

Pride and Poverty

A Study of the Economic
Challenges in the
LGBTQ+ Community

KEY FINDINGS



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Our thanks also go to our partners in the European Anti-Poverty Network Ireland. Their collaboration, insight, and advocacy strengthened the research and helped situate LGBTQ+ poverty within the wider context of social inclusion and economic justice.

We would like to acknowledge the Research Advisory Committee for their guidance throughout the project. The committee included Oisín O'Reilly, Chief Executive Officer of Outhouse LGBTQ+ Centre; Paul Ginnell, Chief Executive Officer of EAPN Ireland; Clare Daly, Policy and Communications Officer at EAPN Ireland; Dr Emma Howard of TU Dublin; Verena Tarpey, Chief Executive Officer of GOSHH; Mary Murphy of Age Action; and Dr Martine Cuypers, Trustee of Outhouse LGBTQ+ Centre. Their combined professional and lived expertise helped shape the direction, focus, and integrity of the research.

We extend a sincere and heartfelt thanks to the people who shared their experiences through in-depth interviews, and to every person who took the time to complete the online survey. Your honesty and openness are at the core of this report. Without your voices, this research would not exist.

We are also thankful to our colleagues across LGBTQ+ support and advocacy organisations who shared the survey with their networks and encouraged participation. Your support helped ensure the research reached a wide and diverse community.

Finally, we would like to thank Gay Community News for their support in helping to disseminate the survey and raise awareness of the research.

This report is the result of collective effort, shared trust, and a common commitment to making inequality visible so it can be addressed.

Foreword

This report exists because too many LGBTQ+ people in Ireland are struggling to survive and make ends meet in silence.

For a long time, there has been an assumption that LGBTQ+ people are doing well economically, driven by narratives like the “pink pound” that mask poverty and inequality within our community. That assumption has shaped policy, funding, and public debate. The evidence in this report shows that it is wrong. Many LGBTQ+ people are finding it hard to make ends meet, worrying about bills, cutting back on food and heating, and living with constant financial stress. For some, this pressure is temporary. For others, it is a daily reality.

The human impact of this is seen every day in Outhouse LGBTQ+ Centre. People come to Outhouse looking for connection, safety, and community. Increasingly, they are also seeking support with housing insecurity, debt, access to social protection, and the stress that comes with financial hardship. These challenges rarely exist on their own. They sit alongside discrimination, poor mental health, barriers to stable work, and a housing system that leaves many people exposed and unsafe. This research speaks clearly to how poverty is created and sustained. Poverty is not the result of individual choices or personal failure. It is shaped by systems: low and insecure incomes, high living costs, gaps in social protection, and services that do not account for people’s real lives. When LGBTQ+ people are invisible in social policy, their needs are overlooked and their experiences are misunderstood.

This research matters because it fills a serious gap in evidence in Ireland. It centres lived experience and shows that poverty within LGBTQ+ communities is real, widespread, and patterned. It also shows that some groups face greater risk. Trans and non-binary people, disabled and neurodivergent people, migrants, people from ethnic minorities, young people, and those living with long-term illness are more likely to experience hardship. For many, these identities overlap, and disadvantage builds over time.

This report is not about setting one group against another. It is about making inequality visible so it can be addressed. You cannot reduce poverty if you do not acknowledge who is affected by it. Ignoring LGBTQ+ people in poverty policy does not make the problem disappear. It makes it harder to solve.

We are proud that this is one of the first pieces of research in Ireland to focus directly on LGBTQ+ poverty. We are also clear that it should not be the last. The findings point to the need for more inclusive social protection, secure and affordable housing, safe and fair workplaces, better access to healthcare and mental health supports, and policy that recognises LGBTQ+ people as part of Ireland’s poverty reality.

This report provides evidence. What happens next is a choice. If Ireland is serious about tackling poverty, LGBTQ+ people must be part of that work. A fair society cannot afford blind spots.



