

**First Report of the Collaborative Forum of  
Former Residents of Mother and Baby  
Homes**

**December 2018**

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## MEMBERSHIP OF THE FORUM

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## CHARTER ESTABLISHING THE FORUM

### CHARTER FOR A COLLABORATIVE FORUM OF FORMER RESIDENTS OF MOTHER AND BABY HOMES AND RELATED INSTITUTIONS

Minister Katherine Zappone established a Collaborative Forum to facilitate dialogue and action on issues of concern to former residents of the institutions which historically focused on services for unmarried mothers and their children.

The Minister recognises that a significant number of people have been deeply affected by the experiences which they, or family members and relatives, may have had in these institutions.

The establishment of the Collaborative Forum is a new approach in the State's response to the theme of "nothing about us without us" which has emerged from the former residents who have participated in consultations to date. Open and consistent engagement between the State and former residents will provide a strong voice for former residents in the decisions which affect them.

This Forum is separate from the independent Commission of Investigation which is investigating the issues of significant public concern in relation to these institutions.

The purpose of the Collaborative Forum is to:

- Build upon the process of engagement and consultation with former residents commenced through the facilitated meetings hosted by Minister Zappone in June and October 2017;
- Enable former residents to identify, discuss and prioritise the issues of concern to them;
- Facilitate the active participation of former residents in recommending actions and solutions to address their concerns, including those issues raised in the reports of the facilitated meetings;

- Focus on persons who were resident for a time in a Mother and Baby Home and those with comparable experiences in a County Home;
- Have a role in monitoring the implementation of measures designed to support former residents;
- Enhance public understanding and appreciation of the impact of their experiences on the lives of former residents and their families;
- To provide reports to the Minister for Children and Youth Affairs in relation to these matters;

#### Membership:

- Will consist of 20 representative members including a Chairperson appointed by the Minister;
- An independent panel will select representative members from those persons who express an interest in participating in this process;

#### Sub-committees:

- Three sub-committees, each with a unique focus, will be tasked with examining specific issues on a modular basis to facilitate the Forum in making recommendations to the Minister. In addition to its members, the Forum may nominate additional persons to sit on these subcommittees. The three sub-committees are as follows:

##### **a. Terminology, Identity, and Representation:**

Develop respectful and inclusive language which represents former residents and their experiences; develop strategies to undo stigma and raise awareness around the use of appropriate language; design an awareness programme for public bodies to assist service providers in their interactions with former residents; examine the arrangements for the provision of information and communication with former residents;

#### **b. Health and Well-being Supports:**

To examine how best to assist the advocacy and support work of national and local groups; identifying and sharing good practice in peer to peer support activities; providing safe spaces to discuss and reflect on experiences; examine the type of professional counselling support required and how best to enhance access to such support; consider the separate needs of different groups and make recommendations to facilitate access to specific health and personal social services;

#### **c. Memorialisation and Personal Narratives:**

Examine the potential use of memorialisation in its various forms to acknowledge and recognise past events, and most significantly to inform how people perceive these matters; to consider the development of a scheme to fund permanent and lasting local memorials to honour and commemorate the children who died in each of the named institutions; to consider the establishment of oral and digital memories projects to ensure an archive of material is created and preserved. This could include interviews with mothers, children and others with relevant knowledge.

In conducting its work the Forum will:

- Be a participant-centred process which adopts a consensus-oriented decision making approach in its deliberations;
- Ensure consistent communication and meaningful engagement with former residents, their families and advocates during this collaborative project;
- Develop a strategy to facilitate wider public communication of its work;
- Facilitate the full and equal participation of all members;
- Ensure the specific and separate needs of different groups are identified;
- Have access to expertise and advice through an Inter-Agency Support Panel;
- Have access to administrative resources through the Department of Children and Youth Affairs;

- Conduct its activities in a manner which does not impact upon or pre-empt the outcome of the statutory investigations being conducted by the Commission of Investigation (Mother and Baby Homes and certain related Matters);
- Provide its first report and recommendations to the Minister for Children and Youth Affairs within 6 months of its establishment.

## FOREWORD

Minister,

Consistent with the requirements of its Charter, the first report of the Collaborative Forum of former residents of Mother and Baby Homes and related institutions is submitted herewith.

In this report, the Forum has considered the following areas and makes appropriate recommendations:

- Identity/Information, Terminology and Representation
- Health and Well-being Supports;
- Memorialisation and Personal Narratives

The Forum requests that priority be given to consideration of this report and early implementation of its recommendations.

In light of experience gained since its establishment through its deliberations, the Forum further requests that you give consideration to revisiting the Charter so as to broaden its remit, and also to widening the membership of the Forum itself. The Forum would welcome an opportunity to engage with you in this regard.

G Kearney

Chairman

December 2018



## SUMMARY OF RECOMMENDATIONS BY THE COLLABORATIVE FORUM

The summary of recommendations by the Collaborative Forum are as follows:

### **1. Identity, Information, Terminology & (Mis) Representation Recommendations**

#### **Identity & Information**

- 1.1 A statement from government vindicating all citizens' rights to their own identity irrespective of their status at birth;
- 1.2 The creation of a new One-Stop-Shop to house records from across State, religious orders, county and other sources so as to enable access to identity, personal and institutional information by any person separated from their family of origin, or detained in Statefunded or regulated Institutions;
- 1.3 Pending the establishment of this new body, an immediate overhaul of related policies and procedures within State agencies such as TUSLA and AAI;
- 1.4 A special task-force, to include those previously detained in the relevant Institutions, to quantify and verify records currently held by TUSLA;
- 1.5 Replacement of 2016 Adoption Information and Tracing Bill with an alternative "Identities and Personal Information Bill";
- 1.6 Expert DNA testing to be made available free of charge to persons wishing to recover their identity;
- 1.7 The re-launching of the National Adoption Contact Preference Register (NACPR) on an independent and statutory basis to record the contact wishes, details and health histories of persons detained in Mother & Child and similar Institutions;
- 1.8 Financial (including the withdrawal of charitable status) and criminal sanctions, to be taken against any interests found to have destroyed or altered identity, personal or institutional records in this context.

## **Terminology**

- 1.9 Establishment of an expert group to deliver an approved template of terms and language to be used to describe the reality of Ireland's treatment of certain groups of mothers and children;
- 1.10 This group would also identify labels and language which need to be withdrawn from contemporary use because they are offensive and/or inaccurate;
- 1.11 It would also conduct research into the mis-use of language across the relevant institutions so as to arrive at an accurate and era specific glossary of terms;

## **(Mis) Representation**

- 1.12 Era-specific narratives on each of the homes under investigation to also be assembled under the leadership of the expert group;
- 1.13 Personal accounts from living mothers to be recorded to form part of a national collection of eye-witness accounts. This resource to be used in national educational programmes and permanent exhibitions;
- 1.14 Personal narratives of children who spent time in the various institutions to be similarly collected, recorded, and applied.

## **2. Health and Well-being Supports**

### **Healthcare**

- 2.1 Health care programmes should reflect the dignity, privacy and human rights of survivors and the delivery of recommended health services should be expedited;
- 2.2 Provide comprehensive health care to all survivors of Mother and Child Institutions;
- 2.3 Survivors to be transferred to HAA Card;
- 2.4 Free access to private health services including any associated costs;
- 2.5 Free private health insurance with pre-existing health conditions covered;
- 2.6 Life time stipend for survivors living outside Ireland to cover health insurance costs;

- 2.7 Funding for academic research into the health of survivors to identify measurable health indicators to inform health policy and improve health outcomes of this group;

#### **Health assessment and screening**

- 2.8 Free comprehensive private health assessment and screening for survivors by an accredited health organisation of their choice;
- 2.9 Funding for academic research into the long term health effects and psychological impact of vaccine trials on survivors;
- 2.10 Tailored health screening and assessments to cover any specific findings of the research for survivors;
- 2.11 DNA genetic screening for survivors to identify medical history and family history;
- 2.12 A national repository for DNA screening;
- 2.13 Funding for legal process to identify or prove paternity for survivors to have amended birth certificates;
- 2.14 Immediate family of survivors to be included in family health care package;

#### **Wider Policy including a New Healthcare Organisation**

- 2.15 Develop a new National Survivor Strategy in collaboration with survivors under the remit of a single Minister;
- 2.16 Create properly resourced divisional structures within a central Department to ensure delivery of key health and well-being services and other wider objectives relating to this Institutional legacy;
- 2.17 A new Communications Strategy to inform survivors about the availability of health and well-being services, particularly those living overseas;
- 2.18 Support and provide sustainable funding for survivor led organisations and regional centres to deliver health and well-being services to their specific survivor groups;

- 2.19 Funding for education and training of survivors in the specific area of health, counselling, therapy, management and other areas related to health and well-being;
- 2.20 State policies and actions to be put in place to ensure that no survivor is treated unfairly on account of their gender, religion, race, traveller ethnicity or disability;
- 2.21 An independent review into the operations and governance structure of Caranua and its impact on survivors to help inform decisions to be made on any future health and well-being organisations/structures developed for survivors of other institutions, such as Mother and Child Institutions.

### **3. Memorialisation and Personal Narratives**

#### **National and local monuments**

- 3.1 A national monument to commemorate, respect and honour mothers and children held in these Institutions.
- 3.2 Memorials to be erected at each Mother and Child and similar institutions.

#### **A Living Memorial**

- 3.3 A living memorial of Mother and Child Institutions. This could be in digital, audio or visual presentation of information and individual narratives.

#### **Local and National Commemorations of Mother and Child Institutions**

- 3.4 An annual commemoration day to honour and remember all survivors of Mothers and Child Institutions. This can have both a national and a local focus. Government funding should be provided to support, in particular, local groups organising such events.

### **Protection of burial sites, data research and related matters**

- 3.5 Planning Regulations under the Planning and Development Act, 2000 to be adopted/amended to as to protect the sites against interference pending surveys for burial places.
- 3.6 Archaeological surveys to be undertaken at Mother and Child Institution sites to ascertain location and scale of burials of non-religious in such grounds.
- 3.7 Primary legislation to enable the State oversee and control the management of private burial sites and their associated records.
- 3.8 A research project to be mandated to match records of deaths held by GRO with contemporary records of residents in local Mother and Child Institutions.

### **Telling the reality of Mother and Child Institutions through our education system**

- 3.9 Inclusion of a module on Mother and Child Institutions in the National History Curriculum for schools and as well as such material to be included across appropriate programmes in universities and third level colleges.

## THE COLLABORATIVE FORUM - BACKGROUND AND INTRODUCTION

The establishment of the Collaborative Forum should be seen in the context of the establishment of a Commission of Investigation and consultation initiatives previously undertaken.

### **Commission of Investigation (Mother and Baby Homes and certain related Matters)**

The Commission of Investigation into Mother and Baby Homes and certain related Matters ([www.mbhcoi.com](http://www.mbhcoi.com)) was established by Government in 2015 to provide a full account of what happened to women and children in these institutions during the period 1922 to 1998.

The backdrop to its establishment was a deepening public awareness and concern about these Institutions, in response to emerging harrowing narratives, as reflected in the film “Philomena” (2013) and allegations concerning the burial of around 800 babies and children’s bodies in a sewer within the boundaries of the former Tuam Mother and Baby Home.

The scope of the Commission’s remit includes several specific areas of practice and procedure in the care, welfare, entry arrangements and exit pathways for the women and children who were in the named 14 institutions, including the Bethany Home. A representative sample of County Homes is also within the Commission’s remit.

The Commission has delivered 3 interim reports to date. The Minister has committed to take appropriate actions to address issues which emerge from the work of the Commission.

### **Consultation process by the Minister**

The Minister invited those formerly in Mother and Baby Homes, along with their representative groups, to consultation meetings in Dublin and Cork in June and September 2017. The aim of the meetings was to enter into open dialogue and to

explore whether there were particular supports in areas that could be of value. The focus was on those who lived for a time in a Mother and Baby Home or County Home as a mother or as a child, with or without their mother. This approach sits within the framework of a model of transitional justice which can support and empower, alongside the independent statutory investigation.

Having listened carefully to the views expressed at the consultation meetings, the Minister made arrangements to establish a Collaborative Forum to support such persons in developing solutions to the issues of concern to them.

### **The Collaborative Forum**

The Minister secured Government approval for a Charter for the Collaborative Forum. Strongly influenced by the concerns at the consultation events, the Charter mandated the Forum to review and bring forward recommendations across three areas identified. These comprise:

- Information, Identity, Terminology, and Representation
- Health and Well-being Supports
- Memorialisation and Personal Narratives

The Forum is a progressive response to the theme of “nothing about us without us” which emerged from the facilitated consultations. It is intended that the recommendations of the Collaborative Forum will be a significant input to Government’s approach on addressing issues identified.

Selection of members of the Forum was undertaken by an independent selection panel drawn from persons formerly in such Institutions, advocates and academics and followed a public information campaign inviting expressions of interest. The Forum consists of 19 representative members and a Chairperson.

The Forum commenced work in July 2018 and has held five plenary meetings. In addition, its subcommittees, established to address these themes and develop draft recommendations for consideration by the full Forum, have held a further 18 meetings.

Consistent with its Charter, the Forum is required to provide the Minister with its first report within six months. This report fulfils that requirement.

Informed by its work to date, and the breadth of experience of its members, the first chapter of this report offers a series of reflections on relevant issues. The following chapters separately consider each of the three themes identified and provide recommendations thereon

A particular issue identified by the Forum at the outset was the inappropriate use of soft language when describing or referring the experience of its members in these institutions. In particular, the Forum regards the use of term “home” in the context of its application to Mother and Baby Institutions as misleading and wrong.

Similarly, with other terms used. This matter is discussed in further detail at Chapter 2 which follows.

It should be noted that this is the first report of the Forum and, consistent with its Charter, has been delivered within a tight timeframe, on specific themes.

The Forum looks forward, in consultation with its wider community, to addressing other areas of interest, in future reports.



## CHAPTER 1 REFLECTIONS

Think of your wife, sister, niece, if you have a daughter; any vulnerable female in need of your help. Thousands of young carefree girls, who passed you by on the street, stood next to you at a bus station, served you coffee in a local café. They walked with a spring in their step, believing their whole lives lay ahead for them, believing they deserved as much as you to be free to make their own choices.

A girl suddenly, thrown into a prison ruled by powerful priests. No crime, no legal justification, to do unpaid work, daily, dehumanised, so frightened, so alone, helpless penniless, at the mercy of the unqualified strangers (nuns) permitted by our State to determine our future and our lives. Expectant mothers (unattached) declared pariahs, outcasts, locked away, denied phone calls, letters home censored.

Stripped of their dignity, their identity erased, house name, house number. Within these institutions, abusive daily verbal reminders always told to you, “you’re here ‘cause no one loves you”, “you’re here cause no one cares about you”. No medical attention, no sense of any care, we were told to pray for forgiveness, and only “God” could help us now.

