan.

I want to finish off by highlighting key recommendations. There is a need to ensure the full implementation of the national Traveller health action plan. There is a need to ensure that the recommendations of the review of the primary health care projects are put into action. We were really pleased to hear the Department of Health and the HSE state more recently that they would support the recommendations where they could. There is a need to protect the Traveller primary health care projects on the ground and ensure that they are sustained and supported into the future. Lastly, I know some Deputies and colleagues are really interested in ethnic data. We need to see disaggregated data. We need to show where there are positive improvements but we also need to show where there are gaps and how we can target responses adequately. I will leave it there. Go raibh míle maith agaibh.

An Cathaoirleach: I thank Ms Kavanagh. I invite Mr. Collins to make his opening statement.

Mr. Martin Collins: I thank the Cathaoirleach and committee members. Like Ms Kavanagh, I welcome this opportunity to address the committee on the issue of health inequalities but also more broadly on other issues impacting on Travellers and, of course, they are interrelated. I have been with Pavee Point since 1985, from the very beginning, and I am a co-director along with Ms Kavanagh.

Since its inception in 1985, Pavee Point Traveller and Roma Centre has always demonstrated leadership, courage and innovation in the piloting of new ideas and new projects and the testing of new approaches to the work with Travellers and, in recent years, with Roma. We have documented this learning and shared it with other Traveller organisations. We piloted the very first Traveller primary health care programme in 1994. We piloted a Traveller conflict mediation programme, a violence against women programme and, indeed, a drugs and alcohol programme. We have always shown leadership in demonstrating innovation and testing out new ideas and new projects. We have adopted a community development approach and a human rights-based approach to addressing the inequalities and racism experienced by Travellers in terms of access to education, healthcare, employment and accommodation.

Unfortunately, these are ongoing challenges, as was highlighted today by the publication of the fundamental rights agency report on Ireland, which points and speaks volumes to the ongoing racism and exclusion both Travellers and Roma face in Ireland. We can see the manifestations of that in the low educational attainment, health inequalities, high unemployment rate and poor living conditions.

As Ms Kavanagh said, we have been recognised internationally for our innovation around trying to address the health inequalities experienced by Travellers. For example, we were recognised by and received an award from the World Health Organization in 1994. Then, more recently, we received the prestigious Max van der Stoel Award for innovation, as I said, in addressing Traveller health inequalities and human rights more broadly.

Again, this is a bit repetitive, but as Ms Kavanagh said, we adopt a social determinism approach to health. It is not just a medical model. There are other factors outside the health system contributing to health inequalities such as poor living conditions, low educational attainment, high unemployment and, of course, racism and discrimination having a huge impact on people's mental health. In terms of living conditions, almost 40% of Travellers qualify as homeless. That is absolutely staggering and shocking in a fully developed democratic western society that is the third richest country within the European Union.

In terms of the Traveller primary health care projects, there are about 350 primary health care workers across the country in approximately 30 projects, which is very positive. It is important to note, however, that at one point there were 40 projects in existence right across the country.

There has been a weakening of the Traveller health infrastructure that we ought to be concerned about. We need policies, strategies and funding to sustain, maintain and expand the important work of the primary healthcare projects. It is also important to say that Traveller organisations generally, and more specifically the primary healthcare projects, are a major source of employment for Travellers, primarily and almost exclusively Traveller women. The workers in these health projects provide a vital service. We know that over 80% of Travellers accessing health services get their information and referrals from the Traveller primary healthcare projects. They play an important role linking Travellers on the ground with mainstream health services.

The rest has been covered by Ms Kavanagh, but it is about validating, valuing and respecting the role of primary healthcare workers. It is about ensuring that they are properly remunerated for their time, efforts and expertise in addressing Traveller health inequalities. It is also the case that Travellers employed in these primary healthcare projects are from the community and have a trusting and positive working relationship with Travellers on the ground. It can be said, generally speaking, that Travellers may lack confidence and trust in mainstream services, so having a mediator in terms of primary healthcare project workers is essential in that regard. I will leave it there in the interests of time and questions and answers, because a lot of the pertinent issues have been covered by Ms Kavanagh. Suffice to say that there remain many challenges in promoting overall Traveller equality and inclusion in society. Health inequalities are just one example of that. There are many other examples in the areas of education, accommodation and unemployment. Unfortunately, racism is still the major barrier to full Traveller inclusion, access and participation in society.

Senator Eileen Flynn: I welcome Pavee Point to the committee this evening and thank them for coming in. As a committee we are seeking useful ways to address key issues that impact on our community. Are there any suggestions on how this may be done from the organisation's perspective? I met Pavee Point before Christmas, and we had a conversation about the committee and the outcomes for Travellers on the ground. Any suggestions the witnesses have today would be useful for us to hear so we know how we can move forward to help to implement some of the solutions they bring forward. I was at the launch today for the Traveller and Roma people survey in Pavee Point. I saw the levels of poverty and health inequality that Travellers and Roma people still experience in Ireland and beyond. This survey was done in 13 countries. Professionals spoke about the data and one comment was that we are going from very, very bad to very bad. As a member of the Traveller community, I do not think it is good enough to go from very, very bad to very bad. We should be able to do better. We should be holding the State, local authorities and the Government to account.

I turn to the health workers. There are more than 300 Travellers working across the country as primary healthcare workers, and my sister is one of those. In fact, it is my two sisters. One of them leads out in Monaghan and Cavan and the other one works in Ballyfermot, Dublin, as a primary healthcare worker. As Mr. Collins said, it creates a lot of employment within our community. I welcome our guests from the primary healthcare workers to the Gallery. We had a conversation outside the door about how you get educated as well as working on the ground. Why does Pavee Point think that Travellers get paid less than workers in the HSE, and what can we do to change that? I saw Travellers out on the ground during the pandemic. They are out working during any kind of outbreak of chickenpox or measles. They work with diabetics. As Ms Kavanagh pointed out, health inequality with these diseases also happens in the general population, but unfortunately Travellers get treated less in hospitals, etc.

We still have a mental health crisis in our community. Ms Kavanagh also spoke about the data being 15 years old. We had a conversation in this committee about two weeks ago, I think in private session, about being able to look for updated data. That would be really important. It is one thing collecting information; it is another thing having it put into action. I know the report today is action based through NTRIS and so on. I will leave it there. For me, as the vice-chair and the only member of the Traveller community on the committee, it is really important to move forward and listen to and use Pavee Point's advice. How can we be more progressive and have more outcomes? We have had over 40 recommendations from other expert groups in the past few years. We have recommendations as long as my arm, but little implementation. As health workers, will they tell us how we can work better as a committee, and what can organisations do to support us?

Mr. Martin Collins: I will respond. However, I will leave data collection, terms and conditions and parity of esteem between Traveller healthcare workers and those in the HSE mainstream services to Ms Kavanagh because she has been leading out on that and has been pushing that issue through the National Traveller Health Action Plan implementation committee. She can shed more light on that than I can.

I start with Senator Flynn's opening point. She hit the nail on the head. There are many strategies and policies that a lot of work, time and investment have gone into. These policies were developed in a spirit of constructive partnership between Traveller organisations, the State and State institutions. I am talking about the first ever national Traveller and Roma Education

Strategy, the National Traveller and Roma Inclusion Strategy, NTRIS, and the National Traveller Health Action Plan. Of course, we then have the five-year Traveller accommodation programmes, TAPs. The analysis has been done. The evidence has been presented. We know what needs to be done. We just need to get on and do it. That is the challenge. As the Senator rightly points out, it is about implementation. We need more robust, vigorous and effective structures and systems that will deliver on the implementation. It is only by doing that we can make a tangible difference in the lives of Travellers and Roma and create a more just, equal and inclusive society for those communities.

However, we have to be honest. I come back to my earlier point. One of the biggest issues we are trying to contend with is racism, both individual and systemic. If we do not deal with that it is quite difficult to address the other issues. I am reminded that an ex-President of the European Commission, a guy from Luxembourg, was speaking at a conference on Roma and Travellers. He made an interesting point. He said that we all know what needs to be done. We just do not know how to get re-elected when we do it. Therein lies part of the problem. These issues are heavily politicised, and they should not be, particularly in the context of accommodation. When local authorities are endeavouring to provide accommodation, they are met with opposition at local level. They are met with opposition within their own chambers from some public representatives. They are also met with opposition from local residents' associations. We need to depoliticise these issues and see these as human rights. We need to look at it through a human rights lens. These are not luxuries or privileges. These are basic essentials to allow to people live a dignified life, like access to education, access to secure accommodation and eradicating racism and discrimination.

As I said, it is not about privileges or luxuries; it is about basic essentials. It is incumbent upon all of us, Traveller organisations and the State, as I said today at the conference, to redouble our efforts collectively and to get serious about implementation. As was said by others today at the launch - Senator Flynn said it - there has been a lot of research and there is a bit of research fatigue within the community. I can understand that. There has been overanalysis and overanalysis can lead to paralysis. Now is the time to get serious about implementation.