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Summary of Findings

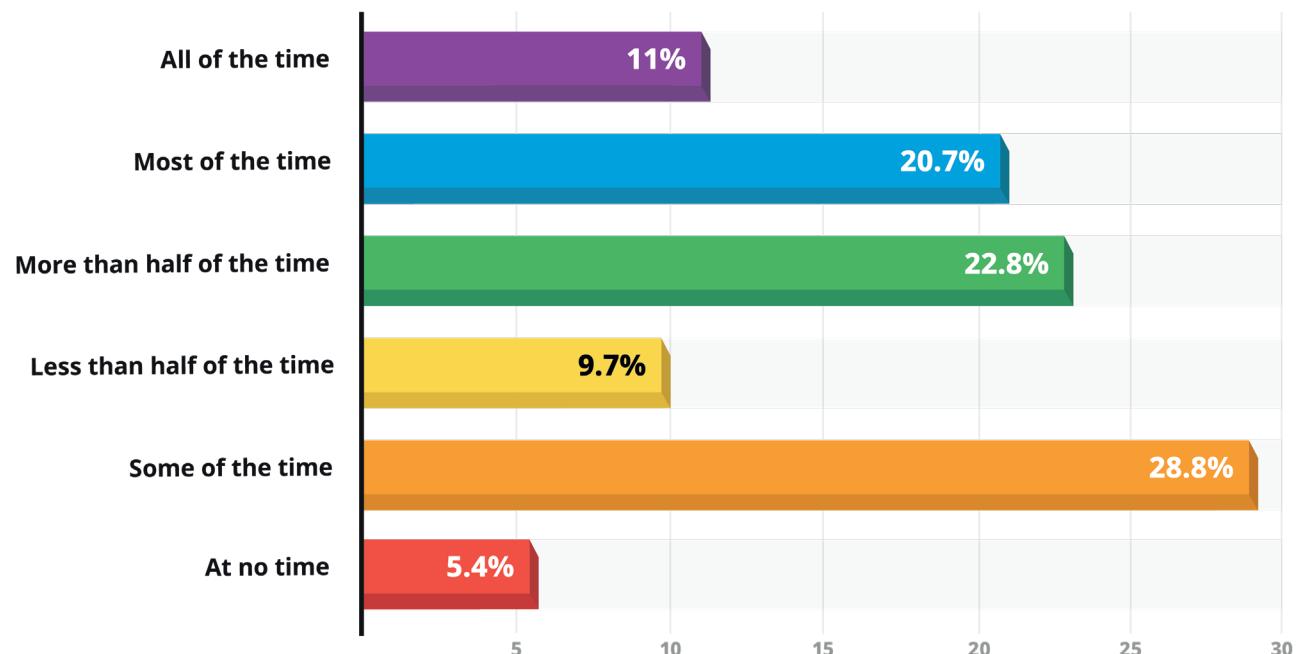
The *Pride and Poverty* study details the findings of a national study of the economic challenges in the LGBTQ+ community. The research findings highlight widespread financial strain, elevated levels of stress and anxiety, and significant inequalities across income, housing, employment, education, and access to healthcare. While experiences vary across the population, the evidence points to consistent patterns of disadvantage that are intensified for trans and gender-diverse people, disabled and neurodivergent respondents, migrants, and those without family or financial support.