You worked long hours, kneeled in prayer constantly, every girl with the same fixed glare, always watching the large locked door, waiting hoping for someone, to come, someone to save you and your baby, the door remained locked no visitors, no one to see if you were alive or your new baby. Bringing new life into this world. Left alone sometimes for days, crying out in your pain, terrified, you think death is your only friend. No hand to hold, no loving familiar face, no gentle voice whispering words of comfort. Your body drenched in blood, shaking in violent tremors. Nore greater a moment, in any New Mother’s life, seeing innocent eyes gazing into yours. Time stands still. A voice in the distance, “don’t be getting any ideas, he has a good Mammy and Daddy waiting for him, not a dirty tramp, like you, you’re a nobody”. You walk alone, along the long hallway back to your dormitory. No teddy bears, nor congratulation cards, a bar of carbolic soap sits on an empty table. Perhaps one day, they will deem you cleansed enough to be a Mother, our sons and daughters were taken from us our hearts stolen too. Each human grows beneath their Mother’s heart – didn’t you?

## **Introduction**

The preceding reflection and the following paragraphs seek to capture the witness and some of the overarching themes emerging for the Forum membership in the context of the wealth of experience to which it has access and its deliberations over the past six months.

### **Mothers held in Mother and Baby institutions**

Irish born women, who suffered in the past, have been completely faceless, nameless, voiceless, over several decades. Many to this day, ask where they took our babies, yet no Government to date has taken on the responsibility of sincerely answering this question. These women are Mothers, yet have had to struggle most of their adult lives in what we term our “Living Bereavement”. Our losses stem from being locked away in institutions, used as slave labour, isolated from our families, communities, our society, alienation, marginalisation. The psychological turmoil, the physical damage as a result of sheer blatant medical negligence. Many today reach out for help, in ways of prescribed medication, alcohol abuse, suffer deep depression some describe this as their “numbness”. Sadly, so many women and their stolen adult children have succumbed to ending their own lives.

Our society knows, that we as life givers, were terrorised, traumatised, dehumanised, and our motherhood severed beyond repair. Deprived of legal information with respect to us as Mothers, never informed of our basic human rights. No one can give back all the natural relationships that should have been allowed, should have been supported, respected, instead now today second, third, fourth, generations of Irish people, continue to cope with vanished family members, with no help or support from those who have the ability to finally recognise that this national catastrophe, has more than a ripple effect.

Ireland must face up to the fact it was wrong then and it is wrong today. Our culture is haemorrhaging. Our deep wounds cannot heal unless such wounds are attended to. No more “avoidance” no more “pretence”. Thanks to the initiative of other countries that have globally acknowledged their “gender injustices”, we as Irish forgotten women have built our

own network and our own support groups. We await true acknowledgement, we await a request for forgiveness, and we await restitution.

### **Denying the right to identity and information**

Each time a social worker, a religious order, or a State body refuses a survivor access to their own personal information it is experienced as a further re-traumatising event.

Any reference to truth, justice, accountability redress is meaningless where survivors continue to be denied the very knowledge of their existence and evidence of what they endured.

Those of us, sundered more recently from our families, campaign to own our identities, histories and personal information; we expect the knock-backs, the name-calling, the labels as destroyers of lives, as dangers of death because we are adopted. Our belief is that we are being denied access to our family histories and personal information for no good reason.

The experience of Forum members of engagement with TUSLA is one that is demoralising and frustrating. Yet it is now proposed that TUSLA will take control of records of our older friends from Tuam, Bessborough, Sean Ross, Castlepollard, St Patricks, Bethany, the County Institutions etc. This is astonishing, regressive and a measure of unbelievable crassness and insensitivity. In contrast to other public bodies characterised by a culture of service and support, such as the General Records Office.

Our government must understand that refusal of access to personal records is a re-enactment of disrespectfulness, casual violence and despair of the past on our community. Plans to continue and actually extend such arrangements with TUSLA are wrong. They will not succeed.

### **Unaccompanied Children**

For survivors who were left as unaccompanied children in Mother & Child Institutions for lengthy periods, there is still a deep sense of loss and trauma to this day. They talk of the

loss of bonding and attachment, being left without the parental touch and becoming desensitised as a consequence. They also talk of the poor conditions and illnesses contracted there as well as human rights abuses, such as vaccine trials, food deprivation, sexual and physical abuse. They talk of the long stays in institutions (being passed from Mother & Child Institutions to other institutions such as Industrial schools) and the absence of a stable family life by not being adopted. The stigma of being both “illegitimate” and living in institutions is also a heavy burden to carry throughout their whole lives. Survivors who were children of mixed race or Traveller background in these institutions also talk of racial abuse/discrimination because of their colour or ethnicity and also those who had disabilities suffered from specific discrimination because of their disability. So for many of the survivors who were left as unaccompanied children, there is a deep-seated sense of betrayal not only by the State and religious organisations, but also by their own natural families in Ireland.

### **A Protestant Perspective**

The experience of former residents in Mother and Baby Institutions with Protestant affiliation, and their families, is one of being overlooked and excluded from various redress schemes and initiatives undertaken by the State to date. This is seen as further injustice by the State, a clear failure to acknowledge the wrong done to us, and an act of alienation from the wider community of former residents.

It is essential therefore that any future initiatives, by or on behalf of the State, explicitly acknowledge and address the wrongs visited on this vulnerable Protestant community. It is important that this be done and that it be seen to be done.

In addition the Forum believes it is necessary that the Protestant organisations which funded and ran these Institutions are publicly called to account and that the relevant Protestant interests are required to contribute to restitution, on a basis similar to that already established for R. Catholic congregations.

## **Diaspora**

The reality of illegal adoptions, banished babies, Irish children born in the United Kingdom only to be deported to Ireland, and the wrongful taking abroad of children born to mothers in these institutions means there are now thousands of these (now) adult children living overseas who may have been misled about their true identity.

Add to this a large number of mothers who felt forced to leave the country because of the cruelty and severity of Irish society; felt forced to abandon their country of birth because they were not treated as valuable members of Irish society. The history of modern Ireland is littered with gendered human rights abuses.

It is not possible to engage with or talk about, the community of former residents of Mother and Child Institutions, without also embracing the thousands abroad, Mothers and Children who are authoritative participants, witnesses, and survivors.

A critical challenge for the coming period will be to engage with and devise powerful and effective networks of contact, support, representation with this community abroad. Restorative justice must mean that Ireland experiences true shame and opens itself to the judgment of a discarded community.

## **Rural Ireland**

In rural Ireland the critical currency was respectability. You might have been poor or wealthy, you might have lived on a small farm, or a big house in a county town, but the main thing was that your family was respectable. This held the key to social standing, networks and even doors to employment. The most routine social contacts were framed by reference to this value.

Within the rural community, respect held your family in esteem and defended them against others, be they outsiders, social outcasts or upstarts. Respectability was the pivot of social order and personal wellbeing.

An integral part of respectability was behaviour. It required stable consistent acceptable actions – don't be different, don't do anything that changes how things are and have always been.

Getting pregnant at a young age outside of marriage was not part of the respectability framework. Quite the contrary. It not only stripped the young woman of her social status, it also harmed the standing of the entire family in the community. It altered power relationships and exposed the family to public comment and shame. So not only did you have to deal with the shock and distress of an unexpected and unwanted pregnancy, you also had to deal with the shock, and sometimes grief, sometimes anger from your family.

Families reacted in different ways. One response was deadly silence. Another was rage and expulsion. Most resulted in removal of the young woman to a Mother and Child Institution and a pattern of denial.

Such an unwanted pregnancy was unspeakable, but it could safely dealt with through denial, exile from the community, incarceration in an institution and forced removal of your baby.

Never mind the pain, the hurt and the injustice. No mention made.

### **A natural father's perspective**

Losing a child to adoption against your will causes severe trauma, irrespective of whether you are the natural mother or natural father of that child.

Contrary to common fallacy, not all natural fathers shirked their responsibilities and “ran away”. Some were never made aware that their girlfriend was pregnant. Many others who were aware wanted to stand by their responsibilities and were ready, willing and capable of taking good care of their child, and were totally abhorred by the thought of their child being taken for adoption. I was one of the latter natural fathers but yet I lost my child in 1978 because I was not married and my child was deemed to be “illegitimate”. What a disgusting label to attach to any child! My strongest objections about the planned adoption of my child were simply ignored. The pleas of both myself and my family to allow me / them to bring up my child in a loving and caring home fell on deaf ears. I was an adult Irish citizen, of good character, from a good family and in secure employment but none of that mattered to the Catholic Church and the Irish State, who

decided that my child was to be taken for adoption and I would have no say or control whatsoever over that.

They took my child totally against my will and for no justifiable reason - they did it simply because they deemed they could.

To be told there was nothing you could do to stop losing your child, that your name would not be put on your child's birth certificate, that you would never get to see and should forget about your child, and just get on with your life, was heart breaking. Even now, forty years later, when I recall those words, the overwhelming feeling of sadness and powerlessness engulfs me again. I was made to feel so inadequate and couldn't get the thought out of my head that I was failing my child, as the one thing that any decent father does it to take care of his child. I lost my son and he lost not only me but also his extended family and his identity. It took me 27 years to find and meet him and that was obviously a joyous occasion. However, with that meeting came the realisation that the time we had lost not being in each other's lives could never be regained.

I always wanted my child and loved him unconditionally even from before he was born. His adoption against my will has affected me very badly and will continue to do so until I die.

## CHAPTER 2 IDENTITY, INFORMATION, TERMINOLOGY & (MIS) REPRESENTATION

### Identity Issues and Recommendations.

#### A right to identity.

In response to the gross human rights abuses witnessed during WWII, the Universal Declaration of Human Rights was adopted by the United Nations in December 1948. It set out the fundamental human rights to be universally protected by the world's peoples and nations.

Although Ireland became a member of the United Nations in 1955 and was “expected to uphold the core UN principles, conventions and treaties and to protect the rights set out therein through its laws, policies and practices”<sup>3</sup>, the 1952 Adoption Act<sup>4</sup>, was never reviewed in light of these obligations and the worst aspects of this act were actually copied and pasted into the 2010 Adoption Act, despite widespread calls for a complete overhaul<sup>5</sup>.

As a member state of the EU, Ireland has similar obligations to uphold the European Convention on Human Rights (ECHR) although the Convention was only brought into Irish law in 2003.

As stated by the authors of the October 2018, Clann Report<sup>6</sup>:

“It is also crucial to recognise that, under the Irish Constitution, non-State entities and individuals are obliged to respect the Constitutional rights of others.

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<sup>3</sup> IHRC 2015 “Human Rights Explained”; see [https://www.ihrec.ie/download/pdf/ihrec\\_human\\_rights\\_explained.pdf](https://www.ihrec.ie/download/pdf/ihrec_human_rights_explained.pdf)

<sup>4</sup> See <http://www.irishstatutebook.ie/eli/1952/act/25/enacted/en/html>

<sup>5</sup> In 2009, when consolidating all existing Adoption Legislation, amendments to the core adoption legislation were rejected. This resulted in the identity rights of adopted adults still not being recognised, on the basis of conflating the right to personal information and identity with “Tracing”; a right which has not been asked for by adopted people

<sup>6</sup> Dr Maeve O’Rourke, Claire McGettrick, Rod Baker and Raymond Hill see [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf)



[we] focus in particular on the obligations of the State because the State is – and always has been – in the position to put an end to the systematic abuse, and to investigate, bring about accountability and ensure access to information and other forms of reparation. However, it is extremely important to also highlight the legal and moral responsibility of the Catholic Church and its representatives, and the responsibility of other organisations and individuals, for the grave abuse of unmarried mothers and their children’s constitutional and human rights. There is a major role for these entities and individuals to play in ensuring that the systematic abuse comes to an end and that information, accountability and access to justice and reparation are provided to individuals whose lives have been affected.”

#### **Right to identity denied in Ireland.**

Almost all of the now adult children formerly confined in the various institutions being investigated by the Commission of Investigation into Mother and Baby Homes and Certain Related Matters<sup>7</sup> were stripped of their identity, culture and in significant cases even of their ethnicity and language as a result of their family destruction based on their status at birth.

The battle that ordinary, law abiding citizens face in establishing their identities and families of origin is starkly illuminated in this statement from an adopted person:

“The way I look at it, I am [REDACTED] years of age, I have raised three children. I pay my bills, I pay my taxes, I am a normal citizen of this country but at the end of the day I was treated like a five year old child. I am angry that it was so difficult to track down my birth certificate and that nobody was able to assist me. I should have been given my medical records – to hear about my family’s increased risk of breast cancer so late on in my life is shocking, especially since I have three daughters myself.”

Similarly, another adopted person was slandered by the director of a registered adoption agency for wanting to establish her paternal identity (shortly after her natural

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<sup>7</sup> See [www.MBHCOI.IE](http://www.MBHCOI.IE)

mother died) – she was called a “destroyer of lives” and admonished severely for not seeking such information during the 13 years of contact with her mother.

In echoes of the systemic racial segregation in the Apartheid era of South Africa, mothers who were members of the mixed race community within the various institutions report how on the one hand, they were racially profiled and their children were eugenically rated for likely intelligence based in part on the nuns’ assessment of the intelligence of the natural mother and ‘how negroid’ the features of the infant were.

On the other hand, when it came to the child’s records, the religious orders didn’t record the ethnicity of a child’s parents and that the default description “African” was mainly used.

One woman, born in St Patrick’s on the Navan Road describes this loss:

“The names of our fathers were routinely ignored when admitted to Mother and Baby ‘Homes’. Our African fathers were professional men, doctors, engineers and journalists but this was deliberately hidden from us. The removal of our identity, while at the same time, refusing our claim to an Irish identity has been catastrophic for the mental health of the mixed-race community. This was particularly important to mixed-race, unaccompanied children on the receiving end of racist practices in these ‘Homes’.”

Another mixed race man highlights however that it was not just the ethnicity of fathers, which was hidden:

“What really pisses me off is the theft of my identity, I was never told that I had a black mother” His mother describes her son’s predicament as follows:

“My child is one of those mixed-race Irish who spent his life not knowing his roots and thought his natural mother was white Irish, this information was deliberately kept from him.”

**Existing identity recovery services.**

Individuals formerly detained in the Mother and Child Institutions, County and Protestant Institutions, share their loss of identity with individuals formerly detained in so-called Industrial and Reform schools, who also had their connections to their families of origin obscured<sup>8,9</sup> or destroyed during their detention. For those detainees, this was belatedly acknowledged - albeit in a watered down way by former Taoiseach Bertie Ahearn<sup>10</sup> in his first apology – that family destruction was part of the abuse suffered by those survivors and two schemes were established to assist survivors in reconnecting with their families of origin.

The Origins Project<sup>11</sup>, which according to the description on the website for Barnardos<sup>12</sup> (to whom the Department of Education subcontracted the work), states:

“Origins Tracing Service is for people who spent all or part of their childhood in an Irish Industrial School and are interested in tracing information about their parents, siblings or other relatives. The service is available to people in Ireland and abroad.”

Survivors have repeatedly complained about the under-resourcing of this service and note that it is not advertised well enough here or abroad.

The Ryan Report, which issued from the Commission to Inquire into Child Abuse<sup>13</sup> barely touches on this subject and it is repeatedly left to the children and grandchildren of survivors to carry out this research without any assistance.

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<sup>8</sup> Some children on being boarded out/fostered out to un vetted families, had their surnames changed to that the foster parents.