Ms Lynsey Kavanagh: I might pick up on the few questions Senator Flynn had in regard to the primary healthcare projects and why they are paid less than the HSE. Traveller primary healthcare projects are generally section 39 organisations. Section 39 organisations, which I know the committee has heard before, are contending with issues around recurring and sustainable funding. That is a key issue, as is recruitment and retention across the sector. That is one issue.

In regard to the Traveller primary healthcare projects, there are, as Mr. Collins said, around 300 Traveller community health workers working in the projects around the country, of which there are around 30 at the moment. There were 40 at one stage, as Mr. Collins said, but that is only equivalent to 104 full-time workers. We are talking about women, primarily, who are working 12 to 20 hours on average. They are doing way more than that but obviously are not getting remunerated because Traveller primary healthcare workers are working in the communities in which they live.

The average rate of pay for a Traveller community health worker is around €15 per hour. To put that into perspective, we have workers who have worked in the sector for 30 years on minimum wage. Something that Pavee Point and other Traveller organisations have been very

clear on is ensuring pay parity with HSE colleagues and others in the sector. I encourage committee members - I know the HSE and the Department of Health were here a couple of weeks ago - to ask what it would cost to bring those workers up to a certain level. That cost is around €830,000, a drop in the ocean with regard to bringing people up to a level and a standard. We have been very clear that there is a need for the Department to be able to make funding available or for the HSE to look at existing resources to make that available, if we are really serious about respecting these workers and making sure there are sustainable jobs at the end of the day.

I might touch on the all-Ireland Traveller health study because I know a question and comment that we often get is whether we should we do another study or if there is a need for another study. I want to be very clear. Pavee Point would have supported the fieldwork of that study and mobilised over 400 Traveller community health workers on the ground in 2008. Mr. Collins referred to research fatigue but that research was at a cost of £1.3 million and what many Traveller primary healthcare workers around the country are saying is that it sat on a shelf for 12 years before we got an action plan. What the Traveller organisations are saying is there is not a need for new evidence. They have the evidence and as Mr. Collins is saying, we need to put action into evidence and where we would see more useful energy is around the ethnic identifier. You would not have to do an all-Ireland Traveller health study in another ten years if you had disaggregated data on an ongoing basis.

Senator Eileen Flynn: I am nearly out of time but what I really would be interested to hear, in regard to my first question, is what we can do as a committee to engage better or more - I am even talking at a personal level for myself - with organisations such as Pavee Point. We need that advice from Ms Kavanagh, or I do anyway for today.

An Cathaoirleach: Could Ms Kavanagh be succinct? I am conscious we have a lot of members looking to get in.

Senator Eileen Flynn: I am sorry. I just think it is a really important question.

Ms Lynsey Kavanagh: I obviously welcome the opportunity to speak today. The other thing that is really important is that Traveller issues should not be siloed within one committee. There is a need for Traveller issues to be mainstreamed across all of the main committees with regard to health, as Mr. Collins has said, accommodation and education. These issues should not just be discussed within this forum. There is a need for Traveller issues to be discussed and highlighted across the main committees.

Senator Joe O'Reilly: I thank our guests for being here. I have a set of questions and I will just ask them and then the witnesses can take them. First, do they think the HSE is sufficiently focused on Traveller health as an organisation? Has it money or budgetary issues in that sphere? Is it sufficiently focused? If it is not, then it behoves us as a committee to pursue it. Could the witnesses comment on that? Then I will move on.

Ms Lynsey Kavanagh: I will pick up on what I said in the opening statement. The national Traveller health action plan was launched in 2022 with a budget of €1.3 million, which was recurring. There has not been new, recurring core funding for that plan. There have been once-off funding measures and initiatives that have been funded under the plan but the core funding for organisations to deliver on that plan has not been increased. There have been once-off

measures, as I said, and some targeted measures, but an increase in that core funding has not happened.

Senator Joe O'Reilly: Ms Kavanagh is saying that money is an issue. Attitude and money are linked, I know, but money is a problem.

Ms Lynsey Kavanagh: It is, and I think one of the Deputies recently said that the current budget and resources that are available are a drop in the ocean in regard to what we are trying to address here, which are serious health inequalities.

Senator Joe O'Reilly: Correct. When I was based in Cavan town way back, full-time and with an immediate interaction there on a daily basis, we had an excellent and dedicated public health nurse who was specifically dedicated to dealing with the Traveller community, or rather serving the Traveller community. She had a huge impact but I know that was to do with her particular talents. Is there a cohort of dedicated public health nurses for the Traveller community, with a specific brief there? Could Ms Kavanagh answer that factually? I know it worked in that instance.

Ms Lynsey Kavanagh: When the primary healthcare projects were established in 1994, it was a partnership, so generally the projects would have come with a public health nurse or a medical person with clinical expertise and a community worker. That is how the projects unfolded but unfortunately due to austerity and people retiring, those posts were not filled. There are a number of dedicated Traveller public health nurses within the system who are funded by the HSE. I do not have those numbers and I cannot speak for the HSE.

Senator Joe O'Reilly: It would be interesting. Would Ms Kavanagh mind sending us a note on that, if the Chair permits? Could she send us a brief on that?

Ms Lynsey Kavanagh: That might be the HSE.

Senator Joe O'Reilly: I was just so taken with the case that it was such a success, and then of course the core workers and all the roles.

I should have said on the first question that the life expectancy is scary but the witnesses have said that and we do not need to repeat it. It is 61.7 and 70.7, which is shocking relative to the rest of the population. Going back to suicide, it is shocking that the rate is six times higher. That obviously raises a question about a couple of things but it raises the question of addictions. Addiction is common to all sections of the population, and all populations and ethnic groups and we know that. The witnesses mentioned addiction. Could they tell me how many lacunae there are? Is there a lack of addiction support? I availed of them myself years ago but I know that the anti-smoking classes that were run by the HSE locally were fabulous. Is there that kind of hands-on stuff in regard to addiction?

Mr. Martin Collins: Before we come to that, I will go back to the Senator's earlier question about public health nurses. One of the strategies that Pavee Point is endeavouring to pursue - as well as having the targeted interventions and measures to try to address Traveller health inequalities, which are, namely, the primary healthcare projects and other initiatives - is a strategy of mainstreaming, and that is really important. To take the Senator up on his point, we should be concerned, and we are concerned.

We are working towards creating employment opportunities for Travellers within the HSE and for Travellers to become public health nurses or to join other occupations in the HSE. That is a principle we are applying across the board in all State institutions, not just health and the HSE. It is about affirmative action programmes that create the conditions for Travellers who want to be employed in the mainstream as public health nurses or doctors-----

Senator Joe O'Reilly: I take the point and fully agree. Nobody on the committee would disagree with that. Will Mr. Collins take the addiction piece?

Mr. Martin Collins: Ms Kavanagh may want to come in on this. We are about to sign off on a major research project into substance misuse and abuse within the community. That will be launched, hopefully, not long from now. Suffice to say, substance and illicit drug use in the community has dramatically increased in recent years. I do not think there is a Traveller family in Ireland that is not directly or indirectly affected by substance misuse and abuse. It is in nearly every site in Ireland. It is devastating for the community. Some people have died. Some have committed suicide through depression and anxiety. Others find it difficult to get the support or counselling they need because there is not adequate investment in drug treatment services.

Like in every other institution, Travellers will tell members they experience racism in the drug treatment system. Why would we think for a second that drug treatment services or anywhere else would be immune to it? If racism can exist in the accommodation or health arena, there is no reason to think it would not exist in this arena. It does and there is evidence to point to that. There is a multitude of contributing factors. Travellers are particularly vulnerable, going back to the social determinants of health: poor living conditions; not having access to water supply, sanitation or refuse collection; living in remote isolated areas; no public lightning or footpaths; low employment prospects and high unemployment rate; low educational attainment; and then, of course, racism and discrimination. Context is everything and the context we find ourselves in, as a minority ethnic group that experiences huge levels of discrimination, lends itself to making Travellers vulnerable to substance misuse.

Senator Joe O'Reilly: All of that makes sense. Maybe the witnesses will dispute it but I sense from working on the committee that there has been nothing like the required improvement in housing and education. It is very hard to measure but are the witnesses seeing any evidence that things are improving in health? Perhaps not, going by the overall stats.

Mr. Martin Collins: Before my colleague answers that question, can I make a point on funding and resources? In the health arena and others, it is an issue, but it is not an issue when it comes to accommodation provision. There is adequate funding there and the Department has made it consistently clear, year on year, that there is adequate funding available for the provision of Traveller accommodation.

Senator Joe O'Reilly: It is attitudinal.

Mr. Martin Collins: Exactly. That is what it is. It is the lack of political will. Some of that is informed by racism and political expediency. Many politicians lack the backbone to stand up to people who object to Traveller accommodation.

