Chapter 31: Discrimination

Introduction

31.1 The Commission's Terms of Reference require an examination of the extent to which any group of residents of the mother and baby homes under investigation may have systematically been treated differently 'on any grounds [religion, race, traveller identity or disability]'. The fact that mother and baby homes existed is evidence of discrimination against women. For much of the period covered by the Commission, women as a group and regardless of age or class were systematically discriminated against in relation to employment, family law, and social welfare, solely because they were female.

31.2 The chapters on the individual institutions include a number of references to discrimination issues. In particular, the issue of religion is addressed in the relevant chapters. This chapter provides a more detailed examination of the institutional records of the two largest mother and baby homes - Pelletstown and Bessborough - and the evidence that they present with respect to race and disability. These two homes were selected because of their size and their longevity. Pelletstown opened in 1919 and Bessborough opened in 1922. They were each still in operation in 1998. They account for over half of the children in mother and baby homes.

31.3 The Commission has discovered very little information about Travellers probably because there were very few 'illegitimate' births among Travellers. The report of the Commission on Itinerancy (1963) stated that 'Early marriage is often insisted upon by parents': three-quarters of Traveller men were married before the age of 25, and almost 40% of women married before the age of 18. They claimed that 'Parents of young persons usually insist upon the marriage of the young persons when courtship first commences'.[1] A number of Traveller children who were born to married couples were admitted to Pelletstown, Tuam and county homes (see the relevant institutional chapters). Some of the Traveller children in Pelletstown were there because they had intellectual or physical disabilities. It is possible that Traveller children were resident in other institutions but they are not identified as such in the institutional records.

[1] *Report of the Commission on Itinerancy* (1963), paras, 17-19; https://www.lenus.ie/handle/10147/324231

Sources - Institutional records

31.4 The Commission examined the institutional records of Pelletstown and Bessborough with a view to determining if race or the mental and/or physical conditions/disabilities of the mother and/or the child affected the outcome for the child, especially if it prevented adoption or fostering.

31.5 The history of Pelletstown and a detailed description of the institutional records are given in Chapter 13. This chapter is based on the information provided on the mothers' medical charts and related ante-natal and puerperal documents; correspondence with psychiatric hospitals, especially from the 1960s onward; bi-daily reports from Eglinton House; children's medical charts including detailed medical reports for the duration of the child's stay, which may span years; IQ testing reports; reports from and correspondence with maternity hospitals and/or children's hospitals; psychological and developmental assessments from the Child Study Centre; correspondence with the Adoption Board; and miscellaneous files.

31.6 The social worker reports, which commence in the late 1960s, were of particular interest. There were several social workers attached to Pelletstown and their notes give a sense of the woman's circumstances and they appear to have the child's interest in mind. The reports from Eglinton House, starting in 1986, are very detailed, as there was much greater social worker involvement with the mothers and children at that stage.

31.7 The history of Bessborough and a detailed account of its institutional records are given in Chapter 18.

31.8 The Commission identified all references in the institutional records to potential areas of discrimination. A detailed analysis was conducted of the references to race, mental disability, physical disability and of the information about a mother or a child's physical or mental health. Such references and information was available for about 1,335 women and children in Pelletstown and 727 women and children in Bessborough.

31.9 For the early period under investigation (1920s-1950s) it is impossible to know from the records if a condition was medically verified. There was a lack of understanding of mental illness and intellectual disability, and also a loose labelling

of people who were deemed 'slow', 'mental' or 'handicapped'. When a condition was noted on a medical chart or appeared in correspondence between medical practitioners, it was deemed to be 'medically verified' for the Commission's purposes. When it appeared in a social worker's report, or on an admission card, it was considered as unverified.

Race

Background

31.10 The population of Ireland was overwhelmingly white and of European ethnicity until the closing years of the 20th century. The 1961 census volume that enumerated birthplaces of those born outside the State gave separate statistics only for Northern Ireland, Britain, France, Germany, Italy, the Netherlands and the USA; those born elsewhere were classified as 'other' - a total of 8,514 men and women or 0.3% of the population. In 1991 those born outside the EU and the USA were still classified as 'other', and the number was 23,293 people - 0.66% of the population; almost half of which - 10,561 - lived in the greater Dublin area. The absence of people of non-European ethnicity in the Irish population meant that children or unmarried mothers from a different racial background were conspicuous and there was a lack of knowledge and understanding about their culture, religion and ethnicity. In a number of cases the father of a child is described as African, or Asian, which may reflect a lack of knowledge on the part of the child's mother or a department inspector.

31.11 The number of mixed race children born to unmarried mothers was much smaller than the number with a disability; however, there are occasional references to these children in inspectors' reports. The reference is generally brief, part of a general description, which is often given of the children; for example, 'J is big for her age and looks well. Nice-looking girl but father is Jamaican'.[2] The inspectors' reports display a cautious attitude to the prospect of mixed-race children being adopted, as in 'The fact that T is half coloured could affect her chances of adoption', or a note that a foster mother, was keen to adopt 'the little coloured boy', but the inspector asked, 'but will it work out?'[3]

[2] Department of Health, RM/ARC/0/489320.
[3] Department of Health, RM/ARC/0/489694; Department of Health, RM/ARC/0/489322.

31.12 There are references to children of mixed race in the records of St Anne's Adoption Society (an adoption society in Cork). In 1956 St Anne's was contacted by a social worker from Southwark Catholic Rescue Society, asking for their assistance.

> We have a number of babies where the mother is Irish and the putative father is slightly coloured. Where the child is coloured, adoption is practically impossible. There are cases where the child is not coloured, and shows no oriental features. The putative fathers in the latter cases are usually Greek or Cypriot and the child is usually very handsome. Occasionally the putative father is the product of one white and one slightly coloured parent. I should be most grateful to know whether you think you would be able to accept and place any of the babies with no trace of colour. I would of course let you have photographs, and we would of course have to wait until the child was several months old. Do not be afraid to refuse as I know how adopters react to these on occasion.[4]

31.13 The reply from St Anne's is not available. However, in 1962, in response to a similar query from the Crusade of Rescue, Fr James Good of St Anne's Adoption Society replied, 'I am afraid the answer there is that where there is any question of blood other than north European there would be very little likelihood of our placing such a child'. He thought that some mixed race children were being adopted in Dublin, but he feared that they would struggle to be accepted in the south, 'there are still so very few coloured people here that they still excite admiration'.[5]

31.14 In 1968 the *Sunday Independent* reported that some would-be adoptive parents had been told that there were 'only coloured children' available. The article reported that 'apart from coloured children', almost every eligible child found a new home in 1967. It quoted Lady Valerie Goulding, who was involved in services for children with disabilities, as saying that 'you are looked at sideways if you have a coloured baby with you'. According to this article approximately six 'coloured' children were adopted every year but there was a backlog of 20 such children 'causing a big headache for various organisations dealing with child adoption'. This article also referred to children who were not adopted 'usually because of some physical deformity or defect'.[6]

[4] Cork Diocesan Archives, St Anne's Adoption Society, Box 17.
[5] Cork Diocesan Archives, St Anne's Adoption Society, Box 3.
[6] *Sunday Independent*, 28 Jan. 1968.

31.15 Trans-racial adoption was controversial. According to Barbara Melosh, in the United States, the adoption of African-American children by white parents was unknown before the 1950s. In 1968 there were 733 such adoptions, which was 1% of 'stranger', that is non-family adoptions; at their peak in 1971 they only accounted for 2% to 3% of the total. In 1972 the National Association of Black Social Workers issued a statement denouncing the adoption or fostering of black children by white families.[7] At this time many adoptions, not just in Ireland, sought to 'match' children with the adoptive parents - seeking similar colouring. Mixed race children presented a slightly different question - which racial or ethnic group should adoptive parents come from? Given the tiny number of Irish residents of non-European origin, the only potential adoptive parents in Ireland were couples of Irish or European ethnicity.

Race - Pelletstown

31.16 Race is mentioned in respect of 237 residents in Pelletstown. The recording of a child's race is not in itself considered racist, even today.

31.17 There were only two references to race in the 1940s: one in 1941 and one in 1949. In 1941 the child was described as 'half caste' and was in various industrial schools between 1945 and 1958, and was then discharged to employment. The putative father of the 1949 child was 'said to be a Pole'. This child was discharged to 'adoptive parents'.

31.18 There were 30 references to race in the 1950s. Where information is available on the putative fathers, their national origins were indicated as follows: three were described as Nigerian, two as Trinidadian, two as African, and four as Indian. Twelve children were described as 'coloured' and three were described as 'half-caste'. The 30 children include four unaccompanied children (including twins).

31.19 A parent's racial background is mentioned in 123 children's files in the 1960s. Where information is available on the putative fathers, their national origins have been indicated as mostly Nigeria (17), India (11), Africa (10, including South Africa), with other origins noted.

31.20 Four mothers were described as 'coloured'. One mother was described as 'half caste' in 1966; one mother as 'sallow' in 1967; one mother is described as half

[7] Barbara Melosh, *Strangers and kin. The American way of adoption* (Harvard, 2004), pp 159, 197.

caste African in 1968, and her child was deemed fit for adoption provided the adopters were informed. Overwhelmingly the 'coloured', 'half-caste' children are certified fit for adoption. The 123 children include 20 unaccompanied children. One mother was described as 'Student - Nigerian'.

31.21 In the 1970s there were 48 children whose parents' racial background is mentioned. Where information is available on the putative fathers, their national origins have been indicated as India (7), Nigeria (4), South Africa (3), Zambia (3), with other origins noted. The term 'negro' appears on at least three occasions (1972, 1975, 1979), and the term 'mixed-race' appears for the first time. Five mothers were described as 'coloured'. One mother was described as 'a Nigerian half caste reared in Institution'. The putative father of a child born to a 'Nigerian girl' was also Nigerian, one of two children born that decade with two Nigerian parents. One mother in 1977 was described as 'half coloured'. The 48 children include seven unaccompanied children.

31.22 There were 17 children in the 1980s whose parent's racial background is mentioned. One mother was described as coming 'from a mixed racial background…with an Indo-European appearance'. Another description reads: 'half caste baby. Mother is black'. One mother was Iranian. The term 'half caste' was still used. The 17 cases include four unaccompanied children; the parents of one of these children were both Iranian.

31.23 In the 1990s, China and Africa were the two main regions of origin (five China, three Africa). One mother was born in Taiwan; another was described as 'coloured'. Six of the 17 children were unaccompanied.

31.24 The Pelletstown records record the following exit pathways for the children concerned:

- 112 were placed for adoption (some were fostered temporarily, one later died);
- 22 were boarded out (10 were subsequently adopted);
- 86 were not placed for adoption; 44 of these are described as leaving Pelletstown with a parent or another family member;
- 40 were sent to an institution; five of these children were subsequently adopted and two children died.

- There is no information in the institutional records about the outcome for 17 of these children. However, the Commission has established from other records that one was subsequently adopted and one subsequently died.

31.25 Out of the 237, 128 (54%) were ultimately placed for adoption. However, only 92 adoptions have been confirmed by the official records. This does not necessarily mean that the remaining children were not adopted - it simply means that the Commission was not able to establish this from the records available. There is also the possibility that other children were subsequently adopted but this is not recorded in the available files.

31.26 The decision as to whether a child was fit for adoption was made by a doctor attached to Pelletstown. Most of the time, this was a straight-forward procedure. The record of a child born in Pelletstown in 1964 is representative of the way children were described on their medical records and certified fit: 'Nigerian. Coloured child', signed fit for adoption in 1964 and adopted the same year. The following child, born in 1966, is also typical: 'Healthy coloured infant', certified fit for adoption, and adopted in 1968. In most cases references to colour are factual: 'normal healthy male child (half-caste)', certified fit for adoption in 1967. However, occasionally race appears to influence the decision, as in the following examples, all from 1959.

> Coloured child. Healthy. Medically fit for adoption but owing to colour this would be difficult.
>
> Healthy. Half caste child. On account of above will be unfit for adoption. Boarding out (this child was, however, adopted).
>
> Healthy. Coloured child. Unfit for adoption on account of colour only.