<sup>9</sup> In the case of the number of Protestant children who ended up in the Westbank Orphanage in Wicklow, they were registered in local schools using a common surname. Many never realised until adulthood that they had a different identity

<sup>10</sup> On 11th May 1999, after widespread public shock at the revelations in the tv programme, States of Fear, which brought to light the systemic suffering of children at church and state-run institutions, former Taoiseach Bertie Ahearn, on the subject of loss of family and identity, he said that “too many children had been denied the love, care and security to which they were entitled”

<sup>11</sup> The Origins Project or the Ryan Report do not appear to be actively referred to, or accessible on the Department of Education and Skills website

<sup>12</sup> See <https://www.barnardos.ie/our-services/origins-service>

<sup>13</sup> <http://www.childabusecommission.ie/>

The AIRR Project<sup>14</sup> was established by the Department of Health and Children<sup>15,16</sup> in 2002 to allow former unaccompanied children to see reports of the various institutions where they were detained, but scores of files have been in limbo within the Department of Health for over 8 years.<sup>17</sup>

### **Grim prospects for those formerly detained in Mother and Child, County & Protestant institutions.**

It has recently come to light that rather than promoting legislation to address the harm done to those either abandoned to their fate as “unaccompanied children” within Mother and Child, County and Protestant Institutions, or subsequently subjected to a closed, secret adoption, it is Minister Zappone’s intention to progress the heavily criticised, 2016 Adoption Information and Tracing Bill<sup>18</sup>, inherited from her predecessor, James Reilly.

It is the belief of the Forum that the unstated and hidden objective of this Bill is to extend and prevent access, not just to the identity and personal records of those legally or illegally adopted post 1952, but also to the records of the unaccompanied children, boarded out and fostered children who are defined euphemistically as being “subject to an informal care arrangement”<sup>19</sup>.

The Bill would oblige those seeking their records to sign “an Undertaking”<sup>20</sup> swearing that they will not contact their natural parents in order to get their birth certificate

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<sup>14</sup> Access to Institutional and Related Records (AIRR) project. See <https://health.gov.ie/blog/press-release/minister-lenihan-announces-commencement-of-airr-project/>

<sup>15</sup> See <http://www.eneclann.ie/archives-records-management/case-studies/dept-health-children/>. The AIRR project addressed Dept of Health & Children (DoHC) records related to child care services from the 1920s through to the 1990’s. The DoHC had indirect responsibility for children in care and provided inspection of foster homes funded by local authorities from 1902. However, the DoHC had no responsibility for children placed in institutional care through the courts, this fell to the Dept of Education.

<sup>16</sup> The purpose of the AIRR project was to identify records concerning inspections of institutions and foster homes that mention individual children and to create a comprehensive archive of historical child care records to facilitate access and retrieval of personal information with regard to the FOI and Data protection legislation.

<sup>17</sup> <https://www.thejournal.ie/departments-of-health-state-files-mother-and-baby-homes-1513682-Jun2014/>

<sup>18</sup> See <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>

<sup>19</sup> See <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>, page 9,

<sup>20</sup> See section 41, <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>

“information” (sic). We are also advised that they would not get sight nor copies of their files to even assess the injuries they have suffered, but would instead get a “statement” of their file contents, which would be written by a social worker employed by the organisation holding the records.

This statement from a man who was an unaccompanied child for 7 years sums up the strength of feeling amongst survivors as to the human rights abuses he, and other suffered as children and which he believes continues today. The experience they tell of social workers and of public bodies such as TUSLA is erratic, dysfunctional and devoid of trust.

“I have concerns about the fact that I should believe what I was told by a social worker that my mother and extended family (that they have identified) are truly my biological family. How do I know that this is in fact true when there was no DNA testing and no actual proof to show that this statement was true? I would like to see an independent expert to have a DNA test to confirm that they are my biological family. I was told that my mother was dead. She was also told that her son was dead; this adds to my concerns as to who is lying. Social workers have lied to me in the past by stating that I had attended school during my time in the Mother and Baby Home in Tuam, to which I pointed out that I had never attended school during my time there. Am I really supposed to believe what a stranger tells me? That this is your mother and I should just accept it without any proof.”

The Forum believe the Bill, in common with all of its predecessors<sup>21</sup>, conflates the right to personal information with the right to trace, which applicants have never claimed existed nor have they ever asked for such a right to be created. They have merely sought their own identities and information; rights enjoyed and guaranteed by all other citizens but denied to them due to the circumstances of their birth.

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<sup>21</sup> The 2001 Adoption Information and Tracing Bill, sought to criminalise adopted people for making contact with their natural parents without their express prior permission. Upon a court conviction, it could attract a fine of up to IR£5000 and/or a 12 month prison sentence.

## **The privacy myth.<sup>22</sup>**

The experience of Forum members and their wider community is that staff from State agencies are citing “privacy issues” and “needing to assess the harm” caused by an adopted (or a person defined as an unaccompanied child) discovering their identities, as the basis for their refusals to release identity information to applicants. In doing so, we believe that they are failing to consider not only the identity rights, but also the privacy rights of the applicants seeking their own personal information in the first instance!

In the October 2018, Clann Report<sup>23</sup>, the issue is well explained in sections 4.35 and 4.36.

The right to privacy is an un-enumerated right under the Irish Constitution<sup>24</sup>. A closely related right under the Irish Constitution is the unmarried mother’s constitutional right to the custody of her child.<sup>25</sup> The right to respect for private and family life is protected by the ECHR, the EU Charter, the International Covenant on Civil and Political Rights (ICCPR) and the UN Convention on the Rights of the Child (UNCRC). Article 8 of the EU Charter contains an explicit right to protection of personal data, which is an aspect of the right to privacy.

The right to respect for private and family life is not absolute. However, the State is only permitted to interfere with privacy or family life in a manner that is necessary in a democratic society and proportionate to achieving a legitimate aim.<sup>26</sup>

The approach which the Forum believes is currently in use by TUSLA of viewing all adopted people and former unaccompanied children as causing harm<sup>27</sup> is based, in our view, on a flawed interpretation of a 1998 Supreme Court case, called *IOT v’s B*<sup>28</sup>. In

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<sup>22</sup> Privacy is a 2 way street and all of those former detainees within the institutions are entitled under EU and UN conventions to lead a private life, un-interfered with by the State. As it stands, the Irish State and its agents are, in our view, unilaterally breaching privacy rights of those being denied their personal and identity information.

<sup>23</sup> See sections 3.105 – 3.113; 3.28 – 3.37; 4.35, 4.36. [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf)

<sup>24</sup> *McGee v Attorney General* [1974] IR 284; *Kennedy v Ireland* [1987] IR 587

<sup>25</sup> *G v An Bord Uachtala* [1980] IR 32. See also *I.O’T v. B* [1998] 2 IR 321

<sup>26</sup> Art 8 ECHR; *Kennedy v Ireland* [1987] IR 587

<sup>27</sup> In exchanges with the Forum, TUSLA representatives indicated that identity and personal information applications are assessed in part by reference to the level of harm acceding to such requests may cause. Neither the statutory basis for such a criterion, nor the nature of how harm is determined, was clear to Forum members.

<sup>28</sup> See sections 3.3 – 3.5 [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf)

this, Fr. Doyle, the clerical director of former adoption agency, Rotunda Girls Aid Society, known to have transacted illegal adoptions, successfully appealed a High Court decision, in which two women who had been informally adopted prior to 1953, won the right to their own birth certificates.

However, the Supreme Court overturned this ruling, and, in an internationally criticised ruling, declared that the rights of the natural mother to privacy and the right of the adopted person to identity had to be balanced. A series of sample questions was suggested for anyone adjudicating on the release of information and importantly, the Supreme Court said the questions were not exhaustive and that the Oireachtas should legislate for the release of information to adopted people. In practice, we believe that the owners and holders of people's identities and personal data have always taken the view that the natural mother must consent to the release of an adopted person's identity – a right, which no other parent is allowed to exercise and which ignores the adopted person's (or unaccompanied child's) right to lead a private life, un-interfered with by the State or its agents.

It is the view of the Forum that, since 2014, when TUSLA began taking ownership of the files of the now moribund adoption agencies, they have been pursuing a practice of withholding identity and personal information from applicants detained as children across various institutions on the basis that to release this information, could cause harm to the wider family members of the applicant. The legal basis for TUSLA's approach is unclear to us but seems to be influenced by, and, anticipating provisions in the 2016 Adoption Information & Tracing Bill, which allows for the refusal of information to the rightful owner and subject of that information, because the release of that information could cause a danger of death<sup>29</sup>.

In 2014, former Senators Averil Power and Jillian van Turnhout sponsored a Private Members Bill called the Adoption (Identity and Information) Bill 2014<sup>30</sup>, in which it was suggested that natural mothers would be informed at the time of their children's request

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<sup>29</sup> See <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>, section 22, Part 5

<sup>30</sup> See <https://www.oireachtas.ie/en/bills/bill/2014/103/>

for identity and personal information, but that they would have no powers of veto over the release. This Bill was both drafted and heavily scrutinised by independent legal experts and they found it dealt with the potential concerns that mothers in particular might have.

A key provision within this Bill,<sup>31</sup> was the obligation on the part of the Adoption Authority to inform a natural mother when her now-adult child requested a copy of their own birth certificate.<sup>32</sup>

Equally, the Adoption Authority would have an obligation to inform an adopted person, when his/her natural mother had requested a copy of their child's adoption certificate.<sup>33</sup>

The Bill also sets out in some detail, the options to register various contact preferences with regards to having contact with parents/children.<sup>34</sup>

It should be noted that similar scaremongering occurred in England and Wales when adopted people were given access to all of their files in 1975, and it is abundantly clear that the sky did not fall in.

Survivors' representative groups and many adopted people believe this approach of faux concern for natural mothers and conflation of secrecy with privacy is merely a ploy to withhold as much evidence as possible of human rights abuses from the victims of that abuse.

### **International precedents.**

The Forum is of the opinion that since the 1980's, the Irish State (through the Departments of Education, Justice and Health), the Adoption Authority of Ireland (previously called the

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<sup>31</sup> See <https://www.oireachtas.ie/en/bills/bill/2014/103/>

<sup>32</sup> See section 6 (3) at <https://www.oireachtas.ie/en/bills/bill/2014/103/> on the obligation of the Adoption Authority to inform an adopted person's natural mother about the release of the person's birth certificate to them.

<sup>33</sup> See section 10 (2) at <https://www.oireachtas.ie/en/bills/bill/2014/103/> on the obligation of the Adoption Authority to inform an adopted person about the release of their adoption certificate to their natural mother.

<sup>34</sup> See section 6 (3) i and 10 (2) i at <https://www.oireachtas.ie/en/bills/bill/2014/103/> on the obligation of the Adoption Authority to inform mothers and adopted people about their options regarding contact



Adoption Board), the various religious and HSE run adoption agencies have refused to recognise the international conventions, which clearly set out a person's right to identity. We believe that such refusal is not based on a misunderstanding of these conventions.<sup>35</sup>

### **Ireland's obligations under UN Conventions concerning identity and privacy.**

There are several UN Conventions, signed and ratified by successive governments, which would oblige Ireland to recognise a person's right to identity; the most relevant include the following;

### **UN Convention on the Rights of the Child<sup>36</sup>**

#### **Article 2**

States Parties shall respect and ensure the rights .... to each child .... without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

#### **Article 8.1 & 8.2**

8.1 States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

8.2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

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<sup>35</sup> The 1988 Status of Children Act abolished the status of illegitimacy and specifically defines that an adopted person is only deemed to be the child of the adopters from the date of the adoption order<sup>33</sup>, making their pre- adoption history as relevant as that of any marital child.

<sup>36</sup> Although ratified on 28/09/1992, the 1952 Adoption Act was not updated to reflect the provisions of the Convention, which protected a child's right to Identity

## **International Covenant on Civil and Political Rights<sup>37</sup>**

### **Article 1**

1. Each State Party undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

### **Article 17**

No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.

### **Ireland's obligations under EU Conventions concerning identity.**

Article 8 of the European Convention of Human Rights<sup>38</sup> sets out a person's right to respect for private and family life

"1. Everyone has the right to respect for his private and family life, (his home and his correspondence)."

On a daily basis, any former detainee of any of the institutions under investigation, that believes they are deprived of all knowledge of his/her family of origin, maintain that they suffer absolute State interference into the pursuance of their family life.

Protocol 12 to the European Convention of Human Rights, echoing the UN Conventions overleaf, goes onto to state:

"General prohibition of discrimination:

1. The enjoyment of any right set forth by law shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion,

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<sup>37</sup> Although ratified on 8/12/1989, the 1952 Adoption Act was not updated to reflect the provisions of the Convention, which protected an individual's right to be protected to arbitrary interference with his/her private and family life

<sup>38</sup> Ratified 30/06/2003

national or social origin, association with a national minority, property, birth or other status.”

### **Recommendations for re-establishing identities.**

1. A definitive statement from the State acknowledging:
  - a. the human rights conventions, which honour the right to one’s identity;
  - b. the previous State sanctioned abuse in obliterating those identities and failing to provide an appropriate remedy for those who sought their own personal information;
  - c. An urgent overhaul of the current (unsupported by statute) actions on the part of TUSLA for refusing access to identity and personal information.
2. A national campaign to alert the public to the destruction of people’s identities;
3. A public agreement from the managers of the R. Catholic Church and Irish Protestant Churches that access to the tens of thousands records in their possession, shall be made available without restriction to the real owners of those identities;
4. A withdrawal of the 2016 Adoption Information and Tracing Bill, which we regard as deeply flawed, to be replaced by an Identities and Personal Information Bill;
5. One Stop Shop - The immediate tendering for a professionally qualified, resourced and skilled body to take possession (but not ownership) of all personal records currently in the hands of TUSLA<sup>39</sup>, the legacy adoption agencies<sup>40</sup>, religious orders<sup>41</sup>; private individuals<sup>42</sup>, the Adoption Authority of Ireland<sup>43</sup>, Local

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<sup>39</sup> On May 30th, 2018, for the first time ever, Minister Katherine Zappone on behalf of the government of Ireland acknowledged that TUSLA held and owned some 100,000 files containing people’s identities and personal information.

<sup>40</sup> As of December 2018, the remaining legacy agencies are in the possession of thousands of identities of adopted and boarded out/fostered individuals.

<sup>41</sup> As of December 2018, the estimated number of files containing people’s identities in the hands of religious orders runs to thousands – particularly the Sisters of Charity, who ran St Patrick’s Mother and Baby Home, Navan Road, Dublin.

<sup>42</sup> Doctors, gynaecologists, mid-wives, district nurses, solicitors, priests are all known to have brokered illegal adoptions for which they have retained the paper trail

<sup>43</sup>As of December 2018, the AAI confirms that it holds 44,500 unique records of adopted people.

Councils etc. Onus should be on the indexing of the records and making basic information<sup>44</sup> on names and identities available as soon as possible;

NOTE: Those individuals, whose records are currently managed by Eneclann and Barnardos, would need to be consulted before a decision to move these records could be taken, but initial feedback is that all survivors want a One-Stop Shop, where they are not forced to engage with social workers.

6. Applicants would apply for their birth certs and be allowed to verify if the details correspond to the details held on file;

NOTE: Some basic information should be made available very soon after application; for a birth cert; e.g. original name; place of birth; date & time of birth; name & age of mother; name of father; siblings (if known) but this needs to be worked out.

7. Where a former child detainee applies for his or her birth certificate, mothers should be informed in advance and offered the opportunity to insert a correcting statement into the file within a certain timeframe. Nothing would be removed from the file as the contents are part of the historical record of abuse<sup>45</sup>;
8. Having been informed of their child's application for their own birth cert, mothers would be offered access to a free person to person and telephone counselling service;

NOTE: further details of how this service might be structured need to be considered and developed and will be part of the next phase of the Forum's work.