Senator Joe O'Reilly: I have two last things. The witnesses have dealt with the key worker issue in terms of money and there is no point in repeating that, but what is the spread of key

workers? Are there key workers in nearly all communities now? I have another last question then and it will be very quick.

Ms Lynsey Kavanagh: I will pick up on the question around drugs. As Mr. Collins said, we will be publishing a national study on Travellers and substance misuse. We have found from that research that polydrug use is an issue in the general population and particularly for Travellers. There are particular concerns around Traveller women engaging in drug use, as well as young people. We have new evidence around some of the drug trends and have worked with the national drug treatment service to implement an ethnic identifier so we can capture data.

On primary healthcare workers, there are a number of projects spread around the country. In the Senator's area, there is no primary healthcare project in Monaghan though there is a commitment to supporting and establishing one. There is not an even spread throughout the country. The Louth area is poorly serviced. I think the HSE and the Department of Health recognise that. That is one area that will require further support and the HSE has committed to that.

There are around 300 Traveller community health workers in the country, but that is only circa 100 whole-time equivalents. These workers are on 12 hours per week but are exceeding that.

Senator Joe O'Reilly: As was said on a well-known television programme, this is the final question. Will the witnesses tell us how the Traveller community fared with Covid? I should probably know the answer but I do not. Relative to the settled population, how did it fare?

Ms Lynsey Kavanagh: Pavee Point was concerned from the outset that Travellers would be disproportionately impacted by the Covid-19 pandemic. We were particularly concerned about the public health messaging regarding washing hands and social distancing. We pointed out that Traveller families living on the side of the road in small trailers and without access to water would fare poorly. We mobilised fairly quickly at the start of the pandemic and worked closely with the HSE and other Traveller organisations around the country. The primary healthcare projects saved lives. I do not say that lightly. They went out when it was a risk to their health and their families' health. They supported the HSE in terms of testing, vaccinations and key messaging. They mobilised their networks and workers on the ground. One of the key issues raised in the opening statement was the need to recognise these workers. They feel undervalued, undermined and burnt out. Part of that is the stellar work they did during Covid-19. That was part of a 40-year process around supporting an infrastructure that can mobilise quickly and flexibly. When we say they saved lives during Covid-19, it is an understatement. Pavee Point provided and co-ordinated all the national reporting data around Traveller and Roma deaths, and supported and engaged public health around testing and making sure there was targeted testing where required.

An Cathaoirleach: We are usually loose with the time we give members but we have a lot more members here tonight so we are more strict. Next up is Deputy Ellis.

Deputy Dessie Ellis: I thank Ms Kavanagh and Mr. Collins for their presentation and I thank Pavee Point and the people in the Gallery for coming. I am reasonably familiar with Pavee Point and Mr. Collins. I have been dealing with Mr. Collins for many years.

I totally agree that racism and discrimination is the biggest challenge facing the Traveller community. It affects every aspect, including education and employment. While there might be some improvements in education and a small bit in employment, accommodation is an absolute disaster. I can give many examples of that. We keep hearing there is plenty of money there. In many cases, the local authorities do not get the funding, though they do have funding.

I have done many consultations over the years in different places. We were going to redevelop St. Margaret's. We are supposed to be building houses in Avila, which is coming up in the near future. All these have been long-fingered constantly and it has led to serious problems.

My biggest worry is the loss of community facilities. It seems that they are being sacrificed. In Avila, we are losing the community facilities. There were hubs at one stage and there were huge activities and interactions. It is the same in St. Margaret's. We had a fantastic group of women there doing great work. They were meeting regularly and a lot of things were happening but they are all closing down. Good volunteers seem to be very difficult to get now. I do not know how we can address that and whether there is some angle on it.

I turn to the health projects.

There are a lot of things. There is not main funding for many of the projects and groups but there should be instead of having to go to different Departments. Primary healthcare is one thing. It is very important. There has been a good bit of improvement on women's health and getting across to women that certain things are necessary and so on but I often find the conditions on the sites that I know appalling. They are not suitable.

I am curious about the amount of interaction between Pavee Point and the local authority. I will give the example of the Dunsink Lane issue where there has been no communications from Fingal County Council. Senator Flynn and I made a point of writing to the council to demand it talk to the people in Dunsink Lane and let them know what is going to happen in the area. That is just one example. Does Pavee Point make that type of representation? In the past, it has been involved in different issues. Avila is a case where there have been issues in terms of accommodation, and I know Pavee Point has been involved there. Those things are important and we need to get good outcomes. There are cases there where seven, eight, nine or ten people are in a bay. That is just unacceptable. We have to make the local authorities accountable for that and we have to get the message across to people.

Mr. Collins is right that there has been opposition in certain places. It comes from the community. I have stood up to it every time it has happened but it has been very difficult trying to talk to people about the basic rights of a home and putting them up somewhere in a safe place and in proper and decent accommodation. That, to me, is very important.

On employment, there are some schemes, particularly with the Civil Service. I have no doubt that Pavee Point is encouraging that and trying to push it. We heard how there were over 300 people in 30 projects and there were originally 40. I see a deterioration in conditions at the moment. I see very small advances but huge deterioration in terms of accommodation. I am in and out of sites and I have despaired recently going into some of them. That has to be addressed. We have to get to the point where the local authorities do the right thing and not just make promises. People are waiting years and years for things to be delivered. It is frustrating. Do not mind me if I am a bit frustrated but what I have been dealing with recently

has really annoyed me. I have seen people with disabilities going into caravans on sites that do not even have steps up to them. It is absolutely appalling and should not be tolerated in any society.

Mr. Martin Collins: Before I respond to Deputy Ellis's comments, I want to go back to the issue of Covid-19 and how that was managed. Pavee Point found itself in a very invidious position during that time. We were trying to give out messages to our own people as best we could despite the living circumstances of a lot of families to do what could be done to avoid the spread of the virus. A racist narrative emerged during Covid that scapegoated Travellers. We were being accused of spreading the virus and being irresponsible. When I say we were put in a very invidious position, from some Travellers' perspective, we were overreaching and they were giving out to us while for settled people and settled people's institutions, we were not doing enough and we were getting criticised there. Pavee Point found itself walking a bit of a tightrope in trying to engage with our own people about being more responsible despite their living circumstances. We could not satisfy anybody. There was also a racist narrative and we were being scapegoated for the spread of the virus. It is important to say that. That is not just in Ireland. Throughout Europe, particularly in the very poor eastern European countries like Bulgaria, Romania, Slovakia and Czechia, Roma were scapegoated as well.

I could not agree with Deputy Ellis more about the living conditions and living circumstances of far too many Traveller families who lack basic services. Pavee Point does intervene. We are represented on the National Traveller Accommodation Consultative Committee. It is an advisory body that was set up as a result of the 1998 Traveller accommodation Act to advise the Minister on the provision, management and maintenance of Traveller-specific accommodation. There is a national oversight committee. Some of our staff sit on the LTACCs, which are the local Traveller accommodation consultative committees. For example, my sister Bridget Collins sits on the Dublin City Council LTACC. There are structures in place but it must be said that those structures are not all that effective in terms of delivering what is needed. We have decentralisation – we have devolved government with central government taking a hands-off approach - so it is a local authority issue and it is very difficult to see how local authorities can be held accountable. As I said before, Governments over many years have stripped local authorities of powers when it was very convenient. When it felt local authorities did not have the capacity to deal with road infrastructure, there was the National Roads Authority; Uisce Éireann for water infrastructure; and the Environmental Protection Agency. That precedent was set so that where it was felt, rightly or wrongly, that local authorities did not have the capacity to deal with these big infrastructural projects, that power was taken away and given to independent bodies.

We would say we are in a humanitarian crisis in terms of the provision of Traveller accommodation. We need an independent structure to take it away from local authorities because they have just not delivered. They say the definition of madness is doing the same thing twice and expecting different results. We have been doing the same thing for 30 years. We have to get serious about this. Local authorities are inherently unwilling and unable to deliver the required units of accommodation. I cannot see any other way around it. We have thought about this. We have looked at it and analysed it and there is no other way of holding them to account.

I agree totally with all the Deputy's other points. He is right about Dunsink Lane. He might remember a couple of weeks ago I was tipped off by a journalist on the master plan for Dunsink Lane. Initially, there will be 2,500 units of accommodation, infrastructural projects like crèches, community centres and so on. There was absolutely no consultation with the local community. I was not even aware of it and I am involved in the various structures where you might think you would hear these things. I was tipped off by the journalist and then we got in touch with Fingal County Council to get more information, pleading with it to engage and have a consultation with the community that has been living in Dunsink Lane, as Deputy Ellis knows, since 1972 right beside the biggest landfill, the biggest dump, in Ireland. Settled people, politicians and local authorities did not have a problem with us living beside the biggest dump in Ireland. It was speculated that toxins and other chemicals were getting dumped there but the dump was decommissioned in 2003 and it is now a highly sought-after area. There is a real fear, and it makes me a bit angry, that the Travellers will be displaced to make room for settled people. To be quite honest, I do not want to get emotional about this, but that is out of the playbook of the coloniser. That is displacing indigenous peoples to make room for settlements. It really makes me angry. There has been no dialogue and no consultation from Fingal County Council. Hopefully, that will change.