i.) Stress, Anxiety, and Financial Vulnerability

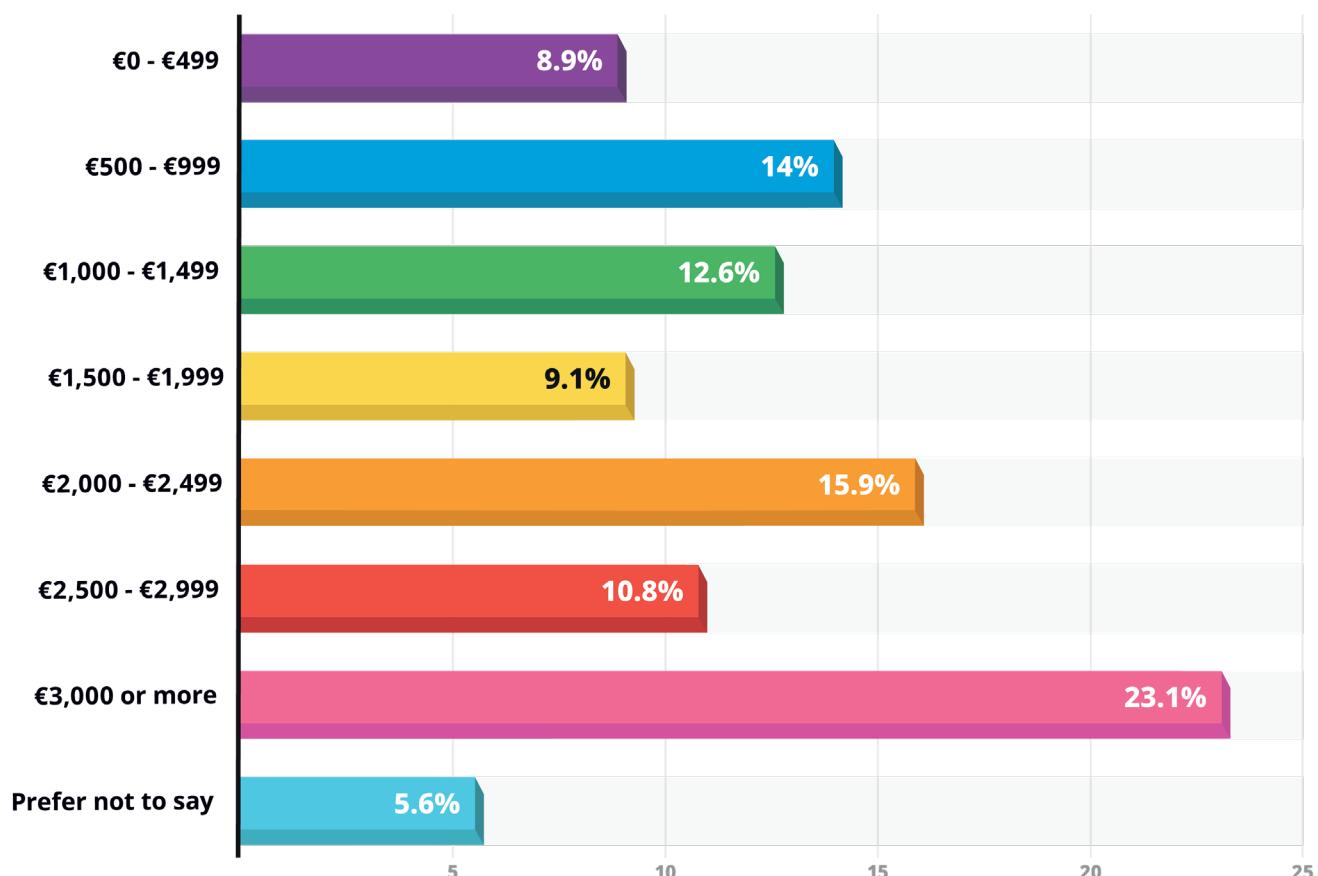
Financial strain was widespread. Almost half of respondents (49.2%) reported difficulty making ends meet, including 12.1% who described this as very difficult, and 50.5% reported worrying about unpaid bills or debts. Material deprivation affected 59.0%, with 46.1% experiencing enforced deprivation (going without two or more items). The most common forms of deprivation related to clothing (33.8%), heating (31.4%), social outings (22.0%), leisure activities (21.7%), food (17.7%), and household furnishings (18.2%). Coping strategies largely involved cutting back on everyday spending: 69.4% reduced expenditure, particularly on leisure (46.1%), food (40.8%), heating (31.1%), and transport (30.6%). Financial resilience was limited: 29.8% had no savings, 15.3% had savings lasting less than a month, and 14.2% could not access €500 in an emergency. Informal support was uneven, with 16.4% reporting no access to emotional, practical, or financial help.

Psychological distress was high. Only 5.4% reported no anxiety or stress in the previous 30 days, while 54.6% experienced these feelings more than half of the time, including 31.7% most or all of the time—substantially higher than population benchmarks in Ireland and consistent with international LGBTQ+ evidence. Anxiety was particularly prevalent among respondents with disabilities or long-term conditions, neurodivergent individuals, younger adults (18–34), and trans or gender-diverse respondents. Financial expectations were strongly associated with distress: 64.7% of those expecting worsening finances, and 68.9% whose finances had already worsened, reported frequent anxiety, compared with 47.8% of those whose situation remained stable or improved. Overall, the findings indicate a clear association between financial vulnerability and chronic stress within the sample.

In the last 30 days, how often have you felt nervous, anxious, or stressed?