9. For those who have not been legally adopted and for whom they are few or no records, State funded DNA testing (at a place of the applicant's choice) to

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<sup>44</sup> Basic information includes but is not limited to; the person's given name; their place of birth; their ethnicity; their natural parents' names; the age of their natural parents; where their natural parents were originally from; circumstances surrounding their birth; decisions taken regarding their future "care" (sic) arrangements.

<sup>45</sup> Many birth certificates were illegally registered and the information on the certificate might not correspond to the information on file. All such instances should be logged as this will give an indication of the total number of illegal adoptions.

be offered<sup>46</sup> with complimentary genetic expertise to complete family trees and determine ethnicity;<sup>47</sup>

10. For those apparently legally adopted or for people separated from their families through boarding out/fostering or detention in Mother and Child, County or Protestant Institutions, free DNA testing (at a place of the applicant's choice) to be offered<sup>48</sup> with complimentary genetic expertise to complete family trees and determine ethnicity;<sup>49</sup>
11. For those not legally adopted and whose births were illegally registered, the involvement of the GRO to establish duplicate birth registrations<sup>50</sup> and to correct the official record;
12. The same services to be made available internationally for those 2000+ people trafficked to the US; to the thousands of Irish children born in the UK but brought back to Ireland for adoption;<sup>51</sup>
13. The availability of free regional voluntary counselling services to assist any individuals, families who feel they are in need of external assistance in reaching out to lost family members;
14. The National Adoption and Contact Preference Register (NACPR) to be re-launched on a statutory footing and rebadged to allow registrations for all:
  - a. TUSLA would be ruled out from managing this database;
  - b. Social workers would not automatically be involved in controlling how matches between family members proceed; individuals would decide that themselves;

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<sup>46</sup> DNA testing cannot be coercive; where only one party consents to DNA testing, they will be reliant on uncovering other relatives within the testing company's database to confirm/refute the paper records.

<sup>47</sup> See notes on DNA Testing advances from Maurice Gleeson, ISOGG in Appendix

<sup>48</sup> DNA testing cannot be coercive; where only one party consents to DNA testing, they will be reliant on uncovering other relatives within the testing company's database to confirm/refute the paper records

<sup>49</sup> See notes on DNA Testing advances from Maurice Gleeson, ISOGG in Appendix

<sup>50</sup> i.e. those circumstances where one registration is in the person's original identity, which records the true circumstances of their births and the second false registration in the name of their adoptive parents)

<sup>51</sup> See Paul Michael Garrett "Unmarried Mothers in the Republic of Ireland"; Journal of Social Work, Feb 2016  
<https://doi.org/10.1177/1468017316628447>

15. Mothers whose identities were changed within an institution and who wish to make contact with their peers, to be facilitated in making contact via a dedicated database, which records “House” names against actual names.

## **Personal & Institutional Information – Issues and Recommendations**

### **Issues with access to personal information.**

It is the view of the Forum that all of the victims and survivors of Ireland’s “architecture of containment”<sup>52</sup> endure daily on-going stigmatisation and discrimination by being denied access to their own identities, personal histories, early care records, educational records and medical records etc.<sup>53</sup>

We also believe that the architects of this inequality are not random strangers but State Agencies, State financed Agencies, so-called charities and the professionals working within those organisations, who they feel operate bans on the release of information to applicants - many of whom may lack the physical and mental stamina or financial resources to challenge such practices.

### **Tuam Survivors Network**

Members of this Network have stated that they feel “Not one of our survivors or families have had a positive experience with TUSLA. We feel that TUSLA is unfit for purpose and does not respond to the needs of our survivor network. If anything, it regularly frustrates survivors in finding out information about themselves or lost family members.”

A daughter of an institutional survivor:

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<sup>52</sup> James M Smith, —Ireland’s Magdalene Laundries and the Nation’s Architecture of Confinement, Manchester University Press, 2007

<sup>53</sup> In exchanges with the Forum, TUSLA representatives indicated that identity and personal information applications are assessed by reference to the level of harm acceding to such a request may cause. Neither the statutory basis for such a criterion, nor the nature of how harm is determined, was clear to Forum members.

“Access to records is vital in order to piece together one’s past to provide a person’s history, while building up a profile from the point of view of vulnerabilities medically, i.e. hereditary illnesses that impact on their health and wellbeing and their children and which is their entitlement to know. Some survivors have never had the opportunity to meet either their mother or father. Many negotiate life while the stigma of their early years continues to dictate even today how society perceives them; and indeed they reflect on that. Survivors in their seventies and eighties have limited if any opportunities to connect with family members who may too be looking for them.”

Typically, people formerly confined as unaccompanied children for many years within what they describe as harsh institutions such as certain Mother and Child Institutions, County and Protestant Institutions may take years to muster the courage to request their files only to discover that they must endure further years of delay if they don’t phrase their request in the correct format.<sup>54,55</sup>

People who were adopted from an institution, where they were detained as an unaccompanied minor for potentially up to 8 years of age, have reported that they are having their requests for personal information routinely denied and are bamboozled with official language in the expectation, they believe, that they will give up. Many of these survivors have already received a State apology for the institutional child abuse they endured in various so-called “Industrial” or “Reform” schools or in family placements, when they were denied an education and are in a poor position to take appeals against adversarial decision making.

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<sup>54</sup> Some applicants write to agencies such as the HSE, TUSLA, Dept. of Education, the Adoption Authority of Ireland simply asking to see their files, for which they are added to a waiting list of many years’ duration and the alternative access mechanisms are not explained to them. They are not told that any person (data subject) can make a data protection application (DPA) to establish what data an organisation (data controller) holds on them, to which they must get a response within 28 working days. Some applicants often confuse a DPA with a Freedom of Information (FOI) Request, which is handled differently and can result in a Data Controller wrongfully withholding personal information from the applicant. Guidance notes, which issued from the Information Commissioner’s Office 2 years ago about handling FOI requests as DPA requests appear not to be adhered to.

<sup>55</sup> Since November 2018, TUSLA are apparently issuing subject information request notes under the heading of Freedom of Information. This would not appear appropriate where individuals are seeking their own private information.

### **Brick wall faced by adopted people seeking their own information.**

Those termed as legally adopted describe their experience of a blanket refusal approach as widespread and, they believe that the barriers to their own information are set particularly high. They feel they are regarded by social workers, as having “nothing to complain about” and having had “good lives”; their efforts to access information are routinely described by them as “facing a brick wall” as reflected in this account below.

“It has been difficult to get information from the Health Services Executive, the Adoption Authority of Ireland and Cúnamh mainly due to, from my perspective at least, an overburdened work-load, lack of resources and inadequate social workers. I only managed to obtain the information surrounding my adoption and my natural parents as a result of my persistent enquiries with the authorities and my own searches. I faced a brick wall in finding out about my identity and had to use my own time and resources to discover much of the information I know today. In comparison, my siblings in England, who were also adopted, have had full access to their files from the age of 18, whereas I have had to struggle for years to get even the smallest amount of information.”

### **Why mothers need full access to their files.**

The vital importance of mothers having sight of and being given copies of their own institutional files was highlighted in our surveys of individual mothers and representative groups. Firstly, they wished to exercise their rights to know exactly how they were treated in the various institutions,

e.g. what medical attention did they receive or were they denied?; what work were they forced to carry out?; what consent (if any) was recorded for the adoption, boarding out, fostering etc. of their children?. Secondly, it was of huge importance to them that they would have an opportunity to review file contents before they were shown to their children (which all of the groups and individuals surveyed, concurred with).

Mothers were concerned that the falsehoods concocted about them could range from lies about their age or occupation to more serious allegations about them being



prostitutes or as wanting to abandon their child. They did not wish to remove these references as they regard them as part of the historical record of abuse but they wished to be given the opportunity to insert a correcting statement.

### **Hiding behind the privacy myth.<sup>56</sup>**

It is the view of the Forum that staff from State agencies are routinely citing “privacy issues” as the basis for their blanket refusals but they are failing to consider the privacy rights of the applicants seeking their own personal information in the first instance!

In the October 2018, Clann Report<sup>57</sup>, the following note on UN dissatisfaction with the 2016 Adoption Information and Tracing Bill<sup>58</sup> was recorded;

In March 2016 the Committee on the Elimination of Discrimination Against Women (CEDAW) asked the Irish State to:

“Explain the mischief that the proposed bill on information and tracing seeks to prevent in requiring surviving adoptees to sign a statutory declaration undertaking not to contact their biological mothers as a condition for gaining access to their birth certificates. Please also state whether adoptees have access to files, medical and other records and documents regarding their adoptions”.<sup>59</sup>

In its response to CEDAW the Irish State contends that the declaration (now rebranded as an undertaking<sup>60</sup>) provides for the balancing of rights of adopted people with the rights of natural parents to privacy<sup>61</sup>. Representative groups for those former detainees in various institutions contend that the government’s position fails to differentiate

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<sup>56</sup> Privacy is a 2 way street and all of those former detainees within the institutions are entitled under EU and UN conventions to lead a private life, un-interfered with by the State. As it stands, we believe that the Irish State is breaching privacy rights of those being denied their personal and identity information.

<sup>57</sup> See [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf) . Pages 89 & 90

<sup>58</sup> <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>

<sup>59</sup> Available at: [https://www.ihrec.ie/app/uploads/2016/09/CEDAW\\_List-of-Issues\\_Mar16.pdf](https://www.ihrec.ie/app/uploads/2016/09/CEDAW_List-of-Issues_Mar16.pdf)

<sup>60</sup> See section 41, <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>

<sup>61</sup> Available at:

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRICAqhKb7yhsgA84bcFRy75ulvS2cmS%2F%2BgXu7jKK136tSfAb4OE0W6I4Hr91sspJvIT2dp8%2BG1F8flUbDSjbhrklr1TujWeyn YH%2BwcGAXNQaZUZp4%2B2qYAJ>

between privacy and secrecy and fails to recognise the adopted/boarded out/fostered person's right to privacy, that is, the right to know their identity and all of their personal information".

### **A dysfunctional Child and Family Agency (TUSLA).**

Without exception, all representative groups, sampled by our sub-committee have called for the immediate removal of TUSLA from their involvement in providing information services. The levels of anger, frustration and discontent with TUSLA amongst service users have escalated to record numbers.

They describe the culture of TUSLA as one of secrecy, opaqueness and authoritarianism. Representative groups describe these experiences as damaging and re- traumatising the most vulnerable survivors.

We are talking about men and women in their 60's, 70's and 80's who want peace and some closure in their twilight.

These quotes from the Tuam Survivors Network exemplifies the feelings:

"Access to records is an issue that is always on the agenda. It is a pressing item as our survivors are elderly and have limited opportunities to find family members if still alive. Also to get closure within their own lifetimes."

"Some members have not met either their mother or father. They have no family. They negotiate life alone. The State, Mother and Baby Home Commission, Minister Katherine Zappone, officials at the DCYA are already well aware of the issues faced via testimonials of survivors. I honestly do not feel we need to repeat them again. Suffice to say the effects on survivors are life-long, they are well known and documented in various professional journals, and dictate that life-chances are adversely affected. Survivors continue to suffer those effects from cradle to grave".

Survivors and those who self- describe as "struggling to survive" ask "who is driving this cruelty"?

And the answer, in the Forum's view are State Agencies, to survivors, they are unaccountable and faceless. The underlying purpose from a survivor's perspective would appear to be to prevent those formerly detained in such institutions from accessing information documenting the extent of what they have endured.<sup>62</sup>

**Recommendations for accessing personal information.**

1. Every representative group<sup>63</sup> of mothers and their now adult children (formerly detained in one of the institutions under investigation) surveyed by our sub-committee has called for a One Stop Shop, to house a centralised archive of people's detention, birth, identity, adoption, fostering, boarding out, personal, medical, educational, institutional, church, legal, surveillance, death and other records:
  - a. A competent State body, with archival and preserving expertise would take on the stewardship but not ownership of the hundreds of thousands of records belonging to and concerning the diverse groups affected by family destruction, institutionalisation, neglect and confinement;
  - b. To facilitate the aging population of survivors and the significant diaspora, the One Stop Shop, would also operate a secure digital portal, to allow those living at a distance from the archive and those living abroad to access their records remotely but securely;
  - c. Key to this new body's success would be:
    - i. the timeliness of the service;
    - ii. the ease of use;

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<sup>62</sup> See <https://www.irishexaminer.com/breakingnews/ireland/state-prioritising-liability-over-adoption-rights-890220.html> for article on TUSLA

<sup>63</sup> Groups polled included Adopted Adult Groups; Mothers Groups; Specific Mother & Child Institution Survivors; Tuam Survivors Network; Mixed Race Irish. County Institution Survivors, Bethany Institution Survivors, Relatives Groups.

- iii. the availability of person to person assistance from trained personnel<sup>64</sup> either at the offices of the central repository or via freephone or email for those unable to travel;
  - iv. The creation of a detailed service level agreement with considered guiding principles;<sup>65</sup>
  - v. Applicants would have recourse to a comprehensive complaints system, to record any breakdown in service provision.
- d. Applicants would be given an accurate template of what records should exist for them and they could request sight of those records, copies of their records or on-line access;

NOTE 1: For the now adult, former, children, some basic information should be made available very soon after application; suggestions include birth cert; original name; place of birth; date & time of birth; name & age of mother; name of father; siblings (if known) but survivors needs to be consulted on this. Mothers may wish to review and insert a correcting statement within any shared files before information is released.

NOTE 2: For the now aging population of mothers formerly detained in these institutions, every assistance should be given to applicants to discover and highlight, deliberate falsehoods created within their files.

Mothers may need access to significant support services during these exercises as the shock of discovering how they were profiled by religious institutions and social workers could be overwhelming.

They should also have access to speedy legal advice to assess the legality of any consent forms (to adoption) contained within their files. Any illegalities, discovered, should be recorded and reported to a competent body.

TUSLA would be ruled out from managing this database.

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<sup>64</sup> We suggest that staff would be trained along the same lines as volunteers who operate the freephone lines at the Samaritans or Rape Crisis Centres. Some people calling may never have openly spoken before about their experiences in an institution and could be traumatised.

<sup>65</sup> Guiding Principles could include a code of conduct for professionals working at the One Stop Shop, e.g. to be informed about the social context surrounding the records.

- e. Where a former child detainee applies for sight of a joint institutional file (shared with his or her mother); mothers should be informed in advance and offered the opportunity to insert a correcting statement into the file within a certain timeframe. Nothing would be removed from the file as the contents are part of the historical record of abuse;<sup>66</sup>
- f. Having been informed of their child's application for sight of their shared file, mothers would be offered access to a free person to person and telephone counselling service;

NOTE: further details of how this service might be structured need to be considered and developed and will be part of the next phase of the Forum's work.

- g. The National Adoption and Contact Preference Register (NACPR) to be re-launched on a statutory footing and rebadged to allow relatives (mothers and their children in particular) of all victims of family destruction and not just for people separated from their families via adoption to send in family health information for sharing;

TUSLA would be ruled out from managing this database.