Deputy Dessie Ellis: It is not just Fingal. It is Dublin City Council, too, because as Mr. Collins knows, there are two places in there that were run by Dublin City Council, St. Mary's and St. Joseph's. We have sent a letter to them. I have been aware of what they are trying to do. There is no way they are getting away with not engaging with the Traveller community. They have to and they will engage.

We will keep the pressure up. Nothing should happen, but if anything does happen there, the Traveller community has to be looked after. That is my position and I think the vast majority of people in there would resist any attempt to put them out of there.

An Cathaoirleach: We await the response.

Deputy Dessie Ellis: Yes.

An Cathaoirleach: We received an acknowledgement of that letter and we await the response from the chief executive, Ms AnnMarie Farrelly.

Mr. Martin Collins: We really appreciate the committee's efforts in that regard.

Deputy Pádraig Rice: I welcome the witnesses to the committee and thank them for their engagement. I know they engaged with previous committee sessions and follow the work of the committee. To pick up Senator Flynn's point around the effectiveness of the committee and how we do our work and make the most of this, I take Ms Kavanagh's point around being siloed. The hope and intention of looking at one issue around health is to do a report that will feed back to the health committee. Similarly, if we repeat the work on education or employment, we can link in with the other Oireachtas committees. Though it is in silo, we come back with a set of recommendations that are considered at other committees and across the Oireachtas political system. I am a member of the health committee, so I will advocate for us to engage on those recommendations when they come out so that we do not have a siloed mentality.

We are able to do some deep work here but I hope we can then have another level of political accountability. I hope the Minister for Health will be before us once we conclude this work to answer the long list of questions we have around the State's failings over many years and to try to achieve some real change. The situation as it stands is not acceptable. We need political accountability from the most senior members of the Government. I will continue to pursue that as a member of this committee and to press for senior members of the Government to come before us to answer those questions.

In the report published this week by the EU Agency for Fundamental Rights, 75% of Travellers stated they had experienced discrimination, up 10% on 2019, 39% felt discriminated against while accessing healthcare, 97% of Traveller children were found to be at risk of poverty and 42% of Travellers were in housing deprivation. This is just one report of many that highlight a series of State failings that go back generations. We need to see fundamental change. Collectively, we need to work across the political spectrum to achieve that.

How stretched are Pavee Point Traveller and Roma Centre and other Traveller organisations in resourcing to tackle these issues? What kind of resourcing do they need to be effective and do the many things that their community, the State and others expect of them? Will the witnesses provide us with a sense of their position as an organisation?

Ms Lynsey Kavanagh: I thank the Deputy. I welcome and appreciate what he said about trying to manoeuvre the contours around not siloing the work, bringing key recommendations to core committees to make sure recommendations are heard in other spaces, and bringing senior-level decision makers and policymakers into that space.

Pavee Point is a section 39 organisation. Our funding is a mix of State and philanthropic funding and donations. Alongside colleagues who have been here in front of the committee, we are stretched as part of the broader community sector and the fatigue facing the community sector. We could take on further resources but the point we are trying to make today is that local Traveller organisations struggle with recruitment and retention in terms of Traveller women in posts who only get €15 per hour. That is where we would like to put our energy. While organisations require additional funding to support them, workers need to be paid a decent wage. There are workers who have been working for 30 years in the sector on minimum wage. That is not acceptable. There are women who, if they walked out the door tomorrow, would not have a pension. That is not acceptable. We encourage the committee to focus its energies on the terms and conditions for those Traveller primary healthcare workers who are primarily Traveller women.

Deputy Pádraig Rice: Since the publication of the report Beyond the Poverty Trap: A Roadmap for Sustainable Traveller Primary Health Care Projects, which identified issues around low pay, medical cards, etc., has Pavee Point got any substantial response from the HSE or the Department of Health on the recommendations?

Ms Lynsey Kavanagh: We recently met the Department of Health. It has just received the report of the primary healthcare review, which it requested and looked at the key blocks and enablers in Traveller primary healthcare projects. We have assurances that the Department will look at the recommendations and support them where it can. It was raised at a previous committee about how much it would take and whether a business case had been developed that set out what addressing those key terms and conditions would look like. Circa €850,000 is

what it would take to bring those workers up to a level. It is not a huge amount of money but it would bring those workers up to a salary level that would be seen as on par with peers in the sector.

Deputy Pádraig Rice: A key priority for Pavee Point is funding for those workers.

Ms Lynsey Kavanagh: To contextualise that, they are the ones increasing access to mainstream services. They are the trusted workers on the ground, as 86% of Travellers access their health information through them. If those workers did not exist tomorrow, we would be in a totally different scenario regarding Traveller health inequalities. They are the vital lifeline. As the national Traveller health action plan clearly states, they are the cornerstone on which health services are delivered to Travellers on the ground.

Deputy Pádraig Rice: It is important those workers are retained and others are recruited to ensure that work is done.

On the bigger picture of full implementation of the national Traveller health action plan, what needs to be done get full implementation? If Pavee Point had a magic wand, what are the key things that would need to change? We spoke about how the overall funding package needed to be significantly increased. Are there other big picture things we could say to the Minister when she comes before us that need to be done to move the dial to transform Traveller health?

Ms Lynsey Kavanagh: Funding is really important for aligning and looking at career progression for those workers. Ethnic data is important. There is a need for disaggregated data. If we do not know what is happening in the mainstream services, then we cannot target. There are clear recommendations from that primary healthcare review in terms of training for workers, career progression, workforce planning, workforce development and supporting consistent approaches across the board, sustaining them and further developing those projects. That is a key dimension of the national Traveller health action plan. It is due to be delivered by 2027. It is an ambitious plan. There are key senior-level decision makers and HSE representatives at the table. We are very hopeful that the Department of Health will also bring the same energy in ensuring senior-level support and leadership in Traveller health. We are concerned that Traveller health not just be siloed in terms of social inclusion. Cancer is a huge issue for Travellers as are respiratory issues. There is a need for mainstreaming Traveller health across the board. If we are to look at post 2027, mainstreaming is another core issue that needs to be addressed.

Deputy Pádraig Rice: Does Mr. Collins have any additional comments he would like to add on the core asks if the Minister was here? What is top of his priorities?

Mr. Martin Collins: Not everything is resource dependent. A lot of stuff is resource and funding dependent but there are certain initiatives and actions within the national Traveller health action plan that may not require any resources or additional funding, or certainly not extensive or substantial funding.

I do not want to sound overly negative or disrespectful but, as Ms Kavanagh said, it is about leadership, buy-in and political commitment to the progressive realisation of these strategies. We do not expect every single recommendation and action to be implemented immediately, but certainly over a period of time and progressively, we should be implementing and making

progress on the recommendations in the national Traveller health action plan. The same applies to other strategies.

To be fair, we are not saying there is no implementation or progress. All we are saying is that there is insufficient implementation and progress. It is incumbent upon us all, including the State, State institutions and Traveller organisations, as I said earlier, to redouble our efforts to work towards more effective implementation. Pavee Point certainly will not be found wanting in that regard.

Deputy Pádraig Rice: Mr. Collins is happy enough with the way the strategies are heading and the overall picture of the strategies. It is just about the pace of implementation and how far the strategies are going.

Mr. Martin Collins: That is a very good summary.

Senator Malcolm Noonan: I thank Ms Kavanagh and Mr. Collins. I will go back to the Traveller accommodation issue. I spent 16 years on a local authority and was a member of the LTACC. There is inconsistency across the country, but I certainly found the committees to be not terribly progressive, to say the least. Many of the prevailing situations around Traveller accommodation in Kilkenny are now worse than they were ten or 15 years ago. Deputy Ellis spoke about community facilities. We had St. Catherine's Community Centre in Kilkenny but it is gone now. It was never rebuilt and the community has been badly fractured by that. We have spoken to various organisations at this committee about the issue. The lack of consistency in approach and application seems to be the telling point.

On the accommodation issue, is it Mr. Collins's view that we should be moving towards taking this responsibility away from local authorities and moving towards a centralised entity in the Department of housing? Should we take LTACCs, and therefore the political interference, out of the picture for Traveller accommodation?

Mr. Martin Collins: The independent expert review report on Traveller accommodation included an important recommendation that we would look at setting up a national agency to be responsible for Traveller accommodation. That was, and still is, a progressing a bit slowly. I will put it this way: a number of position papers had been exchanged between the Traveller organisations, the County and City Management Association and the other agency, the local government management-----

Senator Malcolm Noonan: The Local Government Management Agency, LGMA.