What is your approximate net personal monthly income from all sources?



ii.) Income and Social Welfare

35.5%

reported net monthly incomes below €1,500

32.2%

reported currently receiving social welfare or state supports

Respondents reported a wide income distribution, but low incomes were common. More than one third (35.5%) reported net monthly incomes below €1,500, and 44.6% reported incomes below €2,000. At the lower end of the distribution, 8.9% reported incomes below €500 per month and a further 14.0% reported €500–€999. These figures indicate that a substantial share of respondents were living close to, or below, commonly used income adequacy thresholds.

Nearly one third of respondents (32.2%) reported currently receiving social welfare or state supports. Among those receiving supports, the most frequently reported were Disability Allowance (24.2%) and Jobseeker's payments (15.0%), alongside smaller proportions receiving housing supports, medical cards, or education-related payments. Qualitative responses frequently linked reliance on welfare to barriers in employment, including disability, discrimination, and difficulties navigating systems perceived as complex or unresponsive.

Low and insecure incomes also shaped respondents' ability to plan for the future. Participants described being unable to save, pursue further education, or improve their employment prospects due to the combined effects of low

payment levels and high living costs. While direct comparison with national income data is limited, the proportion of respondents reporting incomes below €1,500 per month is broadly comparable to national at-risk-of-poverty thresholds, suggesting elevated economic vulnerability within the sample.

iii.) Housing and Accommodation

Housing circumstances were marked by insecurity and high costs. Among respondents, 41.6% lived in private rented or student accommodation, 32.2% in owner-occupied housing, and 15.3% with family or friends, often due to affordability constraints and, in some cases, family rejection. Smaller proportions were in social housing, housing supported through HAP or RAS, supported accommodation, or asylum-related accommodation, with 3.5% currently in emergency accommodation or homeless. Compared with national patterns, where around 66% of households are owner-occupied, LGBTQ+ respondents were substantially less likely to have secure housing and more likely to rely on costly and insecure rentals.

Housing costs were high relative to income. Nearly three in ten (29.8%) paid €501–€800 per month, 27.3% paid €801–€1,200, and 22.0% paid more than €1,200, with many reporting that rent consumed a large share of their income. These costs contributed directly to financial strain, anxiety about affording essentials such as food, and reliance on shared or multiple incomes where possible.

More than one-third (36.2%) experienced at least one housing difficulty in the past year. These included rent or mortgage arrears (8.8%), couch surfing due to lack of housing (8.3%), moving because of costs or affordability (7.0%), overcrowding (6.4%), serious mould or health and safety issues (5.9%), emergency accommodation (3.2%), and sleeping rough or in hostels (2.1%). Many described these experiences as distressing and harmful to mental health.

LGBTQ+ identity shaped housing experiences in specific ways. Some respondents concealed their identity to secure accommodation, while others reported difficulty finding safe, accepting housemates.

A minority (5.9%) experienced housing discrimination, most commonly linked to immigration status, LGBTQ+ or trans identity, welfare receipt, or disability. Respondents emphasised that housing insecurity often reflects overlapping disadvantages, including low income, family rejection, disability, migrant status, and reliance on social welfare.

36.2%

experienced at least one housing difficulty in the past year

5.9%

experienced housing discrimination linked to immigration status, LGBTQ+ or trans identity, welfare receipt, or disability

iv.) Employment and Workplace Experiences

Most respondents were in paid employment, with 60.8% employed full-time and 14.5% part-time, while 6.2% were self-employed. However, a significant minority were unemployed (8.3%), unable to work due to illness or disability (7.5%), or reliant on precarious or variable hours.

53.9%

reported hiding their LGBTQ+ identity at work

Workplace discrimination was widely reported. More than one-third of respondents (38.3%) reported experiencing discrimination. Commonly reported forms included ageism (32.9%), ableism (32.2%), hostile or unsafe work environments (28.7%), harassment related to LGBTQ+ identity (23.1%), and negative treatment following disclosure (21.7%). Nearly one in ten (9.8%) reported that pay or promotion had been blocked. Qualitative responses highlighted how these experiences affected career progression, including barriers during gender transition, misgendering, and hostile workplace cultures.