31.27 The father of the third child was described as 'African'. It also appears that prospective adoptive parents were notified of a child's parentage. The following is an example from 1959, again written by a doctor: 'Coloured child. Healthy. Fit for adoption or BO if parents are aware…Mother German. Father African'. In 1966: 'Normal healthy half-caste (Chinese) baby', certified fit for adoption, 'provided parents are aware of parentage'. 1977: 'Adoptive parents to be told mother is a half caste'. The perceived necessity to disclose parentage may have stemmed from the expectations of the prospective adopters: on one occasion in 1965 it is stated clearly that the prospective adopters did not want a child who was not white: 'Normal healthy male baby...Father - Spaniard...Adoptive parents to be told about

nationality as they will not take half caste...Infant normal European colour'. Disclosure of parentage appears to have been standard procedure, as it was among the requirements for children presenting for placement to St Louise Adoption Society: 'If this child is for St. Louise Adoption Society then the placement meeting will need to know nationality of P[utative]F[ather]' (1980 example).

31.28 Among the administrative forms available for the later decades is the 'quarterly review 1980 - resident children', which specifically inquires as to why children were in Pelletstown. Among the reasons listed is this specific reference: 'mixed-race child - difficulty in finding adoptive home', which implies that there were difficulties in placing such children.

31.29 The Pelletstown institutional records reveal that people's knowledge of geography and ethnicity was not precise. On a 1965 admission card, a putative father is described as 'Zamlran studying adm.', which could indicate he was from Zambia (misspelt), or perhaps from Mali (which has a region named Zamlara), or from Nigeria (which has a region named Zamfara). 'African' is sometimes used as an umbrella term to describe black putative fathers and children. A 1964 example is representative: 'putative father African'; the child is described as a 'coloured infant', certified fit for adoption. The following is an example from 1965: 'putative father: [name] - African'. The child was described as 'coloured child - African'. In the latter case a cross reference of sources indicates that the putative father was from Zambia. The following example is from 1972: the child was first described as 'coloured ?Indian father' on the mother's medical charts; a more detailed social report indicates that he was from South Africa. Another example from 1974 shows that within the same document (the child's medical chart) a child is described as a 'half caste (Asian) infant' and the putative father as 'a coloured South African'. (In apartheid South Africa, Indians were classified as 'coloured'.)

31.30 It appears that there was little understanding of religion outside of Christianity. In one case 'Hindu' and 'Muslim' were used interchangeably.

31.31 Where information is available, the putative fathers appear to have been either medical students (11 occurrences), engineering trainees with Aer Lingus (three occurrences in the 1970s/1980s), or other students (law, administration or English for example).

31.32 The term 'negro' appears in Pelletstown records on at least four occasions (1972, 1975, 1979 and 1982);[8] the earliest occurrence available of the term 'mixed-race' in Pelletstown is in 1977. It was used alongside 'half caste'. These terms were in regular use and generally regarded as acceptable at the time. The term 'black' to describe a parent is not used until 1982 (with one more occurrence in 1983).

31.33 While there is no direct evidence of different treatment or institutionalised racism in the records, a number of sources suggest that individuals may have had a negative bias. When the Department of Health inspector visited Pelletstown on 25 February 1960, she referred to 'coloured babies', and noted that they were 'difficult to rear and inclined to be bronchitic in the first year of life'. For the later period, when social reports are available, the attitudes of staff within the institution can be glimpsed. For example in 1973 a social worker wrote:

> PF…a medical student from Nigeria. He knew of the pregnancy…Her last child was also a half-caste although not by the same pf. I asked why she was having a baby every year and why she thought she was so attracted to dark men. She says she goes out with Irish men but prefers - Indians and Nigroes [sic]. She just loses control of herself and ends up sleeping with them...Asked several questions about adoption and if there would be difficulty placing [child] because she was coloured. Some of the nurses were telling her that these children often had to be moved from institution to institution before they got a home.

31.34 An example from 1975, again based on a social worker's report, seems to indicate that 'mixed race' children were not treated differently within the institution:

> C wants to have her baby adopted... She has been worrying terribly that the child's adoption will be impeded because of his colour. At present he is not at all coloured looking, though C is aware that he may well get darker as he grows older. We talked for a long time about this, and I reassured C that there was no reason why he should be held up and that he should be brought up at the adoption meeting at the same time as other babies of the same age.

31.35 Race does not seem to have been a significant factor in preventing adoption. There were families in Ireland who specifically sought to adopt 'mixed race' children. This is an example from 1975: 'Sr A said there was a possible home for

[8] There is an earlier occurrence in 1960 in Castlepollard.

the baby...Apparently a family with 3 other coloured children (adopted) are looking for another child'.

31.36 However this picture emerging from the records that 'mixed race' children were not treated differently is at odds with the evidence provided to the Commission by a small number of witnesses who describe racism within the home (allegations of derogatory terms, child put with severely disabled children who would not be adopted, insinuation that woman was a thief and a prostitute, separation from child) - see Chapter 13. The Commission has no doubt that there was casual, unthinking racism on the part of some people but the evidence suggests that the future of mixed race children was considered in the same way as the future of all children in Pelletstown.

31.37 The index cards which recorded information about pregnant women who were repatriated to Ireland (see Chapter 7) also contain some information regarding race in Pelletstown. In 1961, a woman was admitted upon returning from England, 'expecting [a] coloured baby'. The Mother Superior in Pelletstown wrote to the department inquiring if the Health Authority would maintain her. The reply 'They [Pelletstown] have succeeded in placing some coloured children'. This child was adopted.

Race - Bessborough

31.38 Race is mentioned in respect of 38 women and children in Bessborough. The racial origins of one child was noted in the 1920s: the putative father was described as Greek. In the 1930s, the racial origins of two children were noted: one putative father was described as coloured and from South Africa, the other was described as Spanish. There were no references to race in the 1940s or the 1950s. In the 1960s, there were 13 children whose race was mentioned; there were 14 children in the 1970s; eight in the 1980s and one in the 1990s.

31.39 Twenty-three of the 38 children were placed for adoption (two were fostered initially and 15 were later confirmed adopted); six went to 'parents or other family members' (and may well have been subsequently adopted); one was boarded out and later adopted informally; one went to another institution and was subsequently adopted. Two of the six whose exit pathways are not recorded in the institutional records were subsequently placed for adoption; there is no information available about the remaining four.

31.40 Out of the 38 children, 27 children (71%) were ultimately placed for adoption or informally adopted. The Commission has been able to confirm, from official external records, that 19 of the 27 were in fact adopted.

31.41 The Adoption Board appears to have been concerned about placing mixed-race children with adopting parents, though the records indicate that a number of adoptive parents wanted 'mixed race' children. One letter from the Adoption Board to the Sacred Heart adoption society, Bessborough, stated: 'As the couple live in an isolated rural area, the Board expressed reservations about the desirability of placing a mixed race child with them'. Another letter stated: 'As the natural mother of the child placed with [adoptive parents] is of mixed racial background, the Board wishes to have a social report on her'. The Sacred Heart adoption society told the Adoption Board that the mother 'was born in England. Her mother was British and natural father was of Turkish origin... [the child] is slightly sallow in complexion. The [adoptive parents] were aware of the fact that he was a child of mixed race but stated that 'it would be difficult to detect it'. They are of the opinion that he will have no problems in their rural environment'. A letter from the foster mother/adoptive mother said: 'We don't really notice his colour now so it's no problem at all for us. I just hope he will be happy'. They had adopted other children.

Witnesses to the Commission

31.42 Professor Bryan Fanning, a professor of migration and social policy at University College Dublin, told the Commission that legislation around racism in the Irish context is very underdeveloped. He said that we have a law against incitement to hatred and an Equal Status Act.

31.43 He told the Commission that 'in the Irish case I don't know that you could basically see what happens in Ireland as distinct from the rest of the English speaking or white European world either. Those sort of ideas about white people and others were as imbedded in Ireland as they were in Cornwall or Devon. It just happens in our country we didn't have a large black population.' He said that, in his experience, black children were problematic to the system and the stories he had heard from them suggest that they had experienced racism as children and that it had impacted on their lives.

31.44 Many of the witnesses who came to the Commission spent much of their young lives in institutions other than mother and baby homes. They recounted specific instances of racial discrimination in those institutions and expressed disappointment that their experiences did not feature more prominently in the Ryan Report. Some also recounted the racial abuse they had suffered within the community, particularly in Dublin communities, when growing up. The Commission's remit does not extend to examining the experiences recounted by some of the witnesses in relation to other areas of their lives and their time in institutions other than mother and baby homes.

31.45 Many of those who came to the Commission had spent most of their lives in the UK. Many had gone on to achieve high academic qualifications there but said such opportunities would not have been afforded them in Ireland. One young witness did comment that when he first went to London and took a bus journey, he could not believe there were people like himself on the bus.

31.46 One woman, now in her sixties, who had spent the best part of her first 17 years in various institutions, stated that she suffered from eating disorders right through her life and also suffered from severe depression which had been medically verified. She said her time in Pelletstown contributed to her ill health. She was particularly aggrieved that she was boarded out from Pelletstown at age four to an elderly couple in the 1950s who treated her very cruelly. As the couple are now deceased it was not possible to put this evidence to them. The records do show that she was removed from their care due to the foster mother's ill health.

31.47 Having accessed her records later, she discovered that a medical assessment had stated that great care should be taken if she was to be boarded out and she should not be placed with an elderly couple.

31.48 A male mixed race witness told the Commission that, when he sought information about his time in Pelletstown, he discovered that his mother's consent to his adoption had been mislaid and this led to him being deprived of a potential family who had a serious interest in adopting him. In this case the Commission was able to interview the potential adoptive mother. She told the Commission that she had been told by the Daughters of Charity that his mother did not sign the final adoption papers.

31.49 A married couple told the Commission of their interaction with Pelletstown when they sought to adopt two mixed race baby girls who were unrelated. The adopting mother said they had been extremely well cared for and she had no problem leaving letters for their respective mothers about their adoption.

31.50 Another mixed race child said she had no memory of her time in Pelletstown as she was adopted, happily, at six months old. Her complaint related to the difficulty in tracing her birth mother and father. When she did succeed, she found her birthmother had died and details of the country from which her father came was wrongly given to her adopting parents. This was very disappointing, as her adopting parents had made a real effort to educate her in regard to what they believed was her birth father's country of origin.

31.51 Documentary evidence received by the Commission gives some information about mixed race couples and their children. One entry describes an Irish woman who married a Nigerian man in 1958. She joined him in Nigeria and found that he already had four wives. She described him as being 'very cruel' to her. Another entry from 1964 refers to a woman who had been living with a 'coloured' man. She had a daughter who was also described as 'coloured'. On seeing that her child was mixed race, her parents refused to allow her to stay with them.

31.52 In October 2014 the Oireachtas Joint Committee on Justice, Defence and Equality heard from a delegation of mixed race Irish people about their experiences in Irish institutions. The Committee asked if group members were availing of supports that were available to survivors of institutional abuse, for example, redress and the services available from Caranua the organisation set up to provide additional supports for those who had received redress. The delegation did acknowledge that some members were receiving support but were of the view that such supports were not adequate.

Mental illness and intellectual disability

Background

31.53 In the early 20th century it was widely believed that many unmarried mothers were 'feeble-minded'; they were often seen as naïve, innocent and trusting 'girls' who were vulnerable to male sexual predators and therefore in need of protection; it was believed that some women should be kept in institutions to protect them from

sexual promiscuity (see Chapter 9). This belief was widespread; it was not confined to Ireland. In Britain a significant number of unmarried mothers were confined in mental hospitals; in Ireland many of these women were confined in Magdalen Asylums; (little is known about the prevalence of unmarried mothers in mental[9] hospitals in Ireland). As the number of psychologists and professional social workers expanded internationally during the 20th century, this analysis was refined. In the 1940s and 1950s a number of social scientists suggested that many unmarried mothers suffered personality disorders that predisposed them to extra-marital pregnancies. This analysis appears to have been less evident in Ireland probably because of the slow development of psychology and social work services.