Mr. Martin Collins: I thank the Senator. A process of conversation and dialogue is under way. Some substantial disagreement is still to be resolved. The ultimate aim is to set up some sort of national structure that would have the necessary mandate and legislative power to provide Traveller accommodation and to figure out how to include local authorities in a consultative fashion, rather than granting them a veto. I do not think we can completely rule them out or dismiss them.

Senator Malcolm Noonan: I agree.

Mr. Martin Collins: This is all counter-intuitive to me because I believe in decentralisation. I believe in local democracy. As committee members know, we probably have the most centralised decision-making governance in Europe. It is counter-intuitive for me, but the

situation is so urgent that we need to come up with an alternative structure while finding a way to involve the local authorities. As I say, that involvement must not include a veto on the provision of, or proposals around, Traveller accommodation.

We are looking at the model that pertained in the North of Ireland in the early 1960s. As we all know, there was a lot of housing inequality whereby Catholics and nationalists were overlooked for the allocation of housing. That was one of the factors, though not the only one, that led to the civil rights movement. The Northern Ireland Housing Executive was established because there was an inherent, in-built and embedded sectarianism within local district councils when it came to the allocation of housing. We have looked at that model and tried to take some of it to see if it can be applied in this context. We have also looked at other models. The principle is that we need an alternative approach. We need to think outside the box. It is quite evident that the approach we have been taking for years is not working.

Senator Malcolm Noonan: I agree with Mr. Collins. I agree fundamentally on the point about decentralisation. My preference would be to see if we could fix the LTACCs first. Part of that fix could relate to representation and the capacity of Traveller representatives to participate equally within those committees. Perhaps some of it could also relate to support workers and allowing Traveller representatives to be fully aware of legislation, their rights and their equality, around the table, with council officials and elected representatives. We should be looking for an opportunity to address that issue. That is my view.

Mr. Martin Collins: The Senator might be aware that the Department of housing recently organised a national conference for three members of the 31 LTACCs, the chairperson, a Traveller representative and a council official. It took place in the Ashling Hotel and I was there. The conference considered how we can make more effective the operation of the LTACCs so that they can get on and do what they are mandated to do. We considered whether that included anti-racism, intercultural training, governance, collaborative governance or co-decision-making. All of those matters were considered. The Department has said it will, as a result, deal with individual LTACCs to see what their situations are and if they need tailored support to ensure they can do their jobs effectively. That work is under way. It was another recommendation of the independent expert review report that was published in 2019. I am not opposed to it. It is another option. At the end of the day, however, I would not rule out the option of an independent agency.

Senator Malcolm Noonan: Yes.

Mr. Martin Collins: When some public representatives on the LTACC are describing Traveller-specific accommodation as "a failed concept", as was the case in Galway, it does not inspire confidence.

Senator Malcolm Noonan: It does not.

Mr. Martin Collins: That was said by a public representative on either the Galway city or county LTACC. I am open to correction. It is on the public record.

Senator Malcolm Noonan: That is where I feel that there should be support for Traveller representatives because they are in a better position to challenge those types of statements at meetings. I will move on from the issue.

Mr. Martin Collins: I will just go back to the point about funding and resources, which is very much linked to the Senator's question. The overall situation is that at one stage civil society organisations, including Pavee Point, received multi-annual funding, which gave us a bit of security to plan for the long term. Funding is now annual, which impedes any long-term strategic planning. That, too, needs to be addressed. We need to revert to multi-annual funding. When we received funding from a State institution, it was usually for approximately three years before we had to reapply. Funding is now annual. As I say, it is precarious.

I will link that to the Senator's point about accommodation workers. Only a handful of local Traveller organisations, perhaps four, have full-time accommodation workers. That is apart from the Irish Traveller Movement, which I think has two but certainly has one full-time accommodation worker. There are three or four in local Traveller organisations. That, too, could be addressed. More resources could be made available. I am not saying it is adequate, but there is a decent number of community education workers. There are primary healthcare workers. I am not saying there are no issues in that regard because of course there are. We need more investment in accommodation workers being employed in local Traveller organisations to do precisely what the Senator has said.

Senator Malcolm Noonan: I thank Mr. Collins. That answers my question. He mentioned in his opening statement the issue around community development and a human rights-based approach. I have asked the following question of others. We lost our whole community development programme, CDP, infrastructure in 2009 and the reforms of Phil Hogan in 2014 finished it off. There are a number of pilot CDPs. One could have been a Traveller project. Would Mr. Collins see that as the way forward?

A lot of this is about self-empowerment and advocacy. On that radical approach that started through the CDP movement, much of it in Ireland originated out of the Traveller movement. There has been a silencing of that radical voice by LCDCs and all these new community participation structures that are placating in some ways rather than being radical.

Ms Lynsey Kavanagh: I will pick up on that and Mr. Collins might also have a few comments. Community development is vital. It is core to our work as the national Traveller organisation and to the work of local Traveller organisations on the ground. There have been some shifts, as the Senator was saying. There has been some funding to support a new CDP. County Clare is one of the pilots the Senator referenced. That is where we see that we will have better outcomes and impact because we are talking about collective outcomes, advocacy and analysis. We are not just dealing with the symptoms but trying to address the root causes.

Unfortunately, some of the parameters around funding mean organisations are funded to deliver services and that is not congruent with advocacy. There is a need to be able to look at that as a dimension. Core to the work of community development organisations is that they should be able to advocate on behalf of the communities they work with, and often the funding does not allow them or there is not enough flexibility to permit that. That is what we have seen in the UK and other jurisdictions around the commissioning of services. Community development cannot be commissioned. There is a need to look at that overall, in terms of the funding dimension of that.

Mr. Martin Collins: I will add briefly to that. The Senator is absolutely right. Back in the early days, in the mid-eighties, late eighties and early nineties, a lot of the work with Travellers

grew out of the community development programme. At one stage, there were 100-plus CDPs across the country and a number of those were Traveller organisations. We in Pavee Point at the time received funding from Area Development Management, ADM, which is now known as Pobal. Back in the early nineties, we had two full-time staff dedicated to supporting the emergence of local Traveller organisations. We linked in with local partnership companies. To be fair, a lot of them did make seed funding available to employ either a part-time or full-time worker to try to set up a local structure. Many of the local projects that exist now originated from that initiative that was funded by ADM.

There was a strong, autonomous, independent NGO sector. In recent years, with cohesion and other structural change, there is a concern that the role and independence of civil society organisations are being weakened. We need to do everything we can to hold on to what we have and rebuild. To be fair, regarding community development and independent civil society organisations, we know from our work throughout Europe and in different countries that Ireland is streets ahead. We should be very proud of the infrastructure we have created around civil society, NGOs and the work they do. Rather than erode it any further, we should try to protect it and redevelop it. We should be proud of it.

Senator Malcolm Noonan: I agree.

Deputy Maurice Quinlivan: I thank the witnesses for coming in. I wish to echo some of the comments that Senator Flynn made before she left. I have not been on this committee very long. I have been on it since it was established but I was not involved in it in the previous Dáil. We are going to try to get together a list of all the recommendations from previous reports. I know the witnesses are fed up with hearing the same stuff over and over again, and we probably will be too. I do not mean to be flippant when I say "fed up". Mr. Collins told us he has been involved in the organisation for 41 years now.

Mr. Martin Collins: I will start running now.

Deputy Maurice Quinlivan: I was not going to comment on Mr. Collin's age. We are going to try to get together a list of the recommendations. I would imagine that a lot of them are the same. A lot of them have been there for years and they are the same recommendations we have not moved forward on. All the presentations we have had from witnesses have been horrendous, but not shocking, and it is shocking that they are not shocking. Traveller suicides are off the scale, as are the racism and the lack of education opportunities and job opportunities. We wrote to a lot of semi-State companies because some are starting to do a good job, but others did not even respond to our letters, as far as I know. There is a lot of work to do there. As I said, mental health issues and suicides in the Traveller community are off the scale. Health outcomes are off the scale. Travellers are not living as long as everyone in the settled community or whatever you want to call it. We are going to try to get a collection of those recommendations together. With the committee's agreement, we will sit down with the witnesses and see which ones they wish to prioritise. That is a job of work that we all need to do. Mr. Collins said that we know what needs to be done but that we just need to get on and do it. That is an important thing to say.

I have a couple of questions. When you are am speaking near the end of a meeting, everyone tends to have asked many of the questions you were going to ask. Ms Kavanagh stated that

increasing the wages of community healthcare workers would cost about €800,000. Does she believe that would keep them in the job?

Ms Lynsey Kavanagh: It would be a good starting point. As we said earlier, Traveller primary healthcare project workers around the country feel undermined and undervalued. It would be a confidence boosting measure. At previous committee meetings, it has been pointed out that the front-line Covid pandemic payment was paid to other section 39 workers, and we raised it at the time. Traveller primary healthcare workers lobbied to ensure they would receive that bonus payment for their work, and they have not received it or did not receive it. It is not going to fix all the issues, but it would be a confidence boosting measure. If we were to split up €800,000 per region, that is circa €150,000. My maths is not great, but it is not a lot of money to find within the existing levels of resource or new moneys in terms of the Department. It is not going to fix all the issues, but it is a starting point.