- h. A popular suggestion across many representative groups is that the former Gloucester Street<sup>67</sup> Magdalene Laundry in the centre of Dublin would be the site of that central archive but that regional archives would also be available at or near the sites of other institutions;
- i. There is also strong support amongst survivor groups for educational exhibitions at these sites so they would attract not just the people formerly confined in the institutions but would also be a focus for school programmes and tourists;

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<sup>66</sup> A mother's medical information/history contained in the file would not be shared with her child; it would remain confidential to her

<sup>67</sup> Now called Sean McDermott Street

- j. Some people might chose to consult/see a support/counselling professional whilst reviewing their records but they stress that such professionals would have to undergo in- depth training<sup>68</sup> to prevent re-occurrences of the opaqueness, intransigence and insensitivity that service users report that they experience today;<sup>69</sup>
2. A special task-force of representatives of mothers and children, formerly detained in the various institutions under investigation, their advocates, qualified archivists and researchers should be deployed to examine and quantify the records currently in the hands of TUSLA to provide an independent assessment of the state and numbers of those records;
3. In order for survivors and victims of Ireland’s Mother and Child Institutions, County Institutions, Protestant Institutions and similar to access their own identities, histories, personal information etc., the “2016 Adoption Information and Tracing Bill”, currently being considered for Committee Stage<sup>70</sup>, must be withdrawn;<sup>71</sup>

NOTE: it is not widely understood currently that the “2016 Adoption Information and Tracing Bill” applies not just to adopted people<sup>72</sup> (as the title suggests) but will in fact be imposed as the model for information access on all “relevant persons”.<sup>73</sup>

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<sup>68</sup> There is extensive suspicion of social workers amongst mothers and their now adult children. Mothers do not want to hear the decades old prejudices against them re-aired and their now adult children want equal access to their identities and personal information as other citizens enjoy. They should also be trained to deal with victims of trauma.

<sup>69</sup> In exchanges with TUSLA the Forum was advised that engagement with service users as part of training, awareness or development of staff was not undertaken, or planned.

<sup>70</sup> The Bill was initiated by Minister for Children and Youth Affairs, Katherine Zappone in the Seanad on 17/05/2017.

<sup>71</sup> Advocates contend that this Bill would do nothing to improve the lot of any adopted person/boarded out person or any mother, who lost her child to adoption. They believe it would in fact copperfasten what they refer to as the status quo of regarding adopted/boarded out adults as a danger to their families of origin.

<sup>72</sup> See pages 5 & 6, <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf> where an —adopted person|| means a person (a) adopted under an adoption order, (b) born in the State and placed for adoption outside the State by An Bord Uchtála, a person who was at the time a registered adoption society, the Authority or the Agency, and whose adoption was effected outside the State, or (c) otherwise adopted in accordance with the law in force in the State at the time of that adoption;

<sup>73</sup> See page 8, <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf> where a “Relevant Person” means— (a) an adopted person, (b) a person who is or has been the subject of an incorrect registration, or (c) a person who has been the subject of an informal care arrangement;

It must therefore be understood that the same measures suggested for adopted people (legally or illegally adopted since 1953) will also apply to all unaccompanied children who spent time in one of the institutions under investigation<sup>74,75</sup>

4. A new Identities & Personal Information Access Bill for those detained in Institutions is required, which sets out the State's obligation to safeguard, preserve, catalogue and make available in a timely fashion all of the records on the former adult and child detainees of the institutions named previously:<sup>76</sup>
  - a. The Bill would allow for ease of access to records not just for those directly affected but also for family members, whose relative is missing or deceased;<sup>77</sup>
  - b. The conditions for redacting information, would be carefully worked out in advance and applicants previously detained in institutions and deprived of their identities and families of origin would be afforded additional information, not otherwise known or available to them in order to establish family connections.<sup>78</sup>
5. The adoption certificate of a mother's now adult child (age 18 and over) should be made available to natural parents upon request:
  - a. Having been informed of their mother's application for sight of their adoption certificate, adopted people would be offered access to a free person to person and telephone counselling service.

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<sup>74</sup> See section 41, <https://data.oireachtas.ie/ie/oireachtas/bill/2016/100/eng/initiated/b10016s.pdf>

<sup>75</sup> Under the Bill advocates contend that former detainees would not get sight nor copies of their files to even assess the injuries they have suffered. Instead they would get a "statement" of their file contents, to be written by a social worker, working for TUSLA the Bill, in our view, in common with all of its predecessors, conflates the right to personal information with the right to trace, which applicants have never claimed existed nor have they ever asked for such a right to be created. They have merely sought their own identities and information; rights enjoyed and guaranteed by all other citizens but denied to them due to the circumstances of their birth.

<sup>76</sup> Any database created to deliver this service, would need to create a link between a person's original identity and their acquired or adoptive name; without this link currently, adopted people and boarded out individuals have difficulty making personal information and FOI requests

<sup>77</sup> As is the case with a survivor, whose request for a sibling's records has been contested through the Courts by the State via its agent TUSLA.

<sup>78</sup> It is our experience that currently social workers from TUSLA are redacting information extensively, including the names of medical professionals who treated the person named in the files.

NOTE: further details of how this service might be structured need to be considered and developed and will be part of the next phase of the Forum's work.

6. Similarly, mothers and other relatives<sup>79</sup> of children, who were never adopted but were taken from their mothers in one of the named institutions, should be allowed to access a service, which would allow them to reconnect with their lost child/relative;

NOTE: further details of how this service might be structured need to be considered and developed and will be part of the next phase of the Forum's work.

7. Penalties for non-co-operation/culpability:
  - a. Any State body found not to be fully co-operating with Personal Information Requests would be subject to severe penalties and managers and executives would be held to account, including being subject to criminal sanction;
  - b. Any private body found not to be co-operating would be subject to severe financial penalties and criminal sanctions;
  - c. A key part of the call for accountability is the recommendation that any private or religious organisation, found to be involved in the gross human rights violations across the institutions under investigation, currently claiming charitable status, would be stripped of that status immediately;
  - d. The State should also seek to claw back unpaid taxes, whilst those bodies were in receipt of tax exemptions for the purpose of funding and maintaining redress schemes to those formerly detained in the institutions, where it is proven that human rights violations occurred;
  - e. Such bodies would also be ineligible for tendering for government contracts until minimum standards of governance and transparency were put in place;
  - f. To ensure transparency of all future funding of such so-called charities, current rules concerning donations would be examined with a view to

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<sup>79</sup> And other family members such as siblings, aunts, uncles etc



obtaining complete transparency on their source of funding and the uses to which such funding is put.

### **Issues with institutional information.**

A recurring and pressing theme across representative groups<sup>80</sup> of mothers and their now adult children (formerly detained in one of the institutions under investigation) surveyed by our sub- committee is that the failure of successive Irish Governments to address justice or accountability issues, has meant that alleged offences such as the tens of thousands of victims of enforced disappearance, arbitrary detention, forced labour, forced adoptions, illegal adoption,<sup>81</sup> child trafficking, neglect and illegal vaccine trials, have not been addressed

There is no central repository for the thousands of institutional records<sup>82</sup> that would allow survivors to even begin to quantify the human right violations they believe they have endured. They regard this as a further violation as it curtails their right to an effective remedy and access to justice<sup>83</sup>.

One mother, who was detained in one of the institutions associated with illegal vaccine trials, has repeatedly sought to discover if her now adult son ever received such vaccines (as she never gave her consent for him to be used in a trial), has been denied sight of his post-natal records. She says:

“I was his mother, until they took him from me. I was responsible for his welfare and I should know what treatments my baby was subjected to.”

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<sup>80</sup> Groups polled included Adopted Adult Groups; Mothers Groups; Specific Mother & Child Institution Survivors; Tuam Survivors Network, Mixed Race Irish, County Institution Survivors; Bethany Institution Survivors; Relatives Groups

<sup>81</sup> See [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf), pages 106 to 117 for a comprehensive catalogue of the human rights abuses allegedly committed within the various institutions under investigation by the “Commission on Investigation into Mother and Baby Homes & Certain related Matters”

<sup>82</sup> Such records include but are not limited to Admission and Discharge Registers; Minute Books; Staff reports; medical; financial, educational and religious reports; staff and holiday hosts documentation; Visitor Books and maintenance records; correspondence, death and burial registers; visual material; promotional material (in local and national media including small ads advertising children)

<sup>83</sup> See [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf), pages 117-121 for a comprehensive catalogue of the alleged on-going and current human rights abuses

In the October 2018, Clann Report, the following description of how expectant mothers were treated at the County Institutions is recorded:

“Witness 17’s mother gave birth at the County Home in Killarney, which was run by the Mercy Order of nuns. She washed linen and provided care to elderly and infirm patients –right up until the day before she gave birth to me and did not receive any payment in return. After the birth, she received little time to recuperate before she was forced to return to work. My mother told me that, as a general rule in the County Home, all girls and women returned to work as soon as their babies were born. This meant that she had little spare time to care for me during the weeks and months after I was born.”<sup>84</sup>

Without access to all of the institutional information, detainees who were forced to work not just in areas of the institution, but also for outside concerns, such as local businesses or private families will be unable to quantify the wages they are owed.

### **Recommendations for accessing institutional records.**

Our recommendations here significantly mirror those in respect of accessing Personal Information as set out on pages 29 – 32. Key elements are:

- A One Stop Shop to house a centralised archive of people’s detention, birth, death and other records, these to be gathered up from all the sources following;
- A special Task Force to be established to quantify and examine the state and number of relevant personal information records currently in the possession of not just TUSLA, but also the HSE, AAI, Local Authorities, Church bodies, religious orders, registered adoption agencies and pharmaceutical companies;
- The removal of the provision of such information services from TUSLA and their transfer to the One Stop Shop;

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<sup>84</sup> See [http://clannproject.org/wp-content/uploads/Clann-Submissions\\_Redacted-Public-Version-October-2018.pdf](http://clannproject.org/wp-content/uploads/Clann-Submissions_Redacted-Public-Version-October-2018.pdf), page 56

- Applicants to be given a template of what records should exist for them in respect of the relevant institution where they were detained, and appropriate access provided;
- Where access is not addressed by existing legislation, a New Institutional Information Access Bill to be put in place to address known shortcomings and impose obligations on the safeguarding, retention and cataloguing of such information by all the bodies mentioned above, for the purposes of access by survivors and, subject to conditions, by family members and the public;
- Relevant records held by the National Archives to be urgently catalogued, digitised and made available to former detainees of these Institutions, family members and authorised researchers;
- Appropriate sanctions for noncompliance by any persons or organisation, as set out on page 32, to apply.

It is further recommended that, following publication of the final report of the Commission of Investigation, it should be provided to the UCD team to be located within a framework of analysis similar to that of the Industrial Memories project, which previously disclosed key linkages across and the scale of abuse involving such institutions.

## **Terminology Issues and Recommendations**

### **Issues with terminology.**

*“Language is a way for a powerless group to reclaim power and fight exploitation and oppression”.*

Rickie Sollinger – “Shedding Light on Adoption” Conference 2006.

We believe that by empowering the survivors (and those struggling to survive) from the institutions represented at the Collaborative Forum to decide upon the language they wish to use to describe their experiences (and also taking into account human rights language) whilst incarcerated in State financed institutions, is a vital first step in acknowledging the gross human rights abuses they endured.

Those mothers<sup>85</sup> and their now adult children formerly confined in the institutions under investigation, wish to regain ownership of their own narrative and to cast aside what they experience as the minimizing and hurtful labelling<sup>86</sup> imposed on them by the Irish State, State Agents and powerful religious groups, who they report as having abused them over years or decades. In doing so they describe destroyed identities, childhoods, psyches, families, and health. The continued use of such distressing language, detainees feel shows no sign of making amends for the injuries caused.

The following is a description of how it is felt that language marginalised these groups and continues to do so today.

### **The criminalisation and pathologisation of unmarried mothers.**

Many mothers formerly detained in the Mother and Child Institutions report how they feel that criminalisation and classification of the unmarried mother has influenced the legacy of language still in use today.

Key policy influencers and organiser of public opinion include Fr. Richard Devane (1876-1951) described the necessity for the containment of the unmarried mothers thus:

‘the unmarried mother was in so many cases the prolific mother of degenerates, imbecility, insanity, venereal disease, blindness. In a word a physical and moral degeneracy can be to a considerable extent be referred back to her as a source...’

Whilst, language moderated slightly over the following decades, mothers within the institutions report they continued to be labelled as “first offenders” and “amenable to reform” or “repeat offenders” and “at risk”, which they believe meant they were

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<sup>85</sup> Whilst the entire network of Mother and Child Institutions was designed to accommodate unmarried women and their children, small numbers of widows, separated women and even married women were known to be confined in the institutions; what they had in common was they were pregnant without a husband.

<sup>86</sup> Labelling Theory is the theory of how the self-identity and behaviour of individuals may be determined or influenced by the terms used to describe or classify them. It is associated with the concepts of self-fulfilling prophecy and stereotyping

recommended for longer periods of detention, which only the Mother Superior in the institution could liberate them from.

### **Recent terminology which undermines mothers.**

In addition to the historic language influencing attitudes today, other mothers point out the subtle undermining of their role, through the contemporary language used by legislators, social workers, sociologists and adoptive parents.

One such mother<sup>87</sup>, who has managed a peer support network and advocacy service for natural mothers for 20 years says:

“The term “Birth Mother” is hurtful, insulting and inaccurate. It reduces the connection with our children to the few hours of their birth. And those hours are the least questioned about when we reunite with our children! The term “Biological Mother” is even worse – our children were not conceived in petri dishes in hospital laboratories!”

### **The stigmatisation and pathologisation of non-marital children.**

The children of the unmarried mothers detained within institutions did not escape labelling and stigmatisation; in the earliest years of the State, they were described as being at risk from “double original sin”, which only their adoption by good Catholic families could save them from.

Their “illegitimate” status meant they could not readily inherit from their parents and were also barred from entering certain professions and vocations. Some of the papers published by the Adoption Society reveal the contempt in which these “wretches” were considered.<sup>88</sup>

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<sup>87</sup> See longer essay “Respect for Mothers” in Appendix

<sup>88</sup> See “The Need for a Law of Adoption” by E W McCabe, Adoption Society (Ireland) 1949

[http://www.tara.tcd.ie/bitstream/handle/2262/3668/jssisiVolXVIIIPart2\\_178-191.pdf?sequence=1&isAllowed=y](http://www.tara.tcd.ie/bitstream/handle/2262/3668/jssisiVolXVIIIPart2_178-191.pdf?sequence=1&isAllowed=y)

One older unaccompanied child, who spent over 6 years in what they describe as one of the worst Mother and Child Institutions recalls the following:

“I remember being shouted at. I was told I was a bastard and my mother didn’t want me that I was the result of the devil’s work.”

Similarly, a mixed race child remembers:

“I thought ‘Nigger’ and ‘Bastard’ were my names they were shouted at me so often.”

Another notes:

“admission notes to St Patricks on the Navan Road, list my colour under ‘Defects.’ I was racially profiled before this was even in the common language of today.”

It is understood that children with disabilities as well as those from the Travelling community were also described as defective and not readily made available for adoption. It is anticipated that life for these marginalised groups will be a matter that the Commission of Investigation may comment on in their final reports.

### **How adopted adults are treated today.**

The name calling of unaccompanied children and adopted adults has not stopped. Adopted adults, who seek information on their own identities and/or families of origin report they are routinely asked to justify their queries by social workers and adoption agency staff.