31.54 Pregnancy and childbirth had long been associated with mental illness. 'Puerperal insanity' was widely diagnosed in Victorian times.[10] In 1966 the Commission of Inquiry on Mental Illness stated that 'Maternity patients require special consideration as their condition tends to intensify psychiatric problems and they are frequently catered for in special hospitals where psychiatrists are not as readily available as in general hospitals'. It recommended that psychiatric clinics should be provided in all maternity hospitals, noting that they would be invaluable in dealing with such problems as:

> the many marital difficulties which come to light when patients attend maternity hospitals;
>
> difficulties which arise in the early months of pregnancy such as rejection of pregnancy and anticipatory difficulties;
>
> puerperal psychosis;
>
> the minor, but relatively common emotional disturbances seen in post-natal cases.[11]

31.55 The report does not distinguish between married and unmarried mothers but the mental health problems identified above could apply to unmarried mothers. In 1958 a letter in the *British Medical Journal* described a small study, carried out in St Patrick's mental hospital in Dublin[12] over a five-year period, into psychoses associated with pregnancy. The correspondent claimed that he had been

[9] 'Mental' hospital was the legally correct term until 2001 when the *Mental Treatment Act 1945* was replaced by the *Mental Health Act 2001*. They tended to be described as 'psychiatric' hospitals from about the 1960s onwards.
[10] Hilary Marland, *Dangerous motherhood: insanity and childbirth in Victorian Britain* (Houndsmills, 2004).
[11] The Commission of Inquiry on Mental Illness was established in 1961 and reported in 1966: para. 143: https://www.lenus.ie/handle/10147/45690
[12] This was (and remains) a private psychiatric hospital. It was founded in 1745.

surprised at the 'considerable role' that stress played as a factor in these illnesses: 'the most malignant form of stress appeared to be that arising from parental opposition to the marriage, and especially if that resulted in an estrangement from the patient's mother with consequent loss of the latter's interest and affection'.[13] It would appear that all the cases studied were married women; there was undoubtedly much greater prospect of parental opposition and estrangement among unmarried mothers. Pregnancy was widely seen as potentially increasing the risks of mental illness, however the only mother and baby home that appears to have had regular visits from a psychiatrist in the 1950s was the small Magdalen Asylum (Denny House - see Chapter 23). Matron's notes dating from the 1950s record regular visits and consultations with a psychiatrist who was attached to the Rotunda hospital. Pelletstown had regular visits from a psychiatrist at least from the 1960s onwards (see Chapter 13).

31.56 In modern times the first attempt at scientifically studying intellectual disabilities was in France in the early 1800s, with the idea that people could learn, progress and integrate rather than be left in asylums.[14] In Ireland there were no specific provisions for people with intellectual disabilities, who were kept in asylums along with people with mental illnesses, until Henry Hutchinson Stewart opened an asylum for children in 1869. The 'Stewart Institution for Idiots' in Lucan, which had a Protestant ethos, had a large adult population; it also catered for 12 pupils.[15] In 1922, it was the only institution catering for people with intellectual disabilities in the Irish Free State. Children and adults with intellectual disabilities were accommodated in Irish workhouses before 1920 and they continued to be found in county homes for many decades after independence; they were officially classified as 'lunatics' or 'idiots'. Some of the unmarried mothers who were long-term residents of county homes had an intellectual disability. The Irish health and care system did not provide special institutions for children or adults with an intellectual disability: it arranged for their admission to residential centres (schools, hospitals and homes) run by voluntary organisations, mostly religious orders.[16] A number of such institutions were established after independence, starting with St Vincent's, Cabra in the mid-1920s (see Chapter 2) but for many years there was a severe

[13] Robert Thompson, 'Mental illness and childbirth', *British medical journal*, correspondence, 24 May 1958.
[14] *Report of the Commission of Inquiry on Mental Handicap 1965*, p. 3. https://www.lenus.ie/handle/10147/243761
[15] Brendan Kelly, *Hearing Voices. The history of psychiatry in Ireland* (Dublin, 2016), p. 91; the Commission of Inquiry on Mental Handicap says its title was the Stewart Institution for Imbeciles and it opened in 1870.
[16] *Report of the Commission of Inquiry on Mental Handicap 1965*, p. 33.

shortage of services and institutional places for children with intellectual disabilities.

31.57 The first attempt to measure intellectual ability was the Binet score in 1904. Ireland was slow in developing diagnostic and community services for intellectual disability. Child guidance clinics were established in Britain in the 1920s following a US model and by 1945 there were almost 100 clinics; there was no such clinic in Ireland at that time. The *Mental Treatment Act 1945,* which reformed Victorian legislation, anticipated the establishment of psychiatric services for children, but the Irish state preferred to leave the initiative in establishing a child guidance clinic to the Catholic Church - avoiding potential church-state conflict and reducing the cost to the state. A child guidance clinic, run by the Hospitaller Order of St John of God opened in 1955; a second clinic opened in Dublin's Mater Hospital in 1962.[17] There were still very limited diagnostic services available. The first recommendation of the Commission of Inquiry on Mental Handicap 1965 was that

> There should be a clear obligation on each Health Authority to make available for its area a diagnostic, assessment and advisory service so that mental handicap can be diagnosed and assessed and that help and advice for the mentally handicapped and their families can be provided from the earliest possible date.

31.58 The commission noted that, until 1957, the services available for those with an intellectual disability were almost entirely residential. A number of non-residential schools had opened in recent years; many were initiated by parent groups. By the 1960s there was a growing determination to support care in the community and within the family.

31.59 From the 1940s the reports of Department of Local Government and Public Health/Department of Health inspections of boarded-out children and children in county homes, Tuam and Pelletstown contain references to children with physical and intellectual disabilities. There are references to children who had contracted polio and as a result had suffered long-term handicap while being boarded out. Some of these children were seriously disabled and, having spent time in a specialist hospital, such as Baldoyle, they were placed in long-term institutional

[17] Tom Feeney, 'Church, state and family: the advent of child guidance clinics in independent Ireland', *Social history of medicine*, xxv, 4 (2012), pp 848-62.

care.[18] It was not uncommon for boarded-out children, or children who had been placed at nurse, to be sent to the county home if a foster mother determined that they had an intellectual or a physical disability. The inspectors reported cases of boarded-out children who were assessed in the St John of God clinic; they frequently recommended that a child in foster care should undergo an IQ test. There are references to children who had been seen by a psychiatrist and children who were awaiting places in specialist institutions.

31.60 There was a shortage of places for children in specialist institutions and local authorities frequently had to contact several in their efforts to find a place. In 1963 the department was pressing the Waterford health authority to remove a mentally-handicapped boy from the county home; the health authority explained that there were 20 children in their area seeking admission to homes for 'mentally-deficient' children. They had contacted as many as ten institutions seeking to place one particular child. Two children who were severely mentally disabled were sent to an industrial school when Tuam closed in 1961 and were still there in 1964 in spite of extensive efforts by the Sister in charge of the industrial school to find more suitable accommodation - see Chapter 15. In 1971 the Department of Health noted that a young child, who was born in Bessborough with both physical and intellectual disabilities, was being sent to the county home because there was no alternative place available.[19] This explains why many children with disabilities – including children of married parents - were kept in Pelletstown until they could be accepted elsewhere; there was nowhere else to accommodate them (see below).

31.61 Some of the inspection reports and the records in the mother and baby homes employ terms that would be regarded as inappropriate, even offensive, today. Terminology has evolved over time, in accordance with medical advances and societal changes, and during the earlier decades of the Commission's investigation, degrees of intellectual disability were classified as 'idiot', 'imbeciles', and at the milder end of the spectrum, 'feebleminded'. The English physician John Langdon Down, recognised as the first to describe Down's syndrome in the 1860s, used the terms 'mongoloid idiot' or 'Mongol'. The designation 'Mongol' reflects the racial classifications prevalent at the time.[20] These terms were replaced by 'mentally defective' and 'mentally deficient'. 'Educationally sub-normal' and

[18] Department of Health, RM/ARC/0/489868 contains many of these cases.
[19] Department of Health, INACT/INA/0/475557.
[20] Biography of John Langdon Down from the American National Centre for Biotechnology Information, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130304/

'retarded' were also in use in the first half of the 20th century. These were replaced by 'severe', 'moderate' and 'mild' mental handicap. In 1954 the World Health Organisation highlighted the lack of standardisation in classifications and terminology relating to intellectual disability.[21] From 1960 'mongolism' became out-dated and politically incorrect and it was replaced with 'Down's syndrome' officially in 1965, though it is used in the report of the 1965 Commission of Inquiry on Mental Handicap.[22] Nowadays the preferred description is Down Syndrome. Some of these terms were used concurrently yet the evolution is visible in the records examined by the Commission.

31.62 The lack of knowledge and expertise in relation to intellectual disability and physical illnesses meant that some arbitrary and inappropriate decisions were made with respect to placing children. In 1954, in response to a query from the Department of Health as to why a particular three-year-old girl had been sent to an industrial school, a local authority official reported that the local medical officer had determined that she was 'not eligible - owing to the fact that her mother is a mental hospital patient'. When this official asked the doctor whether there was any other reason why this girl should not be boarded out, the medical officer stated that she was 'highly strung and emotionally unstable and in my opinion it would not be advisable to change her present environment, at least until she is some years older'. There is a disconcerting report from 1962 of a boarded-out child who was a haemophiliac, 'and as the Brothers in his school felt that they could not be responsible for him', he had been sent to a special school, although he was 'of normal intelligence'.[23] In 1959 the department wrote in very forthright terms to the Waterford health authority in relation to a girl who had been moved between foster homes without the minister's permission and was then sent to an industrial school. The local authority claimed that she was 'mentally subnormal'; the department inspector who had met this girl on several occasions disputed this diagnosis and went on to state that 'an industrial school is no place for a subnormal child'. The inspector demanded that she be examined by a 'mental specialist', and if there was no evidence of 'retardation' she should be boarded out; if not she should be sent to a specialist institution. The medical examination did not confirm an intellectual disability.[24]

[21] *Report of the Commission of Inquiry on Mental Handicap 1965*, p. 17.
[22] Biography of John Langdon Down from the American National Centre for Biotechnology Information, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130304/.
[23] Department of Health, INACT/INA/0/429427.
[24] Department of Health, INACT/INA/0/475458.

31.63 The emergence of adoption as the long-term outcome for many children of unmarried mothers resulted in greater attention being paid to the health of a child who was being placed for adoption and the medical history of the mother. Some children were described as 'unadoptable'. In 1957 Fr Good of St Anne's Adoption Society, which placed the English-born children of Irish unmarried mothers (see Chapter 7), told an English priest who was involved in sending children to St Anne's that 'To be fair to our adopters they do not expect a perfect child but they do expect a frank report on the child's medical history. Paralysis, squint, serious hernia, low blood count and mental defect will frighten off the most charitable adopters'.[25] In 1963, St Anne's drew up a memorandum on 'unadoptable children'.

> We have had considerable difficulty in making arrangements for unadoptable children. While every effort is made to prevent such children coming to us in the first instance, we have no control over the medical examination performed in England and many defects have been brought to light by Dr […] in his examination of the children in the nursery.
>
> The English societies are generally very slow to accept such children back. They say their accommodation is quite overcrowded and that in any case these are Irish children, and that therefore the responsibility should rest on the Irish authorities.
>
> We have found the various county managers reluctant to accept responsibility for unadoptable children. Our first success in this matter in recent times has been the acceptance in principle of three such children by Mayo County Council. They are expected to travel soon.

31.64 Because of the number of 'unadoptable babies' occupying accommodation in the nursery, St Anne's could not accept any more children from England at this time.[26]

31.65 Dr Declan Meagher, master of Holles Street maternity hospital, presented a paper in 1970 on the experiences of 400 unmarried mothers who gave birth there. He spoke about the discrimination against 'illegitimate' children who were handicapped:

> the child whose parents may have a history of mental illness or epilepsy, or whatever else, even though he himself is normal, may not be deemed fit for adoption. Equally the handicapped child, whether his handicap be a physical deformity or whether there is reason to suspect mental handicap, may not be

[25] Cork Diocesan Archives, St Anne's Adoption Society.
[26] Cork Diocesan Archives, St Anne's Adoption Society.

> placed for adoption. So the tragedy is that children who are handicapped in one way are now rewarded with the further handicap of having to be brought up in an institutional setting and are denied the adoption which might compensate for these defects.

31.66 He described this as 'another example of the thinking, so prevalent in this country and in other countries, which regards the child's needs, whether they are physical, material or emotional, as secondary and those of the parents as primary to which all other considerations must be subordinate'.[27] In 1974 the psychiatrist, Dr Dermot Walsh, told a conference that he was

> often asked in the case of girls whom I have seen for psychiatric reasons at any time during the pregnancy or afterwards, whether their psychiatric condition is one that is transmittable. The implications of this of course is that if the mother has suffered from some psychiatric illness then it is felt that this automatically debars the child from being placed for adoption and presumably he will go for foster care instead. All this despite the fact that nothing is known of the mental health of the father.