Deputy Maurice Quinlivan: Ms Kavanagh explained how important that role was and how dangerous it would be if that role went because people left the positions.

Ms Lynsey Kavanagh: Yes. In addition, to pick up on some of the comments earlier around where projects do not exist, the health services clearly identify the need for projects to support their work. They know they cannot access the community. They know they cannot reach the community. They know they need the primary healthcare projects to support that. It is acknowledged but, as Mr. Collins said, it is about moving beyond acknowledgement to action.

Deputy Maurice Quinlivan: In the opening statement we got from Ms Mary Collins, who is not here, she said that according to the report in 2010, which is 15 years ago, 63% of Travellers saw addiction as a problem. Mr. Collins referred to the imminent report that the organisation is going to release, and while I do not expect Ms Kavanagh to tell me what is in it now, I assume that 100% of Travellers now would be concerned about drugs.

Ms Lynsey Kavanagh: Yes. From recent reports from the Monaghan area that will be published, that is correct. Around 95% of Travellers who were sampled said that drugs were an issue within the community. As Mr. Collins said, there is not a Traveller in the country for whom drugs have not been a part of conversations in the home.

Deputy Maurice Quinlivan: I raise this as someone who was a member of the local drugs and alcohol forum for a number of years. It is progressively working in Limerick city. The issue is not just Travellers. The issue of addiction to crack cocaine is off scale in Limerick particularly, but cocaine across the State is a massive problem. Ms Kavanagh referenced the national Traveller health action plan and said that they are at a midway point and a critical juncture. She said she hoped the Department will have the same energy as the HSE. Does she wish to clarify that? Does she think the Department is lagging behind or what does it need to do? As we are halfway in, it is not too late for the Department to find its energy, but we would have imagined it would get its energy more quickly.

Ms Lynsey Kavanagh: To pick up on the drugs issue, we are waiting for the successor to the national drugs strategy, and it is important that Travellers be explicitly named within that mainstream strategy and that targets be set. We talked earlier about mainstreaming. It will be really important that the national drugs strategy take into consideration those particular needs.

On the engagement with the Department of Health, the national Traveller health action plan is a HSE plan. It is an implementation in terms of an action plan around Traveller health. We have said previously that there is a need for political will and direct senior leadership on Traveller health within the Department. We are on record as clearly saying that. We have had a positive meeting with the Department more recently.

We look forward to it engaging more directly and constructively in leadership at senior level and driving the Traveller health action plan forward. That includes funding and making new funding available to support the implementation of the plan.

Mr. Martin Collins: I will just add to Ms Kavanagh's point. At one stage a few years ago we did have a structure where we could engage in direct dialogue with senior civil servants in the Department of Health. It was the national Traveller health advisory committee but that no longer exists. We are not necessarily calling for that structure to be reinstated but we need some sort of structure or mechanism whereby we can have direct engagement and dialogue with senior civil servants and policymakers within the Department of Health.

As Ms Kavanagh points out, we have a number of structures in the HSE dealing with operational issues. While there are limitations, that is grand in that at least we have something to work with. We would like to see the resurrection of some sort of a structure whereby we can have direct engagement with the Department of Health.

Deputy Maurice Quinlivan: Could each of the witnesses tell me what would be their ideal in terms of a national Traveller helpline? What outcome would they like to see come out of it? Is there one specific thing they would like to see us achieve?

Mr. Martin Collins: That I would live a bit longer. The average age for a Pavee man is 62. I would like to get to about 70 years age.

Ms Lynsey Kavanagh: Not to be flippant-----

Deputy Maurice Quinlivan: I am not being flippant.

Ms Lynsey Kavanagh: -----but I would like to see a full and effective implementation of the plan. There are key ambitious actions in there. As Mr. Collins said, we note it is an ambitious plan but there are key actions that could be delivered. That includes sustaining the projects that we have and supporting them into the future. We want to see health outcomes improved, but we need to have targets and indicators. Within the next plan, we need to be able to measure outcomes. We hope there will be a next plan because there is an urgent need for another plan. We must have targets set for decreasing suicide and increasing life expectancy. One of the gaps in the first plan is that those targets were not necessarily set. We look forward to that featuring in the next iteration of the plan.

Deputy Maurice Quinlivan: We had the HSE and the Department in as well. It would be very important for us to have ethnic identifiers to measure if there are any significant improvements. We cannot hear in five years' time from Travellers that there are the same rates for life expectancy, suicide, or 40% of them being homeless. Otherwise, this committee will have failed. I have said that publicly and privately at meetings. That is why I talk about removing the recommendations that have been implemented, and seeing what we can try to force the Government or whatever body - local authorities, the HSE or whatever else - to implement. We must make sure that the organisation is represented. Everybody in the

community at large is doing the best job he or she can do. We must ensure that the reason goals are not being achieved is not due to a lack of support. I again thank both witnesses for coming in. I want to mention the people in the Gallery as well.

An Cathaoirleach: I can tell that they are enjoying it.

Senator Anne Rabbitte: I thank both witnesses for answering a substantial number of questions. They have answered an awful lot of the questions I want to ask. I am glad that Senator Noonan spoke a lot about accommodation, as did all speakers. Coming from Galway, I clearly understand the underspend and the frustration Mr. Collins outlined when it comes to Traveller accommodation within the county. I am on the record as saying that in the past.

Is it correct that 300 Traveller ladies are employed as primary workers to assist with the delivery of the programme right around the country? I was trying to break this down for Ms Kavanagh because I had to wait so long to ask my question. I am only joking, Chair. It was I who indicated. I worked it out there. Is Ms Kavanagh telling me it would equate to an extra €4 an hour for the 300 ladies to bring it up to the €850,000? It is €400 an hour. It is €54 per person a week of an increase to get there. To be quite honest, when we see what is actually allocated by the Department, be it for home help or whatever, it negotiates a plan. The Minister of State, Deputy Butler, would have done it two years ago. She negotiates a plan and then it gets passed on. All of a sudden, it gets pulled back. That needs to be reviewed with the HSE, as to what it is paying for the healthcare assistants and the delivery of front-line primary care. When you start out first as a HCA, you get €15. If you have 30 years' service, you would expect to have an incremental increase on it. That is by way of comment more than anything else. I was just trying to work it out for Ms Kavanagh.

I noticed recently that the Minister of State, Deputy Butler, announced the inaugural meeting of the national Traveller mental health specialist group. She appointed Dr. Fiona Keogh as chair. The group is part and parcel of the Minister of State's strategy. The Traveller mental health specialist group has had its first meeting, which took place on 30 January. From what I have read in the documentation, over the last two budgets, there has been ring-fenced, dedicated funding of €780,000. It may have been once-off funding, but it was there for two years. From what I can read in the Minister of State's report, the result is that counselling services have increased by 50% to the end of 2025 compared with previous years. That is within the action plan. That tells us of the need when we see an increase of 50%. I also see that the Minister of State, Deputy Butler, has made a commitment to address it. Has Ms Kavanagh any comments to make on that?

Ms Lynsey Kavanagh: I would say just two things. The Traveller primary healthcare workers are not all women. We do not want to miss the men.

Senator Anne Rabbitte: Right, that is okay.

Ms Lynsey Kavanagh: There are a few Traveller men working in the projects. We have a representative on the specialist group who would have attended the meeting on Friday.

Senator Anne Rabbitte: That is excellent.

Ms Lynsey Kavanagh: To be honest, we commend the Minister of State, Deputy Butler, on prioritising Traveller mental health and securing additional resources to support key initiatives around Traveller mental health. We would encourage other colleagues and Ministers to

prioritise Travellers within their own brief. Again, that goes back to Mr. Collins's point about relying on individual champions, in this case the Minister of State, to prioritise and to make Traveller mental health a ministerial priority, given that the statistics are so appalling. The overall Traveller inequalities are also dismal. We would like to see the same energy in terms of an overall commitment to funding for the national Traveller health action plan.

Senator Anne Rabbitte: I thank Ms Kavanagh very much. I looked at the brief in preparation for tonight's meeting. The reference was to health and other issues, so I focused on health in getting myself prepared for the meeting.

I also see that moves have started to develop a dedicated suicide bereavement liaison service for Travellers. The tender has gone out in Offaly at this moment in time. Does Ms Kavanagh want to add anything by way of comment that could be taken on board in that regard?

Ms Lynsey Kavanagh: Yes, our colleagues in the Offaly Traveller Movement are driving that work forward and were awarded the tender, which is public knowledge. We wish them luck in that regard. There is a need for a direct service provider, given the key issues with suicide. Colleagues from Exchange House were in here last week talking about the real need for direct service provision on the ground. We acknowledge the need for the mainstream to respond to Traveller suicide, self-harm and other key issues in terms of mental health. We want to ensure that both targeted and mainstreaming approaches are deployed in order to address those key issues because what we do not want to see is segregated service provision. I am not saying that is what would happen in this case, but there is a need to do both. There is a need for the targeting and a need for the mainstreaming.