Concealment of identity was common. Over half of respondents (53.9%) reported hiding their LGBTQ+ identity at work at least some of the time, including 6.4% who always did so. Discrimination was also reported in recruitment, with 28.9% experiencing bias when applying for jobs or during interviews. Qualitative responses illustrated how these experiences contributed to job loss, career disruption, and ongoing financial insecurity.

v.) Education: Bullying, Exclusion, and Disruption

More than half of respondents (58.2%) reported experiencing bullying or exclusion related to being LGBTQ+ or being perceived as such in educational settings. Among those who reported these experiences, 72.4% identified secondary school as the primary site, followed by primary school (23.1%), further education (12.4%), and university (11.1%).

58.2%

reported experiencing bullying or exclusion related to being LGBTQ+

Educational impacts were substantial. Nearly half (46.9%) reported that bullying or exclusion caused them to miss school sometimes or often, and 7.0% said it led them to leave education earlier than they wanted. Qualitative accounts highlighted environments characterised by fear, concealment, and hostility, particularly in religious or single-sex schools, as well as administrative or institutional barriers for trans students navigating name changes and other processes.

Educational disruption was also linked to poverty and housing insecurity, with some respondents describing repeated attempts to access further or higher education that were derailed by financial constraints, unstable housing, or lack of systemic support.

vi.) Trans Experiences Accessing Gender-Affirming Healthcare

Just over one quarter of respondents (27.7%) reported seeking gender-affirming healthcare. Among those, 50.0% were currently in care, 29.5% were on a waiting list, and 20.5% had sought care abroad. Waiting times were often extensive: 36.4% of those on waiting lists reported waiting more than three years.

27.7%

*reported seeking
gender-affirming
healthcare*

Cost was a significant barrier. While 6.2% reported delaying or avoiding care due to cost, out-of-pocket spending among those who accessed care was frequently substantial, with over 23% reporting costs above €2,000. Insurance coverage was limited, with 48.4% reporting no insurance and a further 35.8% reporting that their insurance did not cover gender-affirming care. These findings indicate that access to essential healthcare is shaped by limited pathways, prolonged delays, and significant financial exposure.

vii.) Sex Work and Income Insecurity

A small proportion of respondents reported sex work as part of their income strategy. Overall, 2.4% reported sex work as their main source of income, while a further 4.0% reported using sex work to supplement income. Qualitative responses suggest that engagement was often shaped by acute financial precarity, including periods of homelessness, gaps in income while awaiting state supports, and difficulty meeting core living costs such as rent or education.

4.0%

*reported using sex work
to supplement income*

Respondents described both economic necessity and emotional or safety impacts. Some reported negative effects on mental health and heightened anxiety, including concerns about safety and encounters with clients in public spaces, while others noted that the cost-of-living crisis had reduced demand and increased income instability. Taken together, these accounts suggest that sex work was less an unconstrained choice and more a survival strategy within limited economic alternatives, shaped by structural vulnerabilities rather than individual preference. Experiences varied, reflecting the diversity of practices and circumstances captured by the survey's broad definition of sex work.

Recommendations

1

Count LGBTQ+ people in national data systems.

Action:	Ensure LGBTQ+ people are included in the Census and in core poverty datasets, including SILC, and the forthcoming national Equality Data Strategy, and implement consistent LGBTQ+ indicators across relevant administrative data, with appropriate privacy safeguards and community consultation.
Responsibility:	CSO; Department of Social Protection; Department of Children, Disability and Equality
Rationale:	High levels of financial strain and deprivation are evident, but without routine national data, the State cannot measure poverty rates, identify which subgroups are most affected, or track whether interventions are working. In this study, 49.2% found it difficult to make ends meet and 59.0% went without at least one essential in the last year.

2

Explicitly name LGBTQ+ people as a priority group in the next Roadmap for Social Inclusion.

Action:	Identify LGBTQ+ people as a priority demographic in the Roadmap, with clear targets, named actions, lead agencies, timelines, and measurable indicators aligned with the Public Sector Duty.
Responsibility:	Department of Social Protection; Department of Children, Disability and Equality; relevant Departments and Local Authorities
Rationale:	The findings show widespread cost pressures and financial insecurity that require specific, accountable policy action rather than indirect inclusion. 50.5% were worried about unpaid bills or debts, and 69.4% reported cutting back on spending, including food (40.8%), heating (31.1%), and transport (30.6%).