31.67 He emphasised that only a small proportion of psychiatric illness had a genetic basis, nevertheless,

> in the case of handicapped children whether their handicap be mental, psychiatric or physical, the general rule seems to be that these should not be placed for adoption despite the fact that these are the children that clearly need the best possible adoptive home…The contrary opinion is one that would condemn a child, already handicapped, though no fault of his own, to the vicissitudes of institutional life and compound his handicap further by denying him the benefits of adoption…if I interpret the climate correctly it seems to me that adoptive parents are consulted as to their requirements in the case of adoption, and if a child is handicapped or of another race then they are informed beforehand and so they have the right of refusal if there is an expectation that the child would be handicapped, or otherwise 'undesirable'.[28]

[27] Dermot Walsh (ed.), *The unmarried mother in the Irish community. A report on the national conference on community services for the unmarried parent* (Kilkenny, 1972), pp 15-21, gives a synopsis of Dr Meagher's paper.
[28] Cherish, *Conference on the unmarried parent and child in Irish society*, October 1974, p. 36.

31.68 In 1978 the title of the annual conference of the Federation of Services for Unmarried Parents and their Children (see Chapter 12) was 'Finding parents for special needs children'. The conference determined that adoption practices in Ireland 'appear to discriminate against children with "special needs"'. It recommended that there should be further research into this topic; steps should be taken to increase the number of children with special needs who were 'able to enjoy a full family life through adoption'; structures should be put in place to promote the adoption of children with special needs and to provide support to parents who adopted these children.[29] Following this conference the federation carried out a pilot study of residential institutions in the Eastern and North Eastern Health Board regions. They identified 32 residential institutions, with children aged from six months to 12 years. Of the 858 children in these institutions, they determined that 188 were parentless: almost half of the 188 were the children of married couples who had no meaningful contact with their parents, 93 were 'illegitimate', four were extra-marital births. Three-quarters of the 93 'illegitimate' children had been in institutional care from birth; 60 'illegitimate' children, two-thirds of the total, were deemed not fit for adoption or fosterage because of physical or intellectual disabilities. In the remaining cases the mother would not consent to adoption and many of these mothers also opposed foster care.[30]

Women with intellectual disability and/or mental health issues

31.69 The *Adoption Act 1952* introduced legal adoption to Ireland (see Chapter 32). The issue of the mother's consent to adoption was particularly important in the case of women with intellectual disabilities or mental illness. The Adoption Board had the power to 'dispense with consent of any person if the Board is satisfied that that person is incapable by reason of mental infirmity of giving consent or cannot be found'. It was also required to 'satisfy itself that every person whose consent is necessary and has not been dispensed with has given consent and understands the nature and effect of the consent and of the adoption order'. Adoption societies were required to ensure that those giving consent understood what they were signing. It should be noted that adoption societies were not involved in all adoptions as children could be placed for adoption by their mothers or third parties. In these cases, the Adoption Board had to satisfy itself that the consent was valid before it would make an Adoption Order.

[29] Department of Health, CCP/INA/0/482259.
[30] Department of Health, CCP/INA/0/482721; No date on report but 1979 on the basis of other documents.

31.70 Evidence from the institutional records suggests that efforts were made to establish the mother's capacity to give consent. A 1974 report from a psychiatrist in St Ita's, Portrane stated: 'Mother...has been admitted to the above hospital on two occasions since August 1971 suffering from a schizophrenic illness...[mother], who is at present in hospital here, consents to the adoption of her baby and in my opinion is capable at present of forming a valid wish in this matter'.

31.71 An example from 1981 concerns a mother with an intellectual disability but the procedure is the same as in the case of mental illness. A letter from the Adoption Board stated that 'since the n/m [natural mother] is mentally retarded it is the Board's standard practice to obtain medical evidence stating that the natural mother was or was not capable of understanding the nature and effect of her consent and of the adoption'. This woman's doctor wrote that: 'she is mildly mentally handicapped and is not, in my opinion, capable of understanding the full meaning and significance of adoption and would not be capable of giving full consent re: same'. The child was adopted.

31.72 The Commission has identified 941 institutional records of women in Pelletstown and Bessborough where it is recorded that they had a mental illness or intellectual disability. The largest number, 309, are described as having an intellectual disability; 263 women were recorded as suffering from depression, anxiety and nerves; 161 had a serious mental condition such as schizophrenia; 88 women had a previous psychiatric condition. Fifty women were recorded as having attempted suicide, or taken an overdose of drugs, and 70 were recorded as addicts. Addiction becomes more prevalent towards the end of the period under review. There were 18 women in the 1980s and 38 in the 1990s who were recorded as being addicts, at a time when the total number of women in these homes had fallen significantly. This probably reflects the availability of harder drugs from the 1970s onward, with a shift from alcohol to crack and heroin (at least 14 women were recorded as having heroin/crack addiction in the 1980s and 1990s in Pelletstown).

31.73 The records indicate a greater awareness of maternal mental illness and intellectual disability from the 1960s. Only six of the 263 women who were recorded as suffering from depression, anxiety and nerves were resident before 1960. This rose to 30 in the 1960s, 101 in the 1970s, 78 in the 1980s and 48 during the 1990s.

Women in Pelletstown

31.74 There was information about the mental health of 608 women in the Pelletstown institutional records. Only 29 of these relate to the years from 1922-59. There is information on 76 women in the 1960s, 241 in the 1970s, 133 in the 1980s and 129 in the 1990s.

31.75 The information was medically verified for 388 of the 608 women. The recorded outcomes for the children of these mothers were:

- 155 were placed for adoption (95 of these adoptions are confirmed by external records);
- 19 were boarded out (11 were subsequently adopted);
- 136 were not placed for adoption; most were described as going to parent/family (at least nine of these children were subsequently adopted);
- The outcome is not known for 78 children; 42 of the mothers concerned left prior to the birth.

31.76 The following are examples of maternal mental disability preventing or delaying adoption. In the 1940s the records tend to be brief. At the time 'backward' was an accepted term and indicated a mild degree of intellectual disability (as opposed to 'idiot' which referred to a more profound degree of handicap). A record from 1947 relating to a child whose mother had an intellectual disability stated that: 'No prospects of any adoption. Mentally this girl is backward'. The child was discharged in 1952 to St Philomena's in Stillorgan (see Chapter 2). In an example from 1948, it is clearly stated on the mother's admission card: 'No prospects of getting baby adopted or anything definite done for child. Mother mentally backward'. This child died in St Kevin's Hospital but, had it lived, it would probably have been placed in an industrial school or children's home.

31.77 A 1950s file states: 'IQ will need rechecking when older. Postpone adoption or boarding out … ?M[entally]D[eficient] Not fit, yet, for discharge…needs further stimulation...mother was backward...could be BO [boarded out] with carefully chosen F. [foster] parents'. This file was signed by a doctor. Some months later the doctor determined that this child was 'fit for adoption now' and the child was discharged to adoptive parents.

31.78 In 1959 a file records: 'Owing to mother's history (MD) child is fit for boarding out, not for adoption'; later that year: 'Physically healthy child. Mother reported to be epileptic. Fit for adoption if parents to be are aware of history'. 'IQ tested July 1960 - mentally low average'. April 1961: child 'aged 2 years...although she is retarded I would suggest boarding her out as the resulting stimulation would be of benefit'. This child was legally adopted.

31.79 An example from the early 1970s shows how terminology had changed, and also that Magdalen laundries were now regarded as places of residential care.[31] A Pelletstown doctor wrote:

> Family history bad. Mother has been 5 times in mental homes, certified as high grade mental defective and suffers from depression. 5 previous pregnancies. Cousin is father of child. This child will not be fit for adoption but may be boarded out.

31.80 A report from a county medical officer stated:

> This girl [the mother] has been in and out of St. Patrick's Hospital on several occasions during the past 10 years. As she has no relative sufficiently interested in her to commit her to the Mental Hospital, the Hospital was unable to retain her even though they would like to have done so. She was a voluntary patient[32] and therefore could leave whenever she felt like it ... I can see no prospect of [the woman] being able to rear this child any more than the other children who are in Institutions, or boarded out. The best thing would be if she could be persuaded to enter an Institution such as the Magdalen Home.

31.81 A month later, a letter from a consultant psychiatrist in St Patrick's Hospital stated:

> she has had five admissions to Mental Hospital. She has been diagnosed as a high grade mental defective. She also suffers from depressive symptoms … Patient's mental symptoms do not warrant detention in Mental Hospital. It is her repeated pregnancies that often precipitate an admission. Patient is at risk until she becomes menopausal. She would benefit from Institutional care.

The woman was hoping to keep her child. Adoption papers are included in the file but the child was discharged to a children's home.

[31] See the McAleese Report p. 509.

[32] Admission to mental hospitals was governed by the *Mental Treatment Act 1945* which distinguished between patients who were committed to mental hospitals and those who were voluntarily admitted.

31.82 The following are examples from the mid-1970s. In a letter from a children's officer, the mother 'is said to be very retarded'. The child was deemed 'not suitable for adoption on account of maternal history'. The child was discharged to a children's home. 'Very bad family history of mental sub-normality. History of maternal sub-normality. Grand-aunt also sub-normal'. 'Not suitable for adoption see family history'. Yet this woman's first three children were adopted. This child went to a children's home.

31.83 In the late 1970s, mother 'attended school in Temple Hill Blackrock for backward reading and writing'. The child's 'reason of admission' to Pelletstown was 'for adoption', which was planned through St Louise's Adoption Society. The child's exit pathway, at four years old, was to 'St. Vincent's Centre'; 'In view of maternal history, fit for boarding out only? 5 sibs. of mother mentally sub-normal'.

31.84 However, in 1980 a mother's intellectual disability does not seem to have prevented adoption: 'Girl mildly mentally handicapped. Unusual family history…epileptic…nothing relevant other than epilepsy and fact that girl attended St. Mark's (Mild H. School). Home environment poor...herself illeg'. This child was adopted after a delay.

31.85 The following are examples of mental illnesses/conditions in mothers, how they were perceived by medical professionals, and how they affected the outcome for the child, if at all. In the 1950s, a paediatrician wrote on the child's medical history card that 'mother has twice been in mental Home. Child is healthy but owing to maternal history will not be fit for adoption…fit for B. Out'. However this child was adopted some years later, in the 1960s.

31.86 An example from the 1960s indicates that adoption was sometimes seen as the best option for the child due to the mother's condition. The mother was admitted to Grangegorman. The chief medical superintendent reported that 'on admission, she was stated to be an irresponsible psychopathic personality who recently had developed auditory hallucinations. She was later stated to be schizophrenic. Her stay in hospital has been punctuated by much aggressive behaviour…I think that direct adoption would be of much benefit to her child'. This child was boarded out.

31.87 In the early 1970s a consultant psychiatrist in a mental hospital wrote that: 'The above named was a patient here…She suffers from a schizophrenic illness...The

local District Nurse described the home conditions as very bad...She was obviously of very limited intelligence'. Following reception of this medical opinion, a paediatrician noted: 'Mother has a low IQ. Family history of mental illness very bad. Baby only fit for Boarding out'. This child was adopted.

31.88 In the 1970s, psychiatrists were not systematically advising against a child being adopted. A mother had 'spent 6 weeks in St. Brendan's [dates]. Had shock treatment 5 times'. A senior psychiatrist in another mental hospital wrote to Pelletstown explaining that the mother 'is suffering from a schizophrenic illness for nearly a decade. As you know the part played by heredity in the genesis of this disease is a complex one and one would hesitate to down a baby's chance of adoption on this ground. I suppose that the prospective parents will be informed and the final decision left to them'. However a paediatrician noted that 'in view of maternal history of schizophrenia infant is fit for boarding out only'. The child was discharged to St Joseph's, Kilkenny the following year and was later adopted as were this woman's two older children.

31.89 In the mid-1980s a woman was on antipsychotic drugs while in Pelletstown. 'She was diagnosed schizophrenic 10 years ago but refused medicine at the time...she is incapable of minding the child alone...She herself wants to keep the baby'. She was discharged before her child. The 'reason of admission' on the child's card is 'pending foster care', and the 'other particulars' section indicates that the mother was 'schizophrenic, not able to care for baby'. The child was discharged to foster parents through the Eastern Health Board.