In her memoir, *An Affair with my Mother*<sup>89</sup>, Catriona Palmer writes;

“I hadn’t expected to have to work so hard to prove my worthiness for this search. Naively, I had thought it my right”

In all of the legislation and commentary on adopted people, the phrase “adopted child” is routinely used and that the manner in which their campaign for equality is being handled by the Department of Children and Youth Affairs is telling. Adopted adults report how they

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<sup>89</sup> Palmer, C. (2016) *An Affair with My Mother*. Dublin: Penguin Ireland. (Page 38)

feel they are infantilized by social workers, who frequently ask if they have talked to their adoptive parents and sought their approval about getting their early life information.

Similarly, the Adoption Authority of Ireland<sup>90</sup> has only recently removed the photos of babies, which featured across their entire website but their biggest area of work “Information and Tracing” is still relegated to the last position in their menu of choices.

### **Recommendations on terminology and language.**

1. An expert working group comprising representatives of mothers and children formerly detained within the institutions under investigation, their advocates, socio-linguists and historians should be formed without delay;
  - i. Their objective would be to deliver an approved template of terms and language, (agreed by those directly affected by the Mother and Child Institutions; County Institutions, Protestant Institutions etc.<sup>91</sup>) to be used today to describe the reality of Ireland’s treatment of certain groups of mothers and children;
  - ii. They would also stipulate the labels and language, previously used to define mothers and children<sup>92,93</sup> which are regarded as offensive by survivors’ groups or which are historically inaccurate, which need to be withdrawn from contemporary use;
  - iii. Finally, they would conduct research into the miss-use of language across the institutions named above to arrive at an accurate and era-specific glossary of terms.

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<sup>90</sup> See [aai.gov.ie](http://aai.gov.ie)

<sup>91</sup> As survivors of the Magdalene Laundries, Industrial Schools, Reform Schools etc. share similar experiences, it may prove prudent to involve representatives from these groups also.

<sup>92</sup> e.g. The phrase “Birth Mother” is roundly rejected by those mothers, whose children were forcibly taken from them as it reduces their role of mother to that of a few hours when they gave birth. This label completely ignores the length of time they carried their babies and also that the majority of mothers who gave birth in the Mother and Children Institutions, were held there with their children for up to 2 years or even longer.

<sup>93</sup> e.g. In 2018, the Phrase “adopted child” is used to describe adults (including grandparents!), whose rights to an identity are still denied as if they lacked full adult capacity.

2. Legislators, policy makers, social workers, historians, political and media commentators and those professions offering services to the former detainees of the various institutions would implement the following terminology suggestions in their style guides and would immediately cease to use the phrases/words shown in the attached tables, given the huge offence and hurt they cause.

In the following tables, we have noted the phrases and labels that have been cited as causing hurt and offence to those formerly detained in various institutions.

Following discussion within our sub-committee (a mixture of mothers, adopted adults and a family member of “an unaccompanied child”) and consultation with a number of representative groups, we arrived at some suggested alternatives.

We are not the arbitrators of approved terminology but we offer these as examples of some of the worst phrases in use and hope that our suggested alternatives will encourage consideration of the hurt and damage that language can cause.



**Preferred phrases describing institutions.**

Preferred Phrase	Definition	No longer to be used
Institution	An organisation founded for a religious, educational or social purpose – in the case of Ireland to isolate and detain unmarried mothers and/or their children; to isolate and detain the destitute elderly and infirm.	Home
Mother & Child Institutions	Isolated, walled institutions designed to contain unmarried mothers, their children (up to age 8+) plus unaccompanied children	Mother & Baby Homes
County Institutions	The successors to the 19th Century Poor Houses dating from the Poor Reform Act of 1906, tasked with “looking after” the “destitute elderly & infirm”, but in practice housed other marginalised groups such as unmarried mothers and their children <sup>94</sup>	County Homes
Bethany Institution	The original Bethany Institution was based in Blackhall Place, Dublin 7 but relocated to Rathgar Road from 1934 until its closure in 1972. It aimed to accommodate women and girls of the protestant faith who were on remand or unmarried and pregnant <sup>95</sup>	Bethany Home

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<sup>94</sup> See Donnacha Sean Lucey “The End of the Irish Poor Law”, Welfare and Healthcare Reform in revolutionary and independent Ireland. Manchester University Press, 2015

<sup>95</sup> See Niall Meehan “Church and State and the Bethany Home.”

[http://www.academia.edu/320793/Church\\_and\\_State\\_and\\_The\\_Bethany\\_Home](http://www.academia.edu/320793/Church_and_State_and_The_Bethany_Home)

Protestant Institutions	These were smaller outfits, run along the same institutional lines as the Bethany Institution, by members of various Protestant organisations e.g. Westbank Orphanage; Ms. Carr's Flatlets, Bird's Nests institutions.	Protestant Homes
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**Preferred phrases describing people.**

Preferred Phrase	Definition	No longer to be used
Natural Mother <sup>96</sup>	An unmarried mother (in rare cases, also possibly a married, widowed or separated woman), whose child was forcibly separated from her because of her marital status	Birth Mother Biological mother Tummy Mummy
Natural Father	An unmarried father	Birth Father Biological Father
Non-marital child	A child born outside of marriage, detained with its unmarried mother or unaccompanied within a Mother and Child Institution before being boarded out, sent to an Industrial School or taken for adoption	Illegitimate; Bastard
Extra-marital child	A child born to a married, widowed or separated woman, whose former husband was not the natural father of the child; detained with its mother or unaccompanied within a Mother and Child Institution before being boarded out, sent to an Industrial School or taken for adoption	Illegitimate; Bastard
Natural Sister/Brother	The full or half sibling of a non-marital or extra-marital child	Birth Sister; Birth Brother

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<sup>96</sup> Although the Mother and Child Institutions were designed to accommodate unmarried mothers and their children, it is known that some married women, including separated and widowed women were also detained due to the social stigma of having an extra-marital child or a child she could not afford

Family of Origin	The natural family of the non-marital child before s/he was boarded out, sent to an Industrial School or taken for adoption	Birth Family
Unaccompanied child	A non-marital or extra-marital child detained alone in a Mother and Child Institution due to his/her mother's marital status	Baby
Confinees/ Detainees	Expectant mothers; unmarried women and girls who had previously given birth; their children and unaccompanied children detained without leave in various institutions due to the mothers' marital status or to the children's status at birth	Resident
Mothers, their children and unaccompanied children	Expectant mothers; unmarried women and girls who had previously given birth; their children detained without leave in various institutions due to the mothers' marital status or to the children's status at birth	Residents
Survivors	Those mothers or now adult children, who survived a brutal and neglectful detention whilst detained in one of the incarcerative institutions described above	Former residents
Victims	Those people harmed, injured, or killed as a result of crimes committed within the various institutions including but not limited to enforced disappearance; forced labour; illegal vaccine trials; forced adoption; illegal adoption, physical abuse, sexual abuse, neglect, withholding of medical treatment	Former residents
Living witnesses	Those individuals with a direct memory of their experiences within the institutions	Former residents
Repeat victims	Those unmarried mothers who were detained more than once in an institution because of a subsequent pregnancy	Repeat offenders

Indentured child labourer	Unaccompanied child detainees in Mother & Children Institutions, County Institutions and Bethany Institutions were deprived of the care of their families of origin by the State in favour of leasing them out to local businesses/farmers as indentured labourers	Boarded out children
Mixed Race	Children of mixed ethnicity	Negroid; half cast, coloured
Adopted Adult	The vast majority of people adopted – informally, legally or illegally are now adults	Adoptee, adopted child

**Preferred phrases to be used by social workers; TUSLA; Adoption Authority of Ireland; policy makers; legislators; DCYA; commentators.**

People who have been boarded out, informally adopted, illegally adopted, legally adopted, their mothers, their siblings and other relatives (repeatedly but without success) complain about the stigmatising language they feel is cynically used to diminish the injuries they have suffered and continue to suffer as a result of the State's and various church's approach to unmarried mothers and their children.

Below are examples of those phrases and the alternatives suggested by the victims

Preferred Phrase	Definition	No longer to be used
Forced Adoption	The State sanctioned and financed practice of separating non-marital children from their unmarried mothers, based merely on the mother's marital status	Adoption
Family Destruction	The State sanctioned and financed practice of separating non-marital children from their mothers, based merely on the mother's marital status	Adoption Placement
Taken for adoption	Those children born in Mother and Child Institutions, County Institutions and in State Maternity Hospitals to unmarried mothers had their children taken from them for Forced Adoption. Children were forcibly signed over to the religious heads of various orders or	Given up for adoption; abandoned

	adoption agencies, who processed them as they saw fit	
Daughter/Son	The child forcibly taken from its mother for the purposes of adoption	“Third party”; social workers in TUSLA have used this phrase to describe a mother’s child to her
Establishing one’s identity	The act of completing one’s family tree in order to establish one’s identity; this does not always mean that contact with family members is sought	Tracing
Remove completely	The 2016 “Adoption Information and Tracing Bill” suggests that various parties (including social workers) can block the release of an adopted person’s birth cert “information” from them by citing compelling reasons, such as “danger of death” to the natural mother	Danger of Death

## **(Mis) Representation Issues and Recommendations.**

The objective of this module is to dispel the untold number of myths, lies and distortions that surround the treatment of Ireland's unmarried mothers<sup>97</sup> and their children. We believe it is essential that a forensic examination be made of the contemporaneous influences that determined State policy and public attitudes towards this vulnerable cohort of Irish citizens.

### **Classification and criminalisation of the mothers.**

People bought into the myth that unmarried women and girls were promiscuous, immoral, feckless, degenerate etc. and that they would have a contaminating effect on public morals or they would relapse. So their enforced detention and segregation was justified on that basis.

The language and tone of the 1927 Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor (October 1927) embedded the discursive shift towards criminalisation: all unmarried expectant mothers were offenders but there were two classes of offender defined, those who may be amenable to reform and the 'less hopeful cases'. Both class of offender had a pathway laid out. The 'first offender' required moral up-building and could be sent to mother and baby homes. The second class of 'offender', the 'less hopeful' cases, the 'residue' and least open to good influences could expect a lengthy period of detention. The third time pregnant 'offender' came with the recommendation that the Board of Health should have 'the power to detain' for such a period as they think fit having considered the recommendation of the Superior or

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<sup>97</sup> Not all of the mothers detained were unmarried; there were also widows, separated women and even married women, who could not afford to raise the children they were carrying; what they had in common was no husband to support them



‘Matron of the Home’<sup>98</sup>. Thus the unmarried mother was to be viewed as deviant, troublesome pariahs and a cost to the tax payer.

Ironically, research<sup>99</sup> carried out by Conall O’Fatharta of the Irish Examiner on the ages of the youngest detainees at the Bessborough Mother and Child Institution, is suggestive of victims of rape and incest being detained, whilst their attackers remained unprosecuted.

In 1949, EW McCabe, vice chairman of the Adoption Society of Ireland<sup>100</sup>, a lobby group of adoptive parents, campaigning for legal adoption in Ireland, made the following remarks about the “unmarried mother” in an address to the society members, titled “The Need For A Law Of Adoption;”

“the emotional revulsion of the girl towards her child, whose father has been her seducer and deserter Very many of these girls have such bitter and antagonistic feeling for their offspring that they will not have any wish to retain the child, but would prefer to be rid of a troublesome reminder of a fall from grace and social standing”

In cases where the unmarried fathers were in a relationship with the mothers of their children, they were widely encouraged by families and religious leaders to disengage from those relationships due to the attendant scandal. Whilst many fathers seem to have followed this dictate with little difficulty, there is anecdotal evidence that where the mothers were younger than the age of consent, that some fathers feared being prosecuted for statutory rape and readily walked away.

As well as adoptive parents happy to paint “unmarried mothers” as unsuitable parents, social workers have also played a vital role in echoing the views of adoptive parents.

This quote is from, a social worker for the Adoption Board in 1976:<sup>101</sup>

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<sup>98</sup> Paul Michael Garrett

<sup>99</sup> See <https://www.irishexaminer.com/ireland/child-rape-victims-were-in-bessborough-maternity-registers-show-369151.html>

<sup>100</sup> [http://www.tara.tcd.ie/bitstream/handle/2262/3668/jssisiVolXVIIIPart2\\_178-191.pdf?sequence=1&isAllowed=y](http://www.tara.tcd.ie/bitstream/handle/2262/3668/jssisiVolXVIIIPart2_178-191.pdf?sequence=1&isAllowed=y)

<sup>101</sup> See <http://www.adoptionloss.ie/history.htm> Quote reproduced from an Article in the Irish Independent 1976.

“This tendency (for mothers to keep their babies) may have progressed too far. Fewer babies are coming onto the adoption market as a result.”

**The institutions were charitable organisations myth.**

The general view of Irish society was that various institutions run by the R Catholic Church (and some by Protestant interests) on behalf of, and financed by the State or local government, were carrying out a vital charitable function to mind “unfortunate girls” who became pregnant outside of marriage.<sup>102</sup>

The Forum is of the view that unmarried, pregnant women and girls were being incarcerated in punitive, brutalising, stigmatising, for-profit enterprises that traded on the forced, unpaid labour of the mothers (within and outside the institutions), and in many cases on the sale of their children.

The various operators – many of which were religious orders<sup>103</sup> were mainly financed by direct per-capita grants from central government funds, but the County Institutions were funded by ratepayers and were deemed to be a drain on local resources, so were not as well funded as the Mother and Child Institutions.

However, the least resourced institutions and therefore suffering the greatest deprivations were the Protestant Institutions, whose appeals for central government funds fell on deaf ears, as it was considered that the Church of Ireland and other reformed faith churches themselves should essentially fund the Rathgar operation, as well as other smaller centres.<sup>104</sup>

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<sup>102</sup> The same model had been employed by the State to separate poor children from their impoverished families to detain them in isolated, unregulated Industrial School and Reform School institutions and to pay members of various religious orders to detain those children rather than support the parents to mind their children themselves.

<sup>103</sup> The Sisters of Charity of St Vincent De Paul, now called the Daughters of Charity, ran St Patrick’s Mother and Child Institution on the Navan Road, Dublin 7 (previously called Pelletstown), which late relocated to Eglington house, Eglington Road, Dublin 4; The Bons Secours (a nursing order) nuns ran the Tuam Mother and Child Institution in Co. Galway; The order of the Sacred Hearts of Jesus and Mary ran 3 Mother and Child Institutions; The Manor House, Castlepollard, Co. Meath; Sean Ross Abbey, Roscrea, Co. Tipperary; and Bessborough, Blackrock, Co. Cork; The Good Shepherd sisters ran Ard Mhuire in Dunboyne; The Kilrush Institution in Co. Clare (formerly the Kilrush Workhouse) was operated by the Sisters of Mercy; The Bethany Institution in Rathgar was operated by Protestant interests, mainly lay members of the church of Ireland; St Gerards, Mountjoy Square was operated by lay members of the catholic church; The Regina Coeli Hostel in North Brunswick St was run by the lay R Catholic organisation, the Legion of Mary.

<sup>104</sup> Other protestant institutions included Westbank Orphanage in Co. Wicklow

### **The institutions safeguarded the welfare of the children myth.**

It is doubtful to us that anyone actually believed that welfare of the children was safeguarded in the various institutions, where significant numbers of children were left to their own fate.