3 Commission sustained research on LGBTQ+ financial precarity and wellbeing.

Action:	Fund an ongoing research and evaluation programme to monitor LGBTQ+ poverty, deprivation, cost pressures, and wellbeing, disaggregated by factors such as gender identity, disability, neurodivergence, migration status, age, and geography, and used to evaluate policy interventions.
Responsibility:	Department of Social Protection; Department of Health; CSO; Academic Institutions
Rationale:	The evidence shows high distress closely associated with worsening finances and clear subgroup differences, which supports the need for long-term monitoring and evaluation. 54.6% experienced nervousness, anxiety or stress more than half the time in the last 30 days, rising to 68.9% among those whose finances worsened and 64.7% among those expecting them to worsen.

4 Increase access to affordable housing and strengthen tenancy security for LGBTQ+ people.

Action:	Expand social and affordable housing options, including options suitable for single renters, strengthen anti-discrimination protections in access and tenancy, actively monitor compliance, and require mandatory ongoing LGBTQ+ inclusion training for housing providers and local authority staff.
Responsibility:	Department of Housing, Local Government and Heritage; Local Authorities
Rationale:	Housing insecurity and high costs are common and are linked to stress, limited independence, and reliance on others. 41.6% were in private rented or student accommodation and 15.3% lived with family or friends; 3.5% were in emergency accommodation or homeless. 36.2% experienced at least one housing problem in the past year, and 5.9% reported discrimination when applying for housing.

5 Enhance income security and modernise social welfare supports, including essential cost supports.

Action:	Modernise eligibility and adequacy to reduce exclusion of marginalised LGBTQ+ groups (including students, self employed people, and those constrained by immigration or employment status), benchmark payment levels and thresholds to living costs, streamline applications, and integrate targeted supports for essential costs (energy, utilities, rent pressure) within core welfare reforms.
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Responsibility:	Department of Social Protection
Rationale:	Many respondents are on low incomes with persistent difficulty meeting basic costs, and essential cost pressures are driving deprivation. 44.6% reported net monthly incomes below €2,000 and 35.5% below €1,500; 49.2% found it difficult to make ends meet; 31.4% went without keeping the home adequately warm.

6

Expand access to affordable, LGBTQ+ affirming mental health services nationwide.

Action:	Increase public, community based counselling, therapy, and peer support that is LGBTQ+ affirming and neurodiversity competent, with reliable provision outside major cities and options that are financially accessible.
Responsibility:	Department of Health; HSE; Mental Health Ireland
Rationale:	High levels of frequent anxiety and stress are reported, and the findings show that financial strain is associated with worse distress. Only 5.4% reported no anxiety or stress in the past month; 20.7% reported stress most of the time and 11.0% all of the time. There is only one councillor employed by the HSE, within the Gay Men's Health Service, with a specific remit for the LGBTQ+ community in Ireland.

7

Improve access to gender affirming healthcare by reducing waits and limiting out of pocket costs.

Action:	Reduce waiting times for public services, provide interim supports where delays persist, ensure coverage for hormone therapy, surgeries, and related care, and require mandatory LGBTQ+ competence training for relevant healthcare staff.
Responsibility:	Department of Health; HSE; National Gender Service
Rationale:	Delays and costs are substantial and can worsen financial strain and wellbeing. 27.7% sought gender affirming healthcare; among those on waiting lists, 36.4% waited more than three years. Out of pocket spending was commonly €500 to €1,999 (41.4%), with 13.8% spending €2,000 to €4,999 and 9.2% spending €5,000 or more; 35.8% reported their insurance did not cover gender affirming care and 48.4% had no insurance.

8**Strengthen employment equality and progression supports for LGBTQ+ workers.**

Action:	Improve enforcement and supports through anti-discrimination hiring initiatives, inclusive recruitment and progression practices, targeted training and career advice, and employer accountability measures to reduce workplace discrimination and pressure to conceal identity.
Responsibility:	Department of Enterprise, Trade and Employment; SOLAS; Workplace Equality Networks
Rationale:	Discrimination and concealment in work are common and undermine income security, progression, and wellbeing. 38.3% experienced discrimination at work; 23.1% reported harassment or bullying related to LGBTQ+ identity; 9.8% reported blocked pay rises or promotion; 28.9% reported discrimination in recruitment; 53.9% hid their identity at least sometimes.