31.90 By the 1980s and 1990s the social context had changed and women were being supported to keep their children but at times it was deemed in the best interest of the child to be placed in foster care. There are some women whose history of mental illness, substance abuse, or disadvantaged social background warranted intervention by the Eastern Health Board. In the 1990s, a woman who had been diagnosed as schizophrenic deteriorated into an episode of paranoia and obsession. As she would not go to hospital voluntarily she was committed to Grangegorman. The child was taken into care by the EHB and was placed with a foster family.

31.91 Also in the 1990s, a woman was admitted with her new born child. Notes described her on arrival as 'paranoid schizophrenic...seems a nice girl. Was a

patient in…Is quite stable at present'. Over the following weeks the woman displayed paranoid symptoms which increased as she refused her medication. The Sister in charge noted 'I really feel that [woman] is not able mentally for all the responsibility of caring for [child] and we are putting pressures on her that she cannot cope with'. As she deteriorated a doctor on duty was called and recommended her transfer to a psychiatric hospital as she was dangerous to herself and others around her. She was involuntarily removed to a psychiatric hospital. The child was taken into care by the EHB as the mother 'had gone missing' from the psychiatric hospital 'and was not agreeing to voluntary foster care and was not well mentally'. Her child was taken into foster care. This woman had two other children who were in long term foster care.

31.92 There are several instances, all in the 1960s, where a psychiatrist expressed concerns that a child might inherit mental illness. Three of these letters were written by the same psychiatrist. The first child was born in Grangegorman, where the mother was a patient, and was admitted unaccompanied to Pelletstown. A letter to the paediatrician in Pelletstown stated that the mother was 'weak-minded and suffers from epilepsy. In my opinion it is likely that in this case, the child will in some degree inherit the mother's mental condition'. The child was deemed 'not fit for adoption' in view of this report and was boarded out. However less than a month later, another doctor judged the child to be 'suitable for adoption'.

31.93 In the case of another child, also born in Grangegorman and admitted unaccompanied to Pelletstown, the psychiatrist noted that the mother 'was suffering from weakmindness and psychopathic tendencies. It is probable that the child will inherit her mother's mental condition'. This child was boarded out. In the third case, the child was born in Pelletstown and the mother went to Grangegorman following her discharge. The language in the note from the psychiatrist is virtually identical to the previous case: mother 'is suffering from weakmindness and psychopathic tendencies. It is probable that the child will inherit her mother's mental condition'. The child was discharged to Holy Angels, Glenmaroon. Another report, also in the 1960s, by the same psychiatrist indicated that the mother, a patient in Grangegorman, was 'suffering from depression and had made a suicide attempt...It is my opinion that there is a strong possibility of the likelihood of the baby inheriting the mother's mental abnormality and I accordingly believe that the child is not...suitable for adoption but would be suitable for boarding out with a family'. The paediatrician's notes read: 'In view of maternal

history of being in St. Brendan's...child is fit only for Boarding Out'. The outcome for the child was nonetheless not affected as it was adopted.

31.94 Not all psychiatrists were quick to draw such conclusions; some acknowledged that there was a lack of understanding of mental illness. In 1966, a report by a psychiatrist indicated that a mother

> was admitted here [Grangegorman] on [date], and discharged on [date]. She appears to have been suffering from a depressive state which to a great extent was reactive to environmental stress and her condition cleared up well with therapy. In her case there seems no reason to anticipate that her child is likely to be adversely affected. As you know it is extremely difficult to forecast whether or not a particular individual is likely to pass on psychiatric abnormalities to their offspring as so many factors operate in their genesis and I would like to emphasise that the above are very rough observations and amount to little more than intelligent guesswork.

The child was adopted.

31.95 The Adoption Board and adoption societies sometimes inquired about mothers' mental health. In the 1970s a child was admitted to Pelletstown unaccompanied because the mother was admitted to a psychiatric hospital. The paediatrician wrote that it was a 'normally developed half caste baby. Physically healthy but in view of maternal psychiatric history child will be fit for boarding out only'. This child was discharged through St Louise's Adoption Society for boarding out and was subsequently adopted.

31.96 A psychiatrist wrote to a medical officer at Pelletstown stating that when the mother was first admitted

> she was acutely psychotic, but it was also noticed that she was moderately mentally handicapped...She was eventually discharged from the clinic…but continued to attend as a day patient/out-patient until her readmission to the unit on [date] of this year. She has remained with us since. This girl is severely disabled. In my opinion, she would be totally unable to look after her baby and, I think, it would be highly irresponsible to consider allowing her to do so. Her prognosis, owing to the nature of her problem, must remain extremely poor.

31.97 In a follow-up letter the psychiatrist wrote:

> this girl is quite severely disabled by a moderately serious degree of mental handicap, and superimposed on this she has more recently developed a Schizophrenic Psychosis...One, of course, cannot say with certainty that the baby will have adopted any of his mother's proclivities, but it is generally accepted that, if one parent of the union suffers from schizophrenia, there is a 1 in 7 chance of the offspring developing schizophrenia subsequently, and it is generally accepted now that, if not the disease itself, the predisposition to develop schizophrenia is genetically transmittable. So, taking into account all factors, including the above mentioned, I would have thought that the dice is rather heavily loaded against this child. However, I would like to stress again that one cannot predict with certainty how any human being is going to develop, but I would consider this child quite a high risk.

31.98 As the foster parents wanted to adopt the child, the Adoption Board wrote to the secretary of St Louise Adoption Society: 'the Adoption Board would be grateful if you would forward an up-to-date medical report on the child. As it is understood that the natural mother has a history of mental illness, the Board would like to have a prognosis as to the risk of inheritance to the child'. The paediatrician's answer was clear and succinct: the child 'was clinically healthy, but in view of the risk of inheritance of schizophrenia...it was considered safer to have baby boarded out'. In a follow-up letter the paediatrician informed the Adoption Board that 'neither the consultant psychiatrist nor myself consider this child suitable for adoption in view of the very bad mother's history'. In a further letter two years later, the paediatrician noted that the mother had never been a patient in Pelletstown,

> Since we had no contact whatever with the mother and do not know her whereabouts, it is impossible to give an up-to-date assessment as regards the risk figure of inheritance, it is not possible to give an accurate assessment without knowing the father's history...I can only state that this…child was perfectly healthy when last examined by me, but the risk of his inheriting psychophrenia [sic] during adolescence or early adult life must not be overlooked.

Other records confirm that the child was adopted.

31.99 In another example which spans a 15 year-period from the 1960s to the mid-1970s, further light is thrown on the process of investigation by the Adoption Board and on the limitations imposed by the lack of knowledge concerning mental illness. The story begins with a letter from the secretary of the Adoption Board to the

secretary of St Louise's Adoption Society: 'With reference to the above application the Board would be glad to have an up-to-date psychiatric report on the child's natural mother: it is understood that she had a nervous breakdown during pregnancy'. The reply stated that there was 'no evidence of breakdown during pregnancy...Social worker had recent contact in connection with signing of consent forms and [mother] showed no evidence of any psychiatric condition'. St Louise's placement committee decided against asking the mother 'to submit to psychiatric examination in relation to an episode which occurred in 1960'. A letter from a psychiatrist to Pelletstown indicated that: 'she was a patient in...1960 suffering from a schizophrenic episode...She was treated...In August 1966 our psychiatric social worker...was requested for a report from the Catholic Protection and Rescue Society'. This report stated that 'in the light of present medical knowledge it is quite impossible to say whether this kind of illness would be transmitted or not'. The child was adopted.

31.100 There are many cases where the mother's mental condition did not prevent adoption. The cases from the 1930s and 1940s have been omitted as there is too little information available to be conclusive. In only two cases, both discussed above, was it stated in so many words that the child would not be adopted due to the mother's condition. By the 1980s and 1990s, more women were enabled to keep their children and it is more difficult to determine whether a mental condition was affecting the outcome for the child.

31.101 In 1954, a mother was discharged from Pelletstown 'to St. Kevin's Hospital. Patient - mental'. The child was adopted. In the 1960s, a letter from a psychiatrist in Grangegorman stated: mother 'was admitted to this hospital…During this period her baby was born in St Kevin's Hospital. From her clinical notes it appears that she was suffering from a depressive illness which responded satisfactorily to treatment…she appears to have been mildly mentally handicapped. Apart from her intellectual subnormality which, I suppose, carries some risk of a similar low level of intelligence in her child, there does not appear to be any likelihood of mental illness being inherited'. This woman's file also contains a letter from a psychiatrist stating that she was capable of giving her consent to adoption, and a letter from her giving same. The child was discharged to adopters.

31.102 Also in the 1960s, a letter from another psychiatrist at Grangegorman stated: mother 'was admitted here…On admission she was depressed and withdrawn.

Her depressive episode, which was precipitated by the birth of her baby in July 1966, responded quickly to treatment and she was discharged…The patient is educationally sub-normal but it is not possible to predict if the child would inherit this from the mother'. The child was adopted.

31.103 In the 1970s, notes on a mother's medical charts indicate that '5 years ago patient attended…for psychiatric treatment approx. 5 months…In April she was taken in for 1 month and given ECT'. Some months later a letter from Holles Street explained that 'she has a reactive depression diagnosed by [the hospital's visiting psychiatrist] as being due to her unmarried state'. Her child was adopted.

31.104 As these examples reveal, a high of proportion of women experienced mental distress due to their pregnancy; their condition was recognised as being circumstantial, and therefore not a transmittable condition. It is quite likely that before the 1960s cases of 'hysteria', of women being described as 'mental', were in fact temporary conditions brought about by the situation women were experiencing but they were not recognised as such.

31.105 More serious cases of mental illness did not always prevent adoption. In the 1970s, a mother had 'psychiatric history' and was discharged to Grangegorman. A letter from a psychiatrist in another mental hospital, stated: 'She has been having psychiatric treatment here since 1971'. A Pelletstown doctor noted 'normal healthy infant but in view of maternal history baby may only be boarded out'. Three years later 'notes from Dr X and St. Brendan's [were] sent as requested to Adoption Board'. However a letter from a Pelletstown doctor to the Adoption Board stated that: 'this baby was not certified as fit for adoption due to mother's history of schizophrenia'. Yet a psychiatrist in Grangegorman reported that he 'found no evidence of schizophrenic symptomatology in her...Rather I did feel that she suffered from a personality disorder the hereditability of which is low'. Another report gave a diagnosis of 'acute schizophrenia' and 'diagnosis: schizo-affective'. She was also treated with electroconvulsive therapy (ECT) on three occasions. The child was, however, adopted.

31.106 There are a few examples where Pelletstown was opposed to a mother raising her child due to her condition and other factors. In the 1970s, a mother was admitted from a psychiatric hospital. A Pelletstown medical officer wrote: 'mother is a chronic schizophrenic...who has recently had an acute episode', 'awaiting report

from…Not fit for adoption but fit for boarding out'. Some years later when the child was approximately four years old, a consultant psychiatrist recommended that Pelletstown keep the child as the mother was 'a vulnerable personality in terms of susceptibility to schizophrenic breakdown' and a range of other circumstances such as poor living conditions. A Pelletstown medical officer stated that

> I feel that very careful consideration must be given to the placement of this child. His mother - a "recurring" schizophrenic who has married a [man] who believes in structures in handling children rather than affection and gentleness which the child psychiatrist recommends. I feel the child would be better in a foster home but in the event of mother taking child careful supervision must be maintained.

31.107 A recent developmental assessment, carried out by the Child Study Centre, stated that the child's behaviour was 'compatible with his relative deprivation in the fields of emotion, sensation and experience...he needs...a great deal of affection and attention'. The child was discharged to a children's home.

31.108 In an example from the 1980s, it also appears that the child's safety was the deciding factor. A paediatrician noted that the mother was 'clearly psychotic' and he asked that she be seen by a psychiatrist before being discharged. The psychiatrist confirmed that this mother was a 'paranoid schizophrenic' and she was discharged to a mental hospital. Pelletstown informed a consultant psychiatrist at this hospital that

> it was immediately apparent that she was psychotic. This was confirmed by Dr.[…], Consultant Psychiatrist...we had her on a variety of agents: - Valium, Stellazine, Disipal, Anatensol, to cope with her paranoid views etc. She was safely delivered of a male infant...but she is not capable of minding him nor of deciding on his future. We have retained the baby here.