One Tuam survivor, who was in the home as an unaccompanied child for 6.5 years recalls the following conditions and attitude towards him:

“I remember it was cold I remember being dirty. I was only cleaned up when someone came into the home. I remember not being given food or drinks. I remember being shouted at; I was told I was a bastard and my mother didn’t want me that I was the result of the devil’s work.”

Another Tuam survivor, who was an unaccompanied child there for 7 years, recalls:

“I can remember not being fed rightly, crying with pains in my stomach. I remember being given medication but I didn’t know what it was for. I never went to school there. I remember being sent in an ambulance at night to Dublin.”

A mixed race survivor of St Patrick’s Mother and Child Institution, Navan Road tells:

“My overriding memory of St Patricks was the constant change, I arrived there a well-adjusted infant, with a recommendation to not board me out or to send me to an Industrial school; of course that is what happened and I have no idea who decided to punish me, an infant in this way. I was indentured to an un-vetted elderly couple who whipped the shite out of me for 18 months and then returned me to St Patricks as damaged goods, I was gobsmacked when I learned that the Nuns tried to sell me to the children of this vicious woman and of course they didn’t want me because at the age of 3 and a half years old, I was too old. By the time I left St Patricks my body and mind were absolutely broken. My other lasting memory is being separated from my only family, my twin brother and no one told me we were to be separated.”

A mother, whose child was born in St Patrick's Mother and Child Institution, Navan Road:

"I wasn't even allowed to care for my child, while we were together in the institution. I was put to work soon after he was born and he spent his days in the nursery with different mothers and nuns. The nursery doors were locked at night and the babies were left to cry so they would be malleable and passive for their new adoptive parents."

A daughter, whose mother gave birth to her in St Patrick's Mother and Child Institution, Navan Road, recalls:

"My mother told me that she had to breast feed other children but I had to have water because she did not have enough milk for me."

Far from being cared for within a dedicated facility, children detained within the various Mother and Child Institutions suffered from an infant death rate, which far exceeded the death rate of children in the poorest parts of inner city Dublin.<sup>105</sup>

Apart from the allegations of serious neglect that many of these children report, they also tell of being targets of stigmatisation and pathologisation based purely on their non-marital family status.

### **The clean break myth.**

Mothers and the children, who spent time in the named institutions, have reported that the effects have been life long and devastating. Many mothers report never recovering from the enforced separation from their child, never knowing if s/he was alive or dead and suffering from a living bereavement.<sup>106</sup> Equally, children, particularly those who were unaccompanied for years tell of the scars of grief, loss, neglect, self-doubt etc., which is carried down through the generations as noted by this person:

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<sup>105</sup> See <https://merrionstreet.ie/en/wp-content/uploads/2014/07/report-of-inter-departmental-group-on-mother-and-baby-homes.pdf> page 8, which shows Inspector Alice Litster's concerns about the exceptionally high mortality rate amongst "illegitimate" children in the various Mother and Child/County/Bethany Institutions

<sup>106</sup> Many of the surviving mothers report on the "living bereavement" they continue to feel on never being acknowledged simply as an expectant mother; a new mother; a loving mother but always having to bear the stigma of the labels attached to them by the male hegemony.

A survivor of St Patrick's Mother and Child Institution, Navan Road:

"My experiences in St Patrick's on the Navan Road left a gaping void in my life, subsequently filled throughout the raising of my children with anger, frustration and guilt and incompetence. The older I get the more time I think about my now, adult children as babies, I am left drowning in sadness and resentment. I failed them on so many levels."

**The adopted people should be grateful myth.**

As the Rev Keith C. Griffiths (MBE) stated so presciently:<sup>107</sup>

*"Adoption loss is the only trauma in the world where the victims are expected by the whole of society to be grateful."*

With regard to Irish adopted people, we believe what he could have also added was "compared to their fellow detainees, who spent years as unaccompanied children and experienced greater brutality."

The fact that any child, who experienced family destruction, which they believe was at the behest of the Irish State, the R Catholic Church and various Protestant churches, went on to be adopted is not a cause for celebration, nor does it give them "a get out of jail free" pass. It is mere happenstance that the majority of adoptive parents were loving, caring, well-adjusted individuals – many report however that they were not and their adoptive children suffered hugely as a result.

Until very recently, there is anecdotal reports, that prospective adoptive parents were not properly assessed when applying to adopt a child and a short letter from their local parish priest confirming their regular attendance at religious services usually sufficed.

The life-long emotional turmoil and damage of believing oneself abandoned by natural parents and being a poor consolation prize for couples unable to have their own children,

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<sup>107</sup> See "Living with Adoption's Dichotomies and Myths"; [https://www.huffingtonpost.com/mirah-riben/living-with-adoptions-com\\_b\\_6504642.html?guccounter=1](https://www.huffingtonpost.com/mirah-riben/living-with-adoptions-com_b_6504642.html?guccounter=1)

has never been researched in Ireland<sup>108</sup>, despite having one of the highest per-capita rates of forced adoption in the world<sup>109</sup>.

The current Adoption Authority of Ireland, as the official body of excellence for adoption in Ireland, has not pursued any research on the 100,000+ adoptions, which have occurred since the foundation of the State, choosing to focus instead on the populist issues of inter-country adoption.

### **Recommendations on Mis-Representation.**

To dispel the untold number of myths, lies and distortions experienced by some that surround the treatment of Ireland's unmarried mothers and their children, we believe it is essential that a forensic examination be made of the contemporaneous influences that determined State policy and public attitudes towards this vulnerable cohort of Irish citizens. To that end, we make the following recommendations.

1. An expert team including representatives of those formerly detained in various institutions, historians, academics, socio-linguists, accountants, archivists etc. to create era-specific narratives on each of the homes under investigation. Examples of the derogatory, discriminatory, racist, classist etc. language used against unmarried mothers, unmarried fathers and their children in the public domain to be collected and probed and shown where it influenced and drove the public discourse. Examples of moderate, humane commentary also to be collected.

Examples should not be limited to religious orders but should include commentary made by State Agencies (e.g. local health boards; the Adoption Board; government departments) social workers, midwives, doctors, nurses, solicitors, lay charities, adoptive parents lobby etc. and how this commentary drove government policy;

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<sup>108</sup> The Adoption Board (called Adoption Authority of Ireland since 2010), which had regulatory and oversight obligations of the conduct of registered adoption agencies under the 1952 Adoption Act, would not appear to have been at all effective. Illegal adoptions appear to have been widely practiced across registered agencies

<sup>109</sup> See figures for 1967, where 97% of all non-marital children were taken for adoption in Ireland. Source [www.aai.gov.ie](http://www.aai.gov.ie)

2. To counteract the negative narrative surrounding the mothers detained in the various institutions as conveyed by members of the Forum and those canvassed for their views, personal accounts would be gathered from living mothers who wish to speak to the actual reality of their role as mothers, for the limited time that they cared for and loved their children with the same hopes and dreams for their children as any other mother;
3. A detailed assessment of the medical facilities (or lack thereof) available to mothers and children in each of the institutions should be made and compared to facilities and services available to the general public. The morbidity and mortality rates within the homes should be measured and compared against the same rates within the general population and an analysis made;
4. A comparison of the welfare, educational and medical facilities available to all detainees across the various institutions;
5. The finances and source of income available tax free to the various operators of the institutions across the decades should be put under the microscope and compared on a per capita basis to the households living on the average industrial wage:
  - a. In addition to the per capita payments paid by the State, attention should also be paid to the value of the enforced labour of the women and girls within and outside the institutions including the production of piece work and the sub-contracting of women and girls to external private business and families;
  - b. the “donations” received by the various orders of nuns;
  - c. any social welfare payments (including sick pay, disability benefit, unemployment benefit, children’s allowance) not paid to the mothers directly;
  - d. “Buyout” money paid to the religious orders by families of the mothers to secure an early release;
  - e. Maintenance payments paid to the religious orders by mothers even after they had left; and
  - f. An assessment of the total earnings of the various orders to be made, including the value of tax free allowances for their “charitable status”.

6. A candid assessment of the Irish Adoption Industry (pre and post 1953) to be made, examining the degree to which boarding out arrangements, fostering arrangements or adoptions were forced, legal, illegal, made without informed consent etc.;
7. A detailed examination of the “undertakings”, to never contact their children, demanded of mothers upon signing away parental rights to their children;
8. A search for evidence on any guarantees given to mothers regarding the permanent sealing of their children’s personal records;
9. Upon collection of the evidence suggested above, the organisation of a truth commission<sup>110</sup> to reveal the extent to which the state, its agents and various religious orders and lay religious groups, according to a 2012 HSE report, pursued a culture “where women and babies were considered little more than a commodity for trade amongst religious orders” and that they were “provided with little more than the basic care and provision afforded to that of any individual convicted of crimes against the State;”<sup>111</sup>
10. One of the single biggest redress measures that should be undertaken is to expose the full truth of how the various institutions were operated, through permanent exhibitions and education;
11. A network of national and regional museums to be established, which would house permanent and interactive exhibitions on the gross human rights abuses, which took place across the institutions under investigation;<sup>112</sup>
12. The issue of how Ireland treated its unmarried mothers and their children should be part of a comprehensive school curriculum module, examining how human

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<sup>110</sup> A Transitional Justice model was considered by a broad spectrum of survivors, victims, advocates, human rights experts, historians, politicians, academics etc. at a specially convened conference in Boston, USA from November 1st to 2nd 2018 called “Towards Transitional Justice; Recognition, Truth telling & Institutional Abuse in Ireland”. The overwhelming consensus was that only this kind of approach could provide redress and closure for survivors and victims

<sup>111</sup> See <https://www.irishexaminer.com/ireland/special-investigation-government-already-knew-of-baby-deaths-334260.html> - Conall O’Fatharta 03-03-2015

<sup>112</sup> NOTE: Widespread support is indicated across various survivor groups, for the site of the former Magdalene Laundry in Dublin’s Sean McDermott Street to be the epicentre of such a network. Having been persuaded by a “Save Sean McDermott St Laundry” campaign, run by Gary Gannon, the current Dublin Lord Mayor, Niall Ring, has established “The Lord Mayor’s Forum” to obtain views and ideas across various survivor groups and the local community on how best to utilise the former laundry site.



rights were violated here on a vast scale; the causes; the impact on the former detainees, their families and the inter-generational effect;

13. Scholarships and research grants should be offered to survivors and academics to study the area in depth.

### **Our Health in Our Hands**

#### **1. Introduction.**

Following the interim reports of the Commission of Investigation into Mother and Baby Homes in 2017, the Minister for Children and Youth Affairs held two facilitated consultation events in Dublin and Cork to hear the views of survivors of Mother and Child Institutions.

One of the key themes coming out of the consultation process was that health and well-being supports should be survivor centred. The words 'Nothing about us without us' was a clear message.

The Health and Well-being Sub-Committee is one of the subcommittees within the Collaborative Forum set up specifically to address this area. The Charter for the Collaborative Forum sets out the aims of the Health and Well-being Sub-committee to examine how best to:

1. assist advocacy and support work of national and local groups;
2. identify and share good practice in peer to peer support activities;
3. provide safe spaces to discuss and reflect on experiences;
4. examine the type of professional counselling support required and how to access such support;
5. consider the separate needs of different groups;
6. make recommendations to facilitate access to specific health and personal social services

The top three priorities identified by the Health and Well Being Subcommittee concern - health cover such as medical cards, associated health assessments/screenings and a new structure to replace Caranua. These have been endorsed by the full Forum membership.

Pending deliberations of the Commission of Investigation into Mother and Baby Homes the Collaborative Forum is not currently covering financial redress, but will return to this issue at a later stage.

A number of critical considerations must be borne in mind when assessing issues and appropriate responses to the health and wellness needs of survivors:

- the trauma and stigma as reported by natural mothers who were separated from their children has had long term negative impacts on their health and well-being;
- the children who were adopted, left unaccompanied in institutions, or 'boarded out' who report suffering long term negative health consequences from their individual experiences;
- the need for dignity, privacy and respect in the provision of any health services to mothers and children who wish to keep their past experiences secret;
- the imperative that services and supports provided should avoid any effect of re-traumatising mothers and children when applying and availing of them;
- the right to equality when providing the same health and wellbeing services to citizens residing in Ireland and those living overseas.

The health supports identified in the following paragraphs will, we believe go some way to alleviating this pain and suffering which continues to this day.

## **2. Health status of survivors – brief overview.**

The Mother and Child Institutions controversy in Ireland was prompted by the discovery of the high rate of deaths at the Bon Secours Mother and Child Institution in Tuam, Co. Galway and their burial in un-consecrated grounds on the site. A local historian, Ms Catherine Corless, sourced details from public records of 796 child deaths, very many of them infants, in this institution in the period from 1925 to 1961.<sup>113</sup>

### **Children.**

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<sup>113</sup> <https://merrionstreet.ie/en/wp-content/uploads/2014/07/report-of-inter-departmental-group-on-mother-and-baby-homes.pdf>

Reports show that mortality rates of illegitimate children in Ireland were higher than average in Mother and Child Institutions. The life-expectancy of children and their mothers who survived these institutions is less well known, and even less well known are the life expectancy rates of those with disabilities<sup>114</sup> and of mixed race.

Those who remained in the institutions (i.e. not adopted/fostered out) have also reported negative outcomes:

“It is known that extreme early deprivation of sensitive and consistent parenting leads to attachment disorder, but also to neural atrophy, cognitive and personality difficulties. Children placed in a caring family environment by the age of 6 months can recover and many can achieve physical and cognitive development in the normal range’ by 16 years, although are likely to continue to show difficulties in areas such as peer relationships, social behaviour and attachments, leading to a greater chance of antisocial behaviour and mental health problems”<sup>115</sup>

### **Natural mothers.**

In relation to mothers “birth mother biographies reveal the same repressed emotions of shame, guilt, and anger from adoption placement as reported in the research literature and similar corresponding life crisis events such as subsequent infertility, disruptive interpersonal relationships, increased divorce/remarriage rates, addiction, and chronic depression.”<sup>116</sup>

The lack of sympathy and public recognition of the pain of relinquishment and the silence around the existence of their child, as witnessed by natural mothers, meant they were denied any opportunity to resolve their grief. Mothers felt they had no option but

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<sup>114</sup> [http://www.equalrightstrust.org/ertdocumentbank/err9\\_mulheir.pdf](http://www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf)

<sup>115</sup> [http://pure-oai.bham.ac.uk/ws/files/18169216/Hamilton\\_Giachritsis\\_Forgotten\\_Children\\_Early\\_](http://pure-oai.bham.ac.uk/ws/files/18169216/Hamilton_Giachritsis_Forgotten_Children_Early_) “The Forgotten Children” Hamilton- Giachritsis

<sup>116</sup> [https://www.researchgate.net/publication/263746136\\_Birth\\_Mother\\_Grief\\_and\\_the\\_Challenge\\_of\\_Adoption\\_Reunion\\_Contact](https://www.researchgate.net/publication/263746136_Birth_Mother_Grief_and_the_Challenge_of_Adoption_Reunion_Contact) - P 410 “Birth Mother Grief and the Challenge of Adoption Reunion Contact”

to be part of the collusion in the silence around the existence of their child and to internalise their intense and distressing grief.<sup>117</sup>

In an Australian study by Daryl Higgins in 2011 about the adoption practices and the impact on mothers the author states that 'In describing the grief and trauma, many authors have drawn on related bodies of research, using recent infant–mother attachment research to support their contention that separation causes emotional damage to both mother and child.' 'As with other groups who have experienced pain and trauma, having society recognise what has occurred (i.e., naming it, and understanding how it occurred and its impact) is an important element in coping with and adjusting to the deep hurt they have experienced.'<sup>118</sup>

In a further UK study in 2012 it stated that 'The mental distress of birthmothers, birth fathers and extended birth family members was very high compared with a community sample. Mothers had the highest levels of distress, followed by fathers, and then extended family members. Distress related to adoption needs to be recognised by mental health workers and mental health issues should be recognised by adoption support providers.'<sup>119</sup>

### **Adopted people.**

For adopted people we found the following research on suicide rates of adopted versus non- adopted people in the US: University of Minnesota —investigated whether adoption status represents a risk of suicide attempt in a US sample of adopted and non-adopted offspring. We found the odds for reported suicide attempt to be 4 times greater in adoptees relative to non- adoptees. This finding represents the first demonstration of increased risk of suicide attempt in US adoptees placed in nonrelative families. These findings are consistent with those reported by Hjern et al, who observed significant

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<sup>117</sup> Motherhood Silenced' Ruth J.A. Kelly, The Liffey Press 2005. P 149 a study of a sample of 20 natural mothers in Ireland.