9**Provide transport and regional access supports to reduce isolation and enable access to safe, inclusive services.**

Action:	Provide travel subsidies and vouchers, expand community transport programmes, including enhanced Rural Link and other Local Link services, and improve affordable access to transport for work, healthcare, and LGBTQ+ services. Prioritise rural and suburban areas, and pair this with measures that expand the availability of affirming services outside major cities.
Responsibility:	Department of Transport; Local Authorities; Department of Health; National Transport Authority (NTA); LGBTQ+ Community Organisations
Rationale:	Cost pressures are driving cutbacks in transport spending, and the wider findings describe barriers to accessing supports when services are distant. This increases isolation and financial burden. 30.6% reported cutting back on transport spending, alongside high rates of broader cutbacks and deprivation.

10**Ensure affordable childcare and family supports for LGBTQ+ parents and caregivers, including removal of administrative barriers.**

Action:	Expand subsidies and accessible childcare provision while addressing administrative and legal barriers that can exclude LGBTQ+ families from recognition and entitlements, including issues affecting diverse family structures and chosen family caregiving arrangements.
Responsibility:	Department of Children, Disability and Equality; Tusla; Early Childhood Ireland; Department of Social Protection
Rationale:	Limited informal support and financial buffers increase the harm caused by administrative barriers that delay entitlements or restrict the ability to work. 16.4% reported having no informal support, and only 9.3% reported receiving regular financial support from family or friends.

11**Deliver culturally competent financial resilience supports, including debt advice, financial literacy, and rapid emergency assistance.**

Action:	Resource the Money Advice and Budgeting Service (MABS) to provide an LGBTQ+ specialist pathway, using a dedicated and recognisable service model similar to the National Traveller MABS. This should include tailored debt advice and budgeting support, staff training and referral protocols to ensure safe and affirming engagement, and delivery through community-based clinics and online channels. Alongside this, fund financial literacy and savings supports, and expand simplified, fast emergency assistance for sudden costs such as healthcare travel, medical expenses, and unexpected housing costs.
Responsibility:	Department of Social Protection; Citizens Information Board; MABS; Community Financial Support Services; Local Authorities; LGBTQ+ Community Organisations
Rationale:	Savings are limited, many cannot absorb financial shocks, and deprivation is common, increasing the risk of crisis and debt spirals. 29.8% had no savings and 15.3% had less than one month of savings; 14.2% could not access €500 within a week; 7.2% would rely on borrowing or credit to do so; 59.0% went without at least one essential.

Conclusion

This study adds new evidence to an area that has been under-researched in Ireland and brings together what respondents shared across the survey and interviews with the wider national and international literature. Taken together, the findings show that economic hardship within LGBTQ+ communities is not a marginal issue, and it cannot be understood as separate from the systems that shape everyday life. The pressures described in this report are closely tied to housing costs and insecurity, uneven access to services, barriers in education and employment, and gaps in social protection. They also show how financial strain can accumulate over time and limit people's choices, safety, and ability to plan for the future.

The report points to clear differences in exposure to hardship within the community, underlining the importance of approaches that recognise overlapping identities and unequal starting points. It also highlights a practical policy challenge: without consistent data and explicit inclusion, it is difficult to track need, target supports, or measure progress.

The recommendations set out a route from evidence to implementation. Their shared aim is to make responses more inclusive, more effective, and more accountable, so that poverty reduction work in Ireland reflects the realities documented in the full report.

Read the Full Report

To access the full report, please visit **www.outhouse.ie/pride-and-poverty** or scan the QR code below:





"The intersection of race, migration status, language, nationality, gender and sexuality makes the situation worse for some more than others."



"I was employed as a full-time manager, but had run-ins with other staff misgendering me in front of me... I was referred to as 'it'."



"Housing is so expensive, sometimes I'm nervous if we'll have enough for rent or food and we're not able to borrow money from relatives because we don't have a good relationship with them."



"Significant levels of homophobic bullying from the age of 8 caused me to leave education entirely at 16, and I had 'checked out' by 14."



"I'm visibly trans so I feel like people take one look at me during a job interview and silently deny me the role."



"Living with parents who haven't accepted me is soul-destroying. I hide myself every day and live in fear. Not having the ability to access housing that would allow me to live my own life makes everything feel harder and hopeless."



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