31.109 A second paediatrician confirmed that the child was 'Not fit for discharge - mother not to be given baby'. A few months later 'forms [were] signed for fostering'. When the mother was discharged from the mental hospital back to Pelletstown, a paediatrician noted 'mother has not yet given consent to adoption'. This doctor was not aware that a consultant psychiatrist had written that 'I am of the opinion that she is now completely well and is capable of caring for her baby'. Shortly after this letter was written, mother and child were discharged from Pelletstown together; the paediatrician quoted above wrote

> this mother was permitted to take this baby out against the repeated advice of medical staff. Mr […], Children's Section [EHB] was personally informed on my anxiety on behalf of the child. I feel any mishaps, physical, emotional or psychological that may happen to this child must be the responsibility of the Children's Section.

Women in Bessborough

31.110 References to mental health or mental disability were found in the institutional records of 332 women in Bessborough. Of these, 100 had a condition that was medically verified. The institutional records show the outcome for the children of these 100 women was:

- 38 children were placed for adoption,
- two were boarded out (both were subsequently adopted).
- The immediate outcome for 24 children is not known; 14 of the mothers left prior to birth; other records show that one child was placed for adoption and one died outside Bessborough.
- 20 children went to 'parent/other family member' (one was subsequently placed for adoption),
- 11 went to 'other institutions' (two were subsequently placed for adoption).
- Five children died in Bessborough.

31.111 So, 44 of the 100 were placed for adoption; the Commission has been able to confirm 34 actual adoptions from external records.

31.112 At times the mother's condition delayed or prevented adoption. In the 1970s a psychiatrist attached to a mental hospital wrote:

> This young woman has been under my care for the past 2 years for treatment for manic depressive psychosis. I discontinued all medication as soon as I learned she was pregnant, but I was forced to resume it after 18 weeks when she was becoming severely depressed...In view of the home situation and also in view of the fact that her own prognosis from a psychiatric point of view is poor, I strongly advised her to have the baby adopted or fostered out.

The outcome for the child is not known as the mother left prior to the birth.

31.113 In the 1990s, a mother was described as 'mildly mentally handicapped'. At a paediatric appointment, the doctor 'believed [child] was normal. He said however

that he could not guarantee his adopters that [child] will be of normal intelligence'. The 'pre-placement history of baby' indicates that he was 'provisionally matched since last November on three occasions with prospective adopters. For a variety of reasons, none of the matching resulted in the placement of [child]. The concerns of the couples related more to [child]'s genealogical background rather than to [child] himself, e.g. mother is mildly handicapped and is of a travelling background'. It seems that the child was adopted by his foster parents.

31.114 The following letter from a Sister in Bessborough to a psychiatrist in a mental hospital sheds light on the attitude of the personnel regarding patients with intellectual disabilities and/or mental illnesses:

> We are indeed sorry to send [woman] back to…and would like to have been of more help but...she is very unsuitable for here. We do cater for a number of mentally handicapped patients and have a fair share of psychiatric patients throughout the year, but owing to the fear which [woman] has projected into the girls (we are anxious especially for the young 14 and 17 year old girls studying for exams, who complain that they cannot sleep at night because of [woman]'s wandering into their rooms) and the anxiety about fire. [woman], like most of the patients here, has a single carpeted room and her smoking habits in the room are a cause for constant anxiety. Other than this we found her quite acceptable and manageable and really no problem at all. I feel sad she must return to the locked ward when really she is not suitable either for there. I do wish we could offer an alternative. I hope we will someday open a maternity unit exclusively for women like [woman] to give them all the help and protection that they need.

Children with disabilities

31.115 A total of 325 children in Pelletstown are recorded as having a physical disability; 153 children had an intellectual disability and 65 had both. The Commission is including all references whether or not they are medically verified. There is much more information available about children with disabilities in Pelletstown than about similar children in Bessborough. This is because Pelletstown was often used as a place to send children with disabilities and very ill children when there was no other suitable accommodation.

31.116 Of the 21,454 children who were resident in Pelletstown between 1922 and 1998, 1,642, (7.65%) are recorded as 'legitimate'. Of the 153 children with an intellectual

disability, 54 (35.29%) were 'legitimate' and 82 (53.59%) were unaccompanied. All the 'legitimate' children were unaccompanied, which means that 65.85% of the unaccompanied children with a disability were 'legitimate'.

31.117 The majority of the children who are recorded as having an intellectual disability (71%) were in Pelletstown between 1960 and 1990. This reflects both improved diagnosis and improved medical treatment which resulted in a higher rate of survival among children who were born with a disability.

31.118 The Pelletstown institutional records indicate that just under half of the 153 children who are recorded as having an intellectual disability (74) were discharged to an institution; 24 were discharged to their parent(s) or a family member - most of these children were 'legitimate'; 22 were placed for adoption; six were boarded out or placed at nurse, 10 children died and no information is available about 17 children. The following is a breakdown by decade.

31.119 In the 1930s, there were four children recorded as having an intellectual disability. They were all discharged to St Vincent's, Cabra. The boys for whom there is information were later transferred to St Augustine's Colony, the girl remained in Cabra. Their condition is unverified.

31.120 There were 19 children in the 1940s who, while their condition was unverified, were mainly described as 'mentally deficient'. The only child among them who was discharged to parents was 'legitimate'. He was subsequently admitted to an institution for mentally handicapped people and seems to have remained there for the rest of his life. The others were all discharged to children's homes: 11 were discharged to Lota, Glanmire (all on the same day in 1948), four were discharged to St Vincent's, Cabra and three were discharged to St Philomena's, Stillorgan.

31.121 Of the 21 children who are recorded as having an intellectual disability in the 1950s, 14 were unaccompanied (11 of these were 'legitimate'). Eleven children were discharged to children's homes: two to the Stewart Institute, four to St Vincent's, four to Glenmaroon and one to St. Philomena's. One child was discharged to adoptive parents. Two children died in Pelletstown (both 'legitimate' and unaccompanied). Three were discharged to 'parents/other family member' (two were 'legitimate' and unaccompanied). Four were discharged to psychiatric hospitals (two to St Ita's, Portrane and two to Grangegorman).

31.122 There were 48 children recorded as having an intellectual disability in the 1960s. Four were discharged to adoptive parents or adoption societies. Four were boarded out. Eight went to children's homes (one to Lota, one to Daughters of Charity, Drogheda (an industrial school), three to St Vincent's, one to the Stewart Institute, one to Beaufort, Killarney and one to Glenmaroon. Four were discharged to a psychiatric hospital (all to St Ita's, Portrane); five were discharged to hospitals (three to St Mary's Baldoyle, two to St Kevin's Hospital); 11 were discharged to 'parents' (ten were unaccompanied 'legitimate' children). No information is available about eight of the children. Four died (all were unaccompanied, two were 'legitimate').

31.123 In the 1970s, there were 51 children recorded as having an intellectual disability. Twelve were placed for adoption; 14 went to children's homes (four to St Vincent's, two to St Mary's, Delvin, one to St Raphael's, Celbridge, three to Cregg House for intellectually disabled children in Sligo, one to St Patrick's school for learning disabilities in Kilkenny, one to Tivoli road nursery, one to Sunshine Home, Stillorgan and one to St John's, Ballinamore. One was discharged to a hostel. Six were discharged to a hospital (one to St Mary's, Baldoyle, two to St Ita's, Portrane, two to Cherry Orchard and one to St James's). One went to the National Association for Cerebral Palsy in Bray. Eight were discharged to 'parents' (six were unaccompanied and 'legitimate'). The outcome for six of the children is not known. Three died in Pelletstown (two were unaccompanied, all were 'illegitimate').

31.124 Ten children are recorded as having an intellectual disability in the 1980s. Three were discharged to adoption societies. One went to a children's home. One was discharged to foster parents. The immediate exit pathway for three is not known but it is known that two of them subsequently died. One child died in Pelletstown. All the children who died were 'illegitimate' and unaccompanied.

31.125 There were no children with an intellectual disability recorded in the 1990s.

31.126 As already noted, the term 'Mongol' was in use for about a century until it was replaced with 'Down's syndrome' officially in 1965.[33] While the symptoms had been well-described since the mid-nineteenth century, the chromosomal

[33] Biography of John Langdon Down from the American National Centre for Biotechnology Information, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5130304/.

abnormality was not discovered until 1965. Intelligence Quotient testing existed from the 1910s; it became available in the late 1950s in Pelletstown. Initially the testing was conducted by a visiting doctor; in later years it was performed at the Child Study Centre which opened in the early 1970s at 214 Navan Road.

31.127 The Pelletstown records indicate that in the 1930s and 1940s all the 'mentally deficient' children were institutionalised. Children stayed in Pelletstown until the age of five, then went to St Vincent's Home in Cabra, a few years later to St Augustine's, Blackrock and finally to St Raphael's Celbridge. This pattern seems to follow the recommendations laid out in the 1939 study by Dr Louis S Clifford, *Investigation into the Incidence of Mental Deficiency amongst Dublin School Children*.[34] Under the heading 'Institutional Provisions' he recommended that children should be sent to Cabra until the age of 13 for boys and 16 for girls, when 'males over 13 years should be sent to St. Augustine's Colony, and females over 16 years to a Senior Colony'.

31.128 In the later decades it appears that children with intellectual disabilities were less likely to be adopted but they could be fostered if their condition was not too demanding or requiring too much medical assistance. Fostering was often seen as desirable as it offered the stimulation children could not receive in an institution such as Pelletstown.

31.129 An example from the early 1960s shows that fostering and adoption were considered. Notes by a paediatrician read: 'backward in speech and appears to have some retardation mentally. For IQ testing. Unfit for adoption or BO at present'. Later notes indicate that the child was deemed 'inattentive and indistinct in speech - IQ 50. For education in St. Vincent's'. The child was discharged 'to Holy Angels Mentally Deficient Home School Glenmaroon'.

31.130 More extensive documentation is available from the 1970s. Children were fostered but foster parents could be quick to return a child if they believed it had Down Syndrome. One child's medical charts indicate congenital abnormalities, including a cleft palate (later repaired) and a systolic murmur. A paediatrician noted that the child 'could be boarded out provided foster parents are fully aware of risks - foster parents to be interviewed by Dr. […] or myself. Clinically there is very poor head

[34] http://www.tara.tcd.ie/bitstream/handle/2262/5122/jssisiVolXVI29_48.pdf?sequence=1&isAllowed=y.

control. Odd shaped ears'. This child was boarded out in 1974 but returned within a fortnight: 'Baby re-admitted to St. Patrick's because foster parents were told baby was a Down by Dr'. In 1977 a Pelletstown paediatrician related the episode to a psychiatrist: 'In March '74 a couple anxious to help a slow child took her at their own request on a boarding out basis. A week later a doctor friend from Dublin told them she was a mongol baby and of course she was returned forthwith. In view of this we had no option other than doing Karotyping [sic].[35] Chromosomal studies as expected were normal'. There was also a letter from a paediatrician who saw her in Stamullen and he queried her chromosomal studies. The Pelletstown paediatricians never believed that this child had Down syndrome. 'She was thought to be developmentally slow and not fit for adoption'.

31.131 In the late 1960s, a child was returned by prospective adoptive parents. The child was 'placed for adoption per St. Louise's Adoption Society in 1968, but they were not satisfied with the child. [A paediatrician] examined the child in St. Kevin's and suggested the child be admitted to St. Patrick's Home'. Notes from this time are unequivocal. The first adoptive mother 'was reluctant to keep baby...she considers him retarded. Admit to St. Patrick's Home. Other adoption to be arranged'. On admission to Pelletstown the child's medical notes read: 'Admitted from adoptive parents ??Mentally slow'. An assessment carried out in 1971 estimated the child's 'intelligence at average. He is well suited to adoption or boarding'. The second adoptive 'parents have been told his IQ may be slightly below average. Very much improved. Physically well developed and obviously very happy. Vocabulary excellent but speech still somewhat indistinct. Has started school and likes it'. A letter from a Pelletstown medical officer to the Adoption Board states: 'I feel his initial backwardness was due to environmental conditions'.

31.132 Pelletstown was a place where children with intellectual disabilities were placed before they could be accepted in specialised institutions, usually around the age of five. The lack of places in specialised institutions was a recurrent problem, with long waiting lists. These could be years long, and children remained in Pelletstown 'pending a vacancy' in other more suitable institutions.