Senator Anne Rabbitte: That is a really interesting point about the mainstreaming. I am not speaking for the Minister, but we would all like to believe that there would be a front door that is open for all and would support all. Then we could do the crisis intervention, depending on the need.

I am interested in the community development programme that Senator Noonan brought up. You can see how there is a space there for bringing in employment and training. It could be broader and encompass a lot of what we discuss here at committee. Maybe the community development piece, involving skills, training, passed-on knowledge, peer-to-peer support and understanding the ethnicity, is something that has been missing. Does Mr. Collins want to expand on the community development programme? That comes under LEADER funding and LEADER funding is up for review this year. Is there a way of ensuring there will be some ring-fenced funding in it for Traveller community development programmes?

Mr. Martin Collins: Suffice to say that the community development approach to the work with Travellers, which obviously involves promoting human rights, anti-racism, inclusion and capacity building, has played a really vital role in the development and advancement of my community and trying to have our rights vindicated. It has been indispensable. That is why I say we need to pull out all the stops to ensure the community development approach is protected and safeguarded as we go forward. Over the years there has been some erosion of it and of the independence of civil society organisations. On a personal level, I got involved in 1985. When I left school at 12 years of age, secondary education, never mind university, was not even an option. If it had not been for my original involvement with Dublin Travellers

Education and Development Group originally, and subsequently Pavee Point, and that community development push, I would not be here.

On a personal level, I have learned so much. I have developed so much as a result of others and their expertise around community development and the process of personal development, leadership and capacity building. Formal education, mainstream education and classroom education is important, but community-based education and development also has an important role in developing people's capacity. That is what happened to me and to a few other Travellers of my vintage. I think we need to be very cognisant of any efforts to try to diminish or reduce the role of community development programmes, CDPs, and NGOs generally. It goes back to the point around multi-annual funding. That would be a good start because at one stage we used to get three-year funding cycles. That is now down to one year, as I said earlier.

In the Senator's own neck of the woods, I read an article recently about Galway County Council, as opposed to Galway City Council, being in contention-----

Senator Anne Rabbitte: It is not the county council; it is the city council.

Mr. Martin Collins: -----for an award for its very innovative design around Traveller-specific accommodation. It is very modern and state-of-art.

Deputy John Connolly: It is the city council.

Mr. Martin Collins: Is it the city council? My God, I hope I have not started a war over there; anyway, whoever it is, well done. We need to see more of that. It should be the norm, not the exception, and I want to acknowledge it.

An Cathaoirleach: It is a project that we should visit to open our eyes to what is there.

Deputy John Connolly: It is a recent development in Galway city. It is a redevelopment of an existing halting site.

An Cathaoirleach: Even that is something.

Deputy John Connolly: I apologise for being late. I hope I do not duplicate too much of what was asked and answered already. According to recent data from the European Union Agency for Fundamental Rights, which Ms Kavanagh referred to in her opening statement, some 39% of Travellers have reported discrimination in accessing health services in Ireland. I suppose we have to be conscious that there are legacy issues and there would have been systemic discrimination and racism in the past, but it is concerning that in 2026 such a number of people reported discrimination when accessing health services. How is the discrimination and racism in accessing health services presenting?

Ms Lynsey Kavanagh: In terms of the fundamental rights agency's research, the researchers asked, "Have you experienced discrimination within the past 12 months?". It did not go into detail in terms of what the manifestation looked like. As the Deputy said, it is systemic racism and discrimination. That racism and discrimination also plays out on an individual level. We recognise that in terms of accessing services and ensuring that health services are appropriate and responsive to the needs of Travellers. It could be literacy; it could also be who you meet at the door. I know that other colleagues have often said that the porter or the person you meet at the door is the most important because they are the one who sets the tone for the service. If you have a bad experience with that porter, you will go back and you will tell your family and

your community. As Mr. Collins said, the manifestations of racism and discrimination can play out in different ways, and why not in health services, as in education and in other services?

Deputy John Connolly: When you consider the fundamental necessity of people accessing our health service, particularly when we see the data around the Traveller community, there must be steps we can take to overcome that almost immediately.

Ms Lynsey Kavanagh: Yes. As the Deputy said, there are legacy issues. It is often unconscious, in many ways. If you look at the national cancer research that UCD presented to the committee before Christmas, some of the comments from healthcare providers were worrying. They could not recognise how discriminatory or racist some of the comments were. There are things that can be done in terms of training and in terms of anti-racist protocols within health settings. We also say that public sector duty applies to the Irish healthcare services like any other public service. There is a need to ensure there is enforcement of that public sector duty and legislation.

Deputy John Connolly: Are those anti-racism protocols in place?

Ms Lynsey Kavanagh: In some institutions they are, but often it is about implementing them. They might there be on paper, but the implementation at front-line service level and at senior staff level could be patchy.

Deputy John Connolly: Ms Kavanagh says that one of the most positive developments over recent years is the greater access to mainstream services. Is there a greater increase in health provision and the whole community is benefiting, including the Traveller community?

Ms Lynsey Kavanagh: I think we have to go a few steps back there. If you look at the national cancer research, 84% of Traveller women attend breast-screening services compared to 70% of the general population. Some 88% reported accessing cervical checks compared to 75% in the general population. Sixty per cent of Travellers accessed bowel screening compared to 46% in the general population. This was after Travellers had talked to their local primary healthcare project, had engaged with their local primary healthcare project, had been encouraged by peer workers to go and get checked, had been given the necessary culturally appropriate literature to explain the process and then accessed mainstream services.

If you think about when Pavee Point started in 1994, lots of our health work was around targeted initiatives around bringing Travellers to services. Now, Travellers do not think about being brought to services. Traveller women are accessing those mainstream services as part and parcel of their daily lives. It is really about developing awareness, but also about developing linkages with mainstream services. They are the health services of this country. They should be delivering services to all in a fair and equitable way.

Deputy John Connolly: Just on that point, I am cautious and conscious that while we want to see targeted initiatives, we do not want to see segregated procedures.

Ms Lynsey Kavanagh: Absolutely.

Mr. Martin Collins: There are a few examples, but one that comes to mind is one that Pavee Point has been involved in for a good few years. I think it has been going on for about 15 or 20 years and is with the Royal College of Surgeons. This is what I meant earlier on when I spoke about Travellers becoming health nurses and other professionals within the health service and,

indeed, other disciplines like law and architecture, etc. We have engaged with the Royal College of Surgeons and have put in place an affirmative-action measure to give Travellers an opportunity to study medicine in the Royal College of Surgeons. It is a confined competition and acknowledges the educational disadvantages that Travellers experience, including poverty, which means they may not have the resources and finance. I know that this does not just apply to Travellers.

There are a lot of other people in working class communities who also would not have the opportunity to go to the Royal College of Surgeons, and all the rest of it. In any case, we managed to get this initiative in place. The first Traveller who, after six or seven years, graduated as a doctor is a guy called Patrick McDonagh from Omagh in County Tyrone, and that is in the public domain. I went to his graduation event, if that is the right term, in the National Concert Hall. It was very powerful. I was emotional and proud to see one of my own as a fully qualified doctor. He did his first year in Beaumont, which is the protocol, and he is now out in Australia. I think three other Travellers since Patrick have studied medicine and qualified.

That is just an example of a positive action measure specifically designed to target an underrepresented group that would not normally have the opportunity to go to a prestigious institution like the Royal College of Surgeons. It has worked. That is just one example. However, when they qualify, they treat all patients, regardless of ethnicity.

Deputy John Connolly: When Ms Kavanagh gave us the data, it was obvious that for those screenings that were specifically for females, there seemed to be a high proportion of Travelling people attending. Is that common across the community?

Ms Lynsey Kavanagh: Yes. The all-Ireland Traveller health study in 2008 found a higher screening rate among Travellers versus the general population. At that stage, we also had very high vaccination rates. As a national organisation, we would say that that was prior to the austerity measures. That was when there were 40 projects around the country able to go out and do that core work. Traveller primary healthcare projects are continuing to mobilise. I know the issue of under-vaccination is something the committee might have highlighted in previous sessions. Where core funding and projects have been effectively dissipated, we are seeing regression in vaccination rates and other areas of health. We have made gains in women's health, and we are making gains in men's health, but workers are doing that on 12 hours a week.

Deputy John Connolly: What is the full staffing cohort of the project?

Ms Lynsey Kavanagh: It would vary between each Traveller organisation and primary healthcare project. For example, in Dundalk, we are talking about two part-time workers. In Dublin, there might be four primary healthcare workers and a co-ordinator. It varies. It is contingent on the area and the funding.

Deputy John Connolly: I am a bit confused. Would a public health nurse be a member of the team?