31.133 According to one child's file, he was 'awaiting admission to Glanmire'. An IQ testing report when the child was four years old states that 'This boy maintains a

[35] Karyotyping is a process that examines chromosomes; it is used to diagnose Down Syndrome.

friendly smiling attitude but is apathetic and incapable of assisting in testing by reason of his low intelligence to a full extent. His mental age is 2 years 7 months and his intelligence quotient is about 56. His vocabulary is restricted and his concentration is defective. He requires special education and his name is on the waiting list for the Brothers of Charity School, Glanmire'. A letter from the Brother Superior insisted that they were taking him on a trial basis only, 'if he does not prove suitable for the school here he will have to be discharged'. Transport there was organised by the Cork Health Authority. It seems that children could not be admitted before the age of six and that admission was according to strict criteria. The child was sent to Lota in Glanmire, after at least two years on the waiting list.

31.134 As institutions for children with intellectual disabilities were constantly at capacity, children were often discharged to St Ita's, Portrane, an adult psychiatric hospital. The 45th recommendation in the report of the Commission of Inquiry on Mental Handicap 1965 specifically stated that 'the accommodation in district mental hospitals of mentally handicapped children is to be discontinued'.[36] It appears that by the late 1960s/early 1970s, St Ita's had developed a unit specifically dedicated to mentally handicapped children.

31.135 The following are examples of children who were sent to St Ita's. An assessment report in 1968 on a two-year-old child stated that: 'This little mongol can not sit, stand or speak. He has the usual characteristics such as playfulness etc. He is very low grade and should be placed on the waiting list for St. Vincent's, Navan Road'. He was discharged to St Ita's Portrane some months later.

31.136 The medical notes of a child in the 1970s indicated that he was 'making no progress…To be on waiting list for John of God's'. An unsigned letter from the same year indicated that the child 'is very retarded and requires care at a school for such children'. A developmental assessment report from the Child Study Centre in 1974 confirmed that 'Prediction is not accurate, but he will most probably remain severely mentally handicapped and need constant care and attention for life'. Despite recommendations that the child should go to a special school, he was discharged to St Ita's in 1975 (aged nearly six).

[36] Report of the Commission of Inquiry on Mental Handicap 1965, p. xviii.

31.137 A 'legitimate' child was placed in Pelletstown in 1968. 'Reason of Admission: Mongol. Very retarded mentally. Mother unable to cope with child, who has become very difficult over the past months'. The child was discharged six months later to St Ita's (aged five).

31.138 In another case, the parents of a 'legitimate' unaccompanied child with an intellectual disability were keen to have him admitted to St Ita's. The child was admitted to Pelletstown aged two years 'from: Home address. Reason of admission: Mentally retarded'; he was discharged to St Kevin's five months later. The child was 'very retarded mentally and does not sit up or take notice. The child's parents are very anxious to have him admitted to St. Ita's and are negotiating with Dr. […]. He is also on the list for admission to the Stewart Institute'.

31.139 Another 'legitimate' child born in 1959 was admitted aged one year. A paediatrician's notes indicate that the child was a 'low grade mentally defective child'. The mother, at least during the first year the child was in Pelletstown, seems to have been 'anxious to take child home'. The child was discharged to St Ita's in 1966 (aged about seven years old).

31.140 An example from the 1970s is representative of the difficulties that institutions faced. This 'legitimate' child was admitted to Pelletstown aged six months. 'Reason of admission: Down's Syndrome. Congenital heart has to be tube fed'. She was discharged about 17 months later to her parents, once she could be bottle fed. A social worker's report, undated but written while the child was in Pelletstown, makes it clear that the policy was not to keep children in the institution if there were better options. She noted that the child 'will probably need institutional care at a later stage and she is on the waiting list for Stewart's Hospital, Palmerstown, and also for St. Vincent's Navan Road. In the meantime, there is nothing to be gained by...keeping her in an institution and depriving her of family life'. The Child Study Centre conducted a developmental assessment when this child was aged 16 months; it highlighted the lack of specialised institutions that could cater for babies. At birth 'she was noticed to have Down's Syndrome...and not sucking. Because she was not sucking and had to be tube fed, she was kept in the Maternity Hospital for 5 months and then transferred to St. Patrick's [Pelletstown]...because no other hospital would take her or keep her'. The child psychologist deplored the lack of social stimulation imposed on the child as the

parents were disinclined to take her back: 'She will probably remain for life severely mentally handicapped, but she has more potential than she shows. The cause of her mental handicap is partly the Down's syndrome...partly stunted growth...due to the feeding problems, and partly her sensori-motor and social deprivation. The latter are preventable'. He stated, 'the sad fact is that there seems to be no hospital or institution that has sufficient staff to provide these basic necessities of all babies and infants for long periods. As far as I know the institutions for the mentally handicapped, having little experience of babies, would be reluctant to take [child] yet, but if she does not go home, she will need permanent admission to, for example St. Vincent's Navan Road'. A month later, Stewart's Hospital informed a Pelletstown medical officer that 'we have placed her name on our waiting list but prospects of early admission are not good. I presume you have applied also to St. Patrick's in Kilkenny, which might be a better bet'.[37]

31.141 The parents' local doctor wrote to a Sister in Pelletstown a couple of months later, stating that the mother's 'emotional make up was never able to take strain and when this infant was born it was the straw to the camels' back. I seriously think that having this child at home will not help Mrs […] at all and will damage all the work that has been put into the baby over the past 14/12 months. Can something not be done to expedite a cot in another institution for both their sakes'. A Pelletstown paediatrician echoed earlier calls for the child to be with her family: 'the child is now feeding normally and as she is legitimate and has parents and siblings we feel she would do better at home for a few years until she has to be admitted to Residential Schooling'.

31.142 It is very clear that, as specialised institutions were already stretched to capacity and were reluctant to take babies, they were retained in or sent to Pelletstown. A number of children with intellectual disabilities were then sent to St Ita's, which appears to have been one of the only places open to them.

31.143 The various health professionals and social workers involved with the children in Pelletstown and in other institutions working in partnership with Pelletstown noted the effect of institutionalisation on the children. In some cases it seems that the lack of stimulation inherent to life in an institution was often the cause of, or a significant contributor to, a child's 'retardation'.

[37] St Patrick's, Kells Road, Kilkenny, under the control of the Irish Sisters of Charity, catered for moderately and severely mentally handicapped children of both sexes. It opened in 1966.

31.144 In the late 1960s, a paediatrician was advocating the placement of a child with an intellectual disability with a family. On her admission card this child was described as 'mentally retarded'. A child psychologist stated that the child 'requires stimulating' and six months later 'because of her recent improvement I would suggest that transfer to St. Mary's, Baldoyle would be of advantage'. However some months later notes indicate that 'Dr […] feels the child should not be transferred to Baldoyle'. This doctor explained: 'There is a possibility of a foster home for a retarded child. This little one would greatly benefit by home conditions - and her intelligence could be re-assessed in 12 months'.

31.145 A psychological report from the Child Study Centre in the 1980s in relation to a child who was almost five years and fostered also recognised the inappropriateness of institutional upbringing: 'cognitive testing indicates that [child] is currently functioning in the higher range of mild mental handicap...he would seem to... [be] currently functioning as a very, very slow learner'. He was 'described by his foster mother...as an insecure boy, which is probably being contributed to by living most of his early life in an institution'.

31.146 There are 32 mentions of children having intellectual disabilities in Bessborough. The following are examples. A child with a relatively low IQ: '[19]62 - [Child] seen by psychiatrist - I.Q. 66' - this child was discharged with its mother.

31.147 In an example from the 1970s the baby had several physical handicaps and was initially diagnosed as premature and 'mentally retarded'. A doctor in St Finbarr's wrote to Dr Sutton in Bessborough: 'Diagnostic: multiple congenital abnormalities'; but noted that 'chromosome count normal'. A document from St Finbarr's clearly stated 'NB: not for adoption' and repeated the diagnosis of 'congenital abnormalities', 'prematurity', 'mild hydrocephalus?', 'syndrome'. A doctor from the Cork Spastic Clinic wrote that the baby 'is now obviously hydrocephalic'. Later a doctor from St Finbarr's wrote to Bessborough: 'this little fellow with multiple anomalies is really unchanged. The hydrocephaly however, is arrested...I don't think anything more practical can be done for this little fellow, and I think arrangements should be made for his accommodation in a home for the severely handicapped'. This child was discharged to foster parents.

31.148 Sometimes a note was made, such as 'protruding tongue - retarded?' and upon investigation the child proved not to have a disability. A child in the 1980s had a

'protruding tongue'. The baby was examined and the question was raised whether it had '?mild Down's Syndrome'. A letter to a paediatrician at Cork Regional Hospital: 'I saw this infant for hips check on [date] and was asked to pass her as fit for adoption (?) Dr […], who normally does this work, is away at present. I felt her facial appearance and protruding tongue were suggestive of a mild Down's Syndrome and withheld passing her pending your opinion and chromosome check'. The consultant's report concluded the child was 'normal' and she was adopted.

31.149 The information available is sparse and often not medically verified. For example, in the 1950s a child stayed two years longer than its mother. 'Baby has put on weight, able to sit up but no inclination to walk - very backward baby'. The child was discharged to St Francis and St Mary of the Angels, Beaufort, a residential home for children with physical and intellectual disabilities, aged about seven.

31.150 In the 1960s, a child was nursed out by Cork Health Authority. It was 'Placed without reward for legal adoption' but 'child was mentally retarded - removed from custody of Mr and Mrs […] on [date]'. The child then was admitted to 'Midleton Nursing Home Co. Cork' and from there 'No adoption - discharged to COPE Foundation'.

31.151 In another 1960s example, the mother's condition had an impact on the child's chance of adoption. Her 'condition on reception' was recorded as 'epileptic - low mentality'. The baby was deemed to have a 'low mentality'. A paediatrician wrote to the doctor in Bessborough: 'the child is of course very backward. I could not find any definite abnormal physical signs which would account for this except that the back of her head was rather flat and that the middle segments of her little fingers are very short. It is just possible that she might be some sort of a Mosaic Mongol'. This paediatrician arranged for a chromosome count in St Finbarr's (just the blood taking - the karyotyping itself was done in UCD), and concluded the letter: 'I think it is most unlikely that this child will ever be fit for adoption'. In a further letter the same paediatrician gave the results: 'there is...no evidence of mongolism. However, I think there is no doubt that the infant is considerably retarded. I understand that her mother was mentally deficient also'. The child was discharged to a children's home in Foynes, Limerick. Further files indicate that this child spent her entire life in the residential care of the Brothers of Charity in Foynes and she was diagnosed with a severe learning disability.

31.152 Many of the children with special needs were transferred between multiple institutions. A deaf child in the 1940s spent time in a mental hospital and in schools for the 'mentally deficient'. He was discharged from Pelletstown to St Vincent's, Cabra aged four. He then was admitted to St Teresa's, Stamullen aged 11. In 1956 he was transferred to St Raphael's Celbridge and in 1957 he was transferred briefly to the District Mental Hospital, Carlow, before going to Grangegorman Mental Hospital, where he remained until 1958 when he was transferred to St Kevin's Hospital and discharged within a fortnight. Interestingly in this case there does not appear to have been a long waiting list for the most appropriate institution, as 'Sr. M, Cabra, applied to have [child] sent to the Deaf and Dumb Institution'[38] in July 1946 and he was admitted within a fortnight.

31.153 In 1948 a child in Bessborough, aged nearly four, was boarded out and returned eight months later to Cork County Home by the foster mother 'as child never spoke a word while she had her'. The child was admitted to St Vincent's Home, Cabra in 1950 and transferred to the Catholic Institute for the Deaf and Dumb in 1952.

Children with physical disabilities

31.154 There were 324 children with a physical disability (verified and unverified) in Pelletstown, and less than 15% of these children were recorded in the decades before 1960. Yet again this suggests both a failure to diagnose or record physical disabilities and the much improved survival prospects of children with physical disabilities. Almost half of these children, 47% were in Pelletstown during the 1970s.

31.155 The same pattern is evident for Bessborough where a total of 148 children with a physical disability (verified and unverified) were recorded; 16% of these children were in Bessborough from the 1920s to 1960; the number peaked during the 1970s when there were 58 children, almost 40% of the total.

31.156 As far as can be ascertained from the records available to the Commission, the Pelletstown staff gave the children the medical attention they needed, be it physiotherapy (very frequently), speech therapy, plastic surgery, medication for a range of ailments and conditions, tests, hearing aids, glasses, callipers,

[38] Probably St Mary's School for Hearing Impaired Children, Cabra.

wheelchairs. Children were transferred to relevant hospitals when necessary including to England.

31.157 It seems that the most up-to-date medical practices were applied (on one occasion a scientific paper was cited in reference to a Down syndrome child reacting to medication). This is especially true for the later period under investigation as the records are more extensive. Extensive medical reports were kept, sometimes close to 300 pages, if the child remained in Pelletstown for several years. Incidents were reported, for example a child knocking his teeth in his cot, a girl falling over her bike and breaking a leg, some children burning themselves on hot pipes, children falling out of their cots, and the procedures undertaken afterwards. The Pelletstown staff relied on a network of health professional outside the home: a plastic surgeon in Dr Steeven's Hospital; an eye specialist in Jervis Street Hospital; an ear specialist and child psychologists.

31.158 A proportion of physically handicapped and/or sick children were 'legitimate'. It seems that they were sent to Pelletstown for palliative care awaiting death as their condition was acute and the parents could not cope. Tube feeding was a recurrent reason for admission.

31.159 The following are examples of how the child's physical condition affected a placement opportunity and what steps were taken by the home and/or the health authorities to address the children's conditions.

31.160 In 1937, a 'child was at nurse with Mrs […, address], was returned to Dublin Union suffering from Congenital Debility. Mother paying for its maintenance'. In 1941 he was discharged to a children's home.

31.161 A child born in 1939 was discharged to St Vincent's, Cabra in 1943. In 1948 he was transferred to St. Augustine's Colony. While there he was treated for a squint: 'account submitted from St. Augustine's Colony, amount £25 for operation for severe squint in respect of this boy'. He was later transferred to St Theresa's, Stamullen in 1954 and in 1955 to St Raphael's Special School in Kildare.

31.162 An unaccompanied child was admitted to Pelletstown in 1958 aged four and a half months. The child's card indicates: 'Unfit for fostering or B. Out - Blind'. A paediatrician noted: 'Mental defective child. Very defective vision. Glasses

ordered but it would be impossible for her to wear them'. It seems that her visual impairment was addressed as it was not mentioned in a child psychologist's report of 1961. When the child was three years old, the child psychologist assessed that 'her mental age is not 2 years. I would estimate her intelligence quotient at about 45. She requires education at St. Vincent's, Navan road'. She was discharged to Holy Angels, Glenmaroon in 1962.

31.163 As far as adoption was concerned, it was the same process for a child with physical problems as for a mother suffering from mental health problems: the Adoption Board was contacted and reports were sent.

31.164 Conditions such as 'club foot' were usually repaired easily and did not impair a child's chance of adoption. The medical charts of a child born in 1974 indicated that he had 'bilateral Talipes, coloured infant'. When aged about three weeks he had a Plaster of Paris on for his 'very marked Talipes' on his right foot. A letter from a doctor in St James's Hospital reads: 'I saw this child here today and the calcaneo-valgus deformity is well corrected at this stage. There is a slight degree of valgus involving the forefoot which is hardly noticeable and I do not think that there is any bar to the child being adopted at this stage'. In the following month he was transferred to an adoption society.

31.165 In 1976, in response to the question on a Catholic Protection and Rescue Society of Ireland medical report 'Do you know of any physical or mental defect which would [make] the child unsuitable for adoption?' a paediatrician noted: 'Has a sp[ina] bifida occulta'. The child's medical charts likewise indicated that 'muscular control very poor…protruding tongue…At present level of doubt if baby will be fit for adoption', and 'in view of abnormal EEG and sp[ina] bifida baby is fit for boarding out only'. This child was discharged the same year to a foster family. In 1977, the records state that 'family wishes to adopt knowing full medical history. Want to change from B/O to adoption', and in 1978 the child was certified fit: 'Now 2 years...Mother knows about abnormal EEG and sp[ina] b[ifida] occulta and still wants to adopt...fit for adoption'. By this time the spina bifida was deemed to be 'of no medical significance, as bladder control is now present', however she had an abnormal EEG pattern'. The foster parents were 'aware of the medical facts and are most anxious to adopt her. It is my opinion that [child] is fit for adoption and would benefit by placement with the family who have given her so much love and security'.

31.166 The following tends to confirm that all the care that could reasonably be given to children resident in the home was given. The child, a little girl, remained in Pelletstown for nine years. The Pelletstown staff had difficulties placing children who were outgrowing the home and the paediatrician explored all avenues for the welfare of the child. The child was born in Pelletstown in 1975. When she was three years old, a medical officer tried to have her accepted in St Mary's Auxiliary Hospital in Baldoyle. The child had been on a waiting list for Baldoyle for at least a year, again highlighting the lack of facilities available. She remained in Pelletstown. The staff hoped to place the child in a special home near her mother. This attempt to place the child near relatives reflects the broader shift towards a more community and family based care model for children with intellectual disabilities in Ireland from the mid-1960s. In 1982, when this child was seven years old, a Pelletstown doctor contacted a specialist children's home in provincial Ireland: 'We have to close down our unit for bigger children here at the end of November and she will have to be transferred to a unit with small handicapped infants and this is most unsuitable for her'. The Pelletstown doctor explained: 'I feel that [child] is better placed where there would be some relatives to visit her'. However a consultant psychologist reported that the child's mother 'had little or no interest in [child]…in view of this I do not feel that it would be in the child's interest to be near her mother. [Child] seems to have been rejected by her family. I can offer no better specialised care for [child] than she could obtain in Dublin. I do, therefore, not propose to accept her as a patient in X Hospital. However, in the future should [mother] change her mind and develop relationship again with her daughter I would be willing to review the situation'.

31.167 Some months later the Pelletstown medical officer wrote to the secretary of the Parents and Friends Association of the Mentally Handicapped in the area where the above children's home was located:

> She is a child who is timid, nervous, and has been wrongly placed most of her life. She is too severely handicapped i.e. wheelchair for admission to school and too mentally handicapped for physically handicapped school like Baldoyle. Therefore she has not had adequate stimulation or a chance to develop her potential. She can say several words and is encouraged by staff and occasional visits from speech therapist to do so. She makes all her wants known and is a gentle sensitive girl who is crying out for attention and stimulation. Given the proper environment she should make progress quickly. She had 20 minutes from the Montessori teacher when we had one and [child]

> looked forward to this very much…In summary [child] is an illegitimate Spina bifida girl with IQ within range of lower moderate to severe who has not had adequate opportunities to develop her inherent potential. In a small intimate group [child] should be a popular little girl as she is affectionate and timid, but has a will of her own and shows interest in all that surrounds her.

It seems that the child was discharged there.

31.168 A 'legitimate' child who was born in the 1980s was abandoned by his parents and left in Eglinton House. Notes in his medical charts summarise his situation: 'Child of…couple who have completely rejected him & he is now in the care of E.H.B. Parents 1st cousins. 3 children in their family…One has died with a diagnosis of toxoplasmosis and microcephaly at 6 years. Mother cared for him at home - is depressed and unable to cope with this baby'. This child's diagnosis was similar: 'Microcephalic - seizures only partially controlled...Seizures are probably secondary to toxoplasmosis'. The child was blind, and his 'blindness [was] due to brain malfunction'. He was made a ward of court. A detailed report from social workers explained that 'no abnormalities had been observed by Holles Street on completion of a scan of mother and child...The mother totally rejected [child] at birth and continued to do so…It was made very clear that under no circumstances were the family prepared to take [child]...They felt that they had already gone through the birth and death of one child…It was thus, after consultation with our legal advisors that [child] was placed in Voluntary Care of the Health Board…There is a great deal of sympathy and anxiety for [child] in obtaining a family to care for him, despite his various handicaps. There is a general consensus that we would hope that a family placement be found for [child] rather than institutional care for this baby'. He was discharged to a foster family in 1990.

31.169 A surgeon in Dr Steeven's Hospital operated on children with common conditions such as cleft palates, squints and harelips, but also with more complicated problems such as missing outer ears requiring reconstruction. In the 1960s a child was born with a protruding lower lip. She had a lip shave operation in Dr Steeven's Hospital which was very successful and was subsequently declared fit for adoption.

31.170 Another child had '6 toes on one foot - 6 fingers - extra digit on right hand will need surgical removal'. The 'Supernumerary finger and toe [were] removed' in St Kevin's in November 1968.

Conclusion

31.171 In conclusion, the question whether race, mental and/or physical conditions/disabilities of the mother and/or the child affected the outcome for the child, especially if it prevented adoption or fostering, can be answered in the affirmative. However this answer must be carefully qualified, as there does not appear to have been systematic discrimination.

31.172 The records available to the Commission, in the 275 cases of race across Pelletstown and Bessborough between 1922 and 1998, indicate that 154, 56% were 'placed for adoption'. Race does not seem to have been a significant factor in preventing adoption, but there were occasions when it was a factor as the examples above show. There were families in Ireland who specifically sought to adopt 'mixed race' children, but also some who specifically did not want children who were not white. It would appear that religion and disability were more of a problem than race. While there is no direct evidence of different treatment or institutionalised racism in the Pelletstown records, a number of sources imply that individuals may have had a negative bias. Interviews conducted by the Commission, which reflect the views and experiences of people who have been in the home as mothers and/or as children, tend to describe institutionalised racism in clear terms.

31.173 Likewise, maternal mental illness or intellectual disability did in some cases prevent or delay adoption, but there is no pattern of systematic discrimination. Adoption was sometimes seen as the best outcome for the child due to the mother's condition. Psychiatrists were not systematically advising against adoption and they acknowledged that there was a lack of understanding of mental illness. There are many cases for which the mother's condition did not prevent adoption. In the 1930s and 1940s, too little information is available to be conclusive, but it is likely that the majority of 'illegitimate' children would have been committed to industrial schools regardless of their mothers' mental condition. The Adoption Board and adoption societies inquired about mothers' mental health, with an increased interest in the possibility of a child inheriting a mental condition in the 1960s. The proportion of women experiencing distress due to their pregnancy as unmarried women then also became recognised as being contingent, and therefore not a transmittable condition.

31.174 The rise in the number of mothers who are recorded with intellectual disabilities or a history of mental illness from the 1960s suggests that there were many such cases among the women in mother and baby homes in the earlier decades that were not recognised or treated. This would also have applied to married women at that time but the incidence of mental illness during pregnancy was almost certainly greater among women who were unmarried. Changes in societal perception of legitimacy, but also of mental illness and mental disability, occurred for the most part in the early 1970s; unmarried mothers were granted an allowance in 1973, which in itself was an acknowledgement of their existence; and as far as the mentally ill and intellectually disabled are concerned, there was a shift away from long term institutionalisation towards inclusion in the communities and outpatient services. In the 1980s and 1990s the situation in Ireland had changed further in this direction, and as unmarried women were generally enabled to keep their children, it becomes harder to determine whether a mental condition was affecting the outcome for the child. While the social context had changed and women were better supported to keep their children, at times it was deemed in the best interest of the child to be placed in foster care. There are some cases in the Pelletstown records of women whose history of mental illness, substance abuse, or disadvantaged social background warranted an intervention from the EHB.

31.175 Of note is the large proportion (65%) of unaccompanied 'legitimate' children with intellectual disabilities placed in Pelletstown; 'legitimate' children constituted 35% of all children with intellectual disabilities in Pelletstown. A proportion of 'legitimate' physically handicapped and/or sick children was sent to Pelletstown for palliative care or abandoned there. Pelletstown was a place where children with intellectual and physical disabilities were placed before they could be accepted in specialised institutions. The lack of places in such institutions was a recurrent problem. Waiting lists were long. Children remained in Pelletstown 'pending a vacancy'. As institutions for children with intellectual disabilities were constantly at capacity, children were often discharged to the public psychiatric hospital in Portrane, St Ita's, sometimes as young as two years old. For the later period children with intellectual and physical disabilities could be fostered if their condition was not too constraining. Fostering was often seen as desirable as it offered the stimulation children could not receive in an institution. As far as can be ascertained from the records available to the Commission, the Pelletstown staff gave the children the medical attention they needed.

31.176 In summary, physical and intellectual disabilities did affect the outcome for some children, but there appears to have been no systematic or large scale discrimination in either Pelletstown or Bessborough. It is notable that no submissions were made to the Commission either by individuals or groups on the issue of disability or mental illness in the homes so the voice of those affected residents has not been heard.