Ms Lynsey Kavanagh: No. I was speaking earlier to one of the other members of the committee. When those projects were first developed in the early 1990s, the idea was that there would be a joint co-ordinator, one would bring clinical expertise, like a public health nurse,

and one would be a community development worker. However, due to austerity, the budgets being cut over the years and staff not being replaced, that is not the case any more.

Deputy John Connolly: What is Ms Kavanagh's perception of the Traveller health units?

Ms Lynsey Kavanagh: The Traveller health units were set out in the 1995 task force report. It was a mechanism to bring together the Traveller organisations and the HSE. It is clearly set out in the 1995 task force report that they are to look at Traveller health data, mainstreaming Traveller health and prioritising Traveller health within the health services. The Traveller health units have just been reviewed by the national Traveller health implementation group. They are, in effect, a mechanism. They are an effective partnership structure between the HSE-----

Deputy John Connolly: Did Ms Kavanagh say "effective"?

Ms Lynsey Kavanagh: Yes, effective. We spoke earlier about Covid-19. Those Traveller health units would have been key and vital to supporting the efforts of Traveller primary healthcare projects on the ground.

Deputy John Connolly: We spoke about addiction. Mr. Collins said in his contribution that there was a significant overprescribing problem. Is that specific to the Travelling community?

Mr. Martin Collins: That is something we have witnessed in the course of our work. Our primary healthcare workers who are working in the field would gather that intelligence from direct engagement with Traveller families and, in particular, Traveller women. There is a gender dimension to the overprescription of medications by GPs. I am not suggesting it is unique or confined to Travellers, and I think it is a problem overall. I do not have any evidence, so I am speculating here. It may be disproportionate among Travellers. We know there has been an issue when it comes to anxiety and other mental health problems. There was a tendency with GPs just to dish out antidepressants and other types of medication rather than other interventions. I cannot say, hand on heart, that it is disproportionate to the Traveller community. Ms Kavanagh might be able to answer that.

Ms Lynsey Kavanagh: What we will see with the national Traveller drugs research that we will be publishing shortly is that there is polydrug use, as I said earlier, particularly of benzodiazepines, or benzos. As Mr. Collins said, we know that there is an over-reliance among Travellers, not only for prescribed medication, but also over-the-counter medication. That is what we are seeing across the board in our work as Traveller organisations. The evidence is gathered through the networks and the Traveller organisations. Again, what we say is that there is a need for ethnic data to be able to report on this accurately, and then we can identify and target supports.

Deputy John Connolly: Is Ms Kavanagh concerned by it?

Ms Lynsey Kavanagh: Absolutely. As Mr. Collins said, we are very concerned, particularly around the gender dimensions of drug use. For Traveller women, including Traveller mothers, there are additional caring responsibilities. Given that Traveller families are much larger, and Traveller women have children at a younger age, there is a different dimension, and different supports and targeted interventions are needed to address those core issues.

Deputy John Connolly: Would the projects have developed or proposed those interventions?

Ms Lynsey Kavanagh: Some of the primary healthcare projects would work in terms of the broader social determinants, which would include addiction. There are a number of targeted initiatives around drugs. For example, although I am not *au fait* with the new regions, there are a number of positive developments within the old CHO 9 regarding targeted initiatives on Travellers and drugs. The HSE has been very supportive in looking at that, as well as looking at a particular model that could be rolled out across all of the regions.

Deputy John Connolly: There are four specific services that the HSE advises are targeted services for members of the Travelling community in regard to mental health. I would ask for the witnesses' feedback as to whether they are aware of them. The national Traveller mental health service, provided by Exchange House Ireland, is a mental health support for Travellers nationwide, including counselling, psychotherapy, suicide prevention and well-being programmes. Would the witnesses say that programme is a success? Is it adequate?

Mr. Martin Collins: It is inadequate, in that it is not enough.

Deputy John Connolly: Is it under-resourced?

Mr. Martin Collins: It is under-resourced. There is a need for additional resources to be made available. Some local projects also have mental health workers, as do some local Traveller organisations, in addition to the initiatives mentioned by the Deputy. However, they would be very few and far between. To go back to the earlier point about additional resources for accommodation workers, there is a need for additional resources to employ staff to work on mental health issues, counselling, referral and signposting to mainstream services. There are some positive initiatives, such as the ones mentioned by the Deputy. However, without labouring the point, it needs to be expanded.

Deputy John Connolly: What is the demand for the Pavee Point text service at 50808?

Ms Lynsey Kavanagh: That is not a Pavee Point service. We would have worked closely with Spunout to develop a particular text line for Travellers because of the lack of ethnic data. It was a way of trying to get around data issues. We do not host that line, but we know through our own work on the ground, particularly with schools and young people, that there is a demand for it. It is not hosted by Pavee Point, although it was supported and nurtured by Pavee Point.

Deputy John Connolly: The Traveller Counselling Service is a culturally inclusive counselling service run by qualified counsellors who understand Traveller culture and experience. Do the witnesses have any familiarity with that service?

Mr. Martin Collins: I am very familiar with that. A good friend of mine, Thomas McCann, is the director of that service. It is based in Phibsborough.

Deputy John Connolly: Is it local to Dublin?

Mr. Martin Collins: Its head office, for want of a better term, is based in the parish office in Phibsborough. It provides satellite projects and counselling sessions through a number of local Traveller organisations, which are primarily in Dublin, but there are also one or two others.

I know it does some work with the Offaly Traveller Movement. Where it can and where it has the wherewithal to do it, it provides an outreach service. It also offers training and support to people who are thinking of becoming psychotherapists and professional counsellors.

Deputy John Connolly: Although we might have discussed the following already, I want to discuss the Traveller mental health initiative, whereby the HSE funded local projects promoting Traveller mental health, well-being and suicide prevention across the country.

Ms Lynsey Kavanagh: Our understanding is that was additional funding by the HSE that supported some of the mental health workers to whom Mr. Collins referred. The issue the Deputy is raising is that those are targeted initiatives. We would like mainstream services to respond effectively and appropriately to Traveller mental health. One of the core issues is that this be dealt with at primary care level because, as colleagues have mentioned, Travellers are seeking support for their mental health at crisis point. It is in accident and emergency departments. We would like to see initiatives, both mainstream and targeted, to support overall positive mental health and well-being. However, where services are required, we would like to see Travellers dealt with at primary care level, which is another core issue.

Deputy John Connolly: Targeted.

Ms Lynsey Kavanagh: Targeted and mainstream. We should be able to access GPs.

Deputy John Connolly: Yes.

Ms Lynsey Kavanagh: We should be able to access primary care services. That should be standard and core.

Deputy John Connolly: Am I interpreting the comments accurately when I say that failure to access such care means all the community suffers?

Ms Lynsey Kavanagh: Yes. The Deputy mentioned the targeted initiatives in terms of what we were familiar with. Those are good initiatives but we also need to see responses from the mainstream, including at primary care level.

An Cathaoirleach: We have a little bit of time left, so if anyone has a supplementary question to ask, I can allow a couple of minutes to members - except to Deputy Connolly, who has almost 18 minutes on the clock.

Deputy John Connolly: I did not realise that. Time flies.

Deputy Pádraig Rice: When representatives of the HSE and the Department of Health were here, they talked about progressive universalism. We need to figure out how we get that right and adopt the progressive elements of universalism as an approach. Perhaps we could tease out the philosophy behind delivering health services that meet the needs of not just Travellers, but other minority groups as well.

Ms Lynsey Kavanagh: The Deputy is right. We are interested in proportionate universalism. Another matter that we mentioned earlier was the review of the Traveller primary healthcare projects that was requested to see whether they are effective. We have mountains of evidence to say that they work. We would encourage the committee to look at whether mainstream works, and if not, where can gaps be addressed. Traveller primary healthcare projects are sick of being reviewed and held to account in terms of saying the outcomes are not improving. To be quite honest, they feel that burden in terms of women, generally, who work 12 hours per week having to account for the health outcomes of the entire community even though the mainstream services also have a duty to address Traveller health inequalities. The Deputy is

right that we must ensure there is proportionate universalism, but the mainstream also needs to be looked at through a critical lens to see what does and does not work there.

An Cathaoirleach: As the witnesses will appreciate, all of the questions that could be asked probably have been. I was a councillor for 20 years and found that accommodation was linked to everything, in particular the protection of health and mental health. One of things that frustrates me has to do with how, even though we hear all of the stories about moneys being returned, we are always told that those moneys cannot be used for Traveller accommodation, not even a small project to improve a couple of units or vans. We need to change that. I sought some improvements at a site in Wexford and months elapsed with an official trying to find out whether that money could be used. We need to consider greater flexibility when it comes to Traveller accommodation instead of the money going back to the black hole that is central government. I believe we can make strides in this area.

I thank the witnesses for their contributions and I thank members for their questions. We found this debate very useful. This meeting is recorded verbatim, so it will be useful to look back on all the contributions and responses as we prepare our reports and decide what we need to do to better the ground for everyone.

The joint committee adjourned at 8.36 p.m. until 12.30 p.m. on Thursday, 12 February 2026.