<sup>118</sup> Unfit Mothers...Unjust Practices' Daryl Higgins, Family Matters No. 87 - April 2011, <https://aifs.gov.au/publications/family-matters/issue-87/unfit-mothers-unjust-practices>

<sup>119</sup> The mental distress of the birth relatives of adopted children: 'disease' or 'unease'? Findings from a UK study, Oct 2012, E Neil , Elsbeth Neil BSc MA PhD Senior Lecturer, <https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12003>

...odds for suicide attempt in Swedish inter- country adoptees.<sup>120</sup> As we know many Irish babies were adopted by American families.

At the Facilitated Meetings held in Dublin on 30 June 2017 with over 100 survivors of Mother and Child Institutions it was evident that ‘survivors had poor physical health which they related in part to carrying the burdens of their past.’<sup>121</sup> Mothers and children (now adults) are suffering from problems of addiction, substance abuse, depression specifically related to their past experiences. The impact of these is intergenerational.

‘Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.’<sup>122</sup>

### **3. RECOMMENDATION AREA 1 - Comprehensive health care - medical cards and health care services.**

We believe that any health care offered by the State should be comprehensive, covering a complex set of health issues spread across a diverse group of survivors who were in Mother and Child Institutions. It should also ensure that all survivors can avail of health care services in private due to years of living in secret arising from the burdens of the stigma carried.

To achieve this our key recommendation is that the State provide survivors resident in Ireland with a HAA medical card which gives the holder a life-time entitlement to both primary care services and hospital services, (the Health Amendment Act 1996, HAA, card). This health offering should however be made equivalent to the proposals made in The Quirke Report<sup>123</sup> in 2013 for survivors of Magdalene Laundries, some of whom were natural mothers in Mother and Child Institution. In addition, survivors should have the

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<sup>120</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3784288/> \_Paediatrics Journal : ‘Risk of Suicide Attempt in Adopted and Non-adopted Offspring’

<sup>121</sup> ‘Report on Facilitated Meeting with Former Residents of Mother and Baby Homes and County Homes and those affected by their experiences of them’, Jim Halley, P8

<sup>122</sup> The Constitution of The World Health Organisation 1946, <http://www.who.int/about/mission/en/>

<sup>123</sup> The Quirke Report 2013

::<http://www.justice.ie/en/JELR/THE%20Quirke%20report.pdf/Files/THE%20Quirke%20report.pdf>

option to use private health services, such as visiting private hospital, consultants or GP in order to guarantee privacy and avoid waiting lists.

For survivors living outside Ireland, Health care and hospital services should be provided on the same basis as above i.e. to ensure privacy and avoid waiting lists. This may be some combination of State and Private provision depending on the country's health care system. The split between private and public provision should be at the choice of the survivor.

We therefore recommend the following, in acknowledgment by the State, of the adverse impact on the physical and mental health on survivors of Mother & Child Institution:<sup>124</sup>

1. The State recognises the need to design and implement health care programmes in collaboration with survivors. These health care programmes should reflect the dignity, privacy and human rights of survivors, as well as the need for expedition in the delivery of health services;
2. The State should provide comprehensive medical health care<sup>125</sup> to survivors of Mother & Child Institutions and County & Protestant Institutions as follows:
  - a. Immediate to short-term: To meet the urgent needs of elderly survivors<sup>126</sup> and those who were subjected to vaccine trials, the State should give this group of survivors the following three options:
    1. To transfer immediately onto to the HAA Card;<sup>127</sup>
    2. To obtain free access to private health services such as private hospitals, consultants or GPs (including any associated costs);<sup>128</sup>
    3. To obtain free private health insurance with the State ensuring that any pre-existing health conditions are covered.

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<sup>124</sup> See basis of Health Care Services recommendations in Appendix 1

<sup>125</sup> Recommendations relating to Mental Health services and supports will be addressed in a separately, in our next report.

<sup>126</sup> Our survey of 100 survivors show that 37% consider Home Nursing to be very important, and amongst the elderly this increases significantly to 82% of elderly saying home nursing is very important.

<sup>127</sup> Health (Amendment) Act 1996 – access on a statutory basis to a wide range of primary care and hospital-based services. The HAA card is one of the most important cards awarded by the HSE

<sup>128</sup> Our survey of 100 survivors show that there is a significant component who consider private services to be very important at 36% with a further 26% wanting a mixture of private and public. 38% say public services are acceptable if services are provided expeditiously i.e. no long waiting lists.

- b. Longer term: To meet the needs of survivors in the longer term the State should provide a comprehensive medical health care programme equivalent to the HAA Card<sup>129</sup> as recommended in the 2013 Quirke Report<sup>130</sup>. In addition, as part of this programme survivors should have the option to access private health services such as private hospitals, consultants or GPs (including any associated costs), with any pre-existing conditions covered by the State;
3. For survivors living outside Ireland, we recommend that a life-time health stipend<sup>131</sup> be paid to survivors towards health insurance costs to cover the full range of services in recommendation 2 above. Further information on options for such a model is set out at Appendix 4, which also describes current unsatisfactory arrangements under the Magdalene scheme;
4. We recommend that the State provide funding for independent academic research into the health of natural mothers and their children, in collaboration with survivors. This should aim to identify measurable health indicators to inform health policy and improve the health outcomes of this group over the long-term. This should also inform future health policy and highlight the reported impacts of detention, incarceration and stigma on mothers and children to ensure non-repetition of the human rights abuses suffered by this group of people. Health indicators may include for example; life expectancy, chronic diseases, infant mortality, infertility, maternal health, suicide, mental health, addiction etc.

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<sup>129</sup> Our Survey of 100 survivors show significant interest in services which are provided under the HAA card (e.g. Dental, Aural, Ophthalmic home support, home nursing etc., but there is also a significant desire for private services, with mixed results on the question of public versus private. Hence a need for options to be provided to survivors.

<sup>130</sup> See List of Medical Services and Appliances included in this Health Package recommendation

<sup>131</sup> The State should design this health stipend scheme so that survivors living overseas avoid upfront health costs by paying the stipend on a monthly basis. In addition, the scheme design should seek to avoid tax exposure and inadvertent financial loss through means testing, such as for welfare pensions.



#### **4. RECOMMENDATION AREA 2 - Health assessment and screening.**

Health assessments and screening is important to survivors for a number of reasons particularly in the context of vaccine trials, family medical history and an aging survivor cadre with worsening health.

Well over 2000 children were subjected to vaccine trials in institutions across Ireland in the decades between the 1930s and 1970s.<sup>132</sup> Many have only recently discovered that they had been subjected to vaccine trials as a child in a Mother & Child Institution.

Medical records received from TUSLA under FOI requests have often revealed this information. This is another source of considerable distress to survivors, who fear this is adversely affecting their health or may do so in the future. Health checks for those who want it may give peace of mind or at least identify any health risk which need to be dealt with.

As regards family medical history, Adopted people and others are routinely unable to trace their biological families. They are therefore unaware of any genetic illnesses or medical conditions which may run in their families. Health screening in this context is clearly also critical.

Many older survivors are passing away without having received any appropriate health support in their remaining years. We are particularly concerned to ensure that elderly survivors are offered health checks as soon as possible to identify any health risks and thereby provide them with appropriate treatment, counselling and comfort.

The stigma, abuse, and trauma which survivors associate with Mother and Child Institutions, they believe has also had long-term negative impacts on the health of survivors and increased their risks of illness and disease. The health risks and related stress can be partly mitigated by the government making a simple offer of a free private health assessment and/or screening to all survivors. Health assessments and screenings would be of value to many survivors who want to be able to detect early any exposure health risks

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<sup>132</sup> Irish Examiner, Conell O’Fatharta, 16 Nov 2017. <https://www.irishexaminer.com/viewpoints/analysis/vaccine-trials-unravelling-the-drug-trials-scandal-430889.html>

so steps can be taken early to prevent illness in later life. This offer would be available to those who so wish to take it up.

Private Healthcare organisations (e.g. VHI, BUPA, and Nuffield Health) provide clients with private health assessment and screening services. These services include comprehensive views of health covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Specialist health expertise is provided to build a picture of current health conditions and identify any future health risks. In addition, after the assessment is done guidance and support is given to improve health and wellbeing outcomes going forward.

We therefore recommend the following, in acknowledgement by the State, of the need for health and genetic information to identify and reduce any health risks as well as for identity purposes<sup>133</sup>:

1. The State should provide access to free comprehensive private health assessment and screening, provided by an accredited health organisation of their choice. In particular, elderly survivors who wish to avail of this health support should be given so expeditiously;
2. The State should provide funding for independent academic research into the long term health effects and psychological impact of vaccines trials carried out on children (now adults) in Mother & Child Institutions and County & Protestant Institutions. Tailored health screening and assessments should be offered to vaccinetrail survivors to cover any specific findings from this research;
3. We recommend that screenings offered by the State include DNA genetic screening for the purposes of determining family medical history.<sup>134</sup> This will assist survivors, who have been separated from their natural parents and families (e.g. an adopted person), to determine if they have any inherited conditions or illnesses.

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<sup>133</sup> See Basis for health and screen recommendations in Appendix

<sup>134</sup> In our survey of 81 survivors on Health Assessments & Screening, a significant number (72%) say access to this service for medical history purposes is 'very important', this increases to 92% amongst those over 65 years old.

The State should also consider a national repository/formal mechanism<sup>135</sup> that allows a separated mother or child to exchange medical information, if either survivor wishes to share it. This repository/mechanism should be designed and managed in a way that guarantees delivery of information to the intended recipient and also secures an option to remain non-contactable. The privacy and access rights of the informant must be fully protected.

For those who do not have their natural father's name (which is already known) on their birth certificate (i.e. fathers name is blank), the State should fund any court/legal process and associated DNA testing, by an accredited genetic laboratory, to identify or prove paternity.<sup>136</sup> This is to enable the registration of his/her natural father on their own birth certificate to be legally executed;<sup>137</sup>

4. We also recommend that the immediate family of the survivor (children and grandchildren) is included as part of a family package of genetic screening;
5. The State should fully fund the health assessment and screening services along with any additional post assessment referrals, medical treatments, prescriptions, consultants and counselling services. The State should pay health providers for this health support in a manner that is not administratively burdensome to survivors in both Ireland and overseas. The more elderly and vulnerable survivors should be provided this service expeditiously.

This is particularly relevant to elderly survivors who should not have the pressure of having to pay upfront costs and then record receipts and reclaim it from the Irish State (especially from abroad). The State should ensure this process is as easy as possible for survivors while at the same time giving them some autonomy over their lives. Note also that "in the USA, the federal Medicare Service only covers 80% of out-of-pocket expenses. And, for women on a limited income, perhaps dependent on social security,

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<sup>135</sup> Our Survey of 81 survivors on Health Assessments & Screening shows a significant interest in a repository for exchanging family medical information both from natural mothers and their adopted children (now adults).

<sup>136</sup> We estimate this cost at approx. €2k to €4k

<sup>137</sup> Our Survey of 81 survivors on Health Assessments & Screening, there is significant interest in this support. 59% say that it is very important, where the father is known, to have the father's name shown on birth certificate rather than it being left blank

this means there is a financial disincentive to seeking out the most basic of preventative health care because they are not able to pay the additional 20%.”<sup>138</sup>

We know that Magdalene laundry survivors living abroad cannot use the RWRCI Card, “the card can only be used by traveling to Ireland? So a woman in the UK or the USA or Australia gets the piece of plastic in the mail ... they have to travel to Ireland to avail of certain services.”<sup>139</sup>

### **5. RECOMMENDATION AREA 3 - New health care organisation and structure.**

This recommendation area considers how health and wellbeing supports and services are currently provided to survivors through Caranua<sup>140</sup> and looks at preliminary proposals for more appropriate alternative models.

The Caranua model for dispensing health and wellbeing services to survivors of institutions has been strongly criticised by survivors. This criticism was echoed by survivors who attended the ‘Mother and Child Institutions facilitated consultations’ in 2017.

Many survivors feel they have been re-traumatised by their experiences and contact with Caranua.<sup>141</sup> They cite the bureaucratic nature of applications, poor client service and difficult cost verification process they feel they experienced left many feeling disempowered and disrespected.<sup>142</sup> They feel the language and communication from officers of the organisation were often insensitive and offensive to those they were purportedly helping as clients<sup>143</sup>. They also found that the governance structure, accountability and transparency were less than perfect.<sup>144</sup>

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<sup>138</sup> James H Smith – Associate Professor at Boston University USA

<sup>139</sup> James H Smith – Associate Professor at Boston University

<sup>140</sup> ‘Caranua’ is the name of the agency set up under the ‘Residential Institutions Statutory Fund Act 2012’ to administer €110m pledged by religious congregations

<sup>141</sup> <https://www.irishtimes.com/news/social-affairs/caranua-reabuses-institutional-survivors-un-to-hear-1.3142223>

<sup>142</sup> <https://www.irishtimes.com/news/social-affairs/mistreatment-of-survivors-of-institutional-abuse-a-greater-national-shame-1.3539372>

<sup>143</sup> <https://www.irishtimes.com/news/social-affairs/caranua-chief-withdraws-comments-which-offended-abuse-victims-1.3048119>

<sup>144</sup> <https://www.thetimes.co.uk/article/caranua-spent-abuse-survivors-cash-without-permission-2z789dff>

However, we acknowledge that survivors have benefited greatly from grants and supports received. Also many survivors who had been unable to apply to Caranua (as they had not been through the Redress Board) were dismayed at the decision to close Caranua because it meant for them they may never receive any redress at all nor apply to Caranua after 1 Aug 2018<sup>145</sup>. Nevertheless, many survivors now say to us “Caranua is not the way to go.”

The short critique below sets out the three key problems areas we see with the current Caranua model:-

1. Government Accountability – we consider the outsourcing of survivor care to a centralised legal body, such as Caranua, synonymous with historic failures, such as when the Department of Education outsourced child care to Certified Industrial Schools run by religious congregations. The Department of Education failed to inspect those institutions sufficiently (2009 Ryan Report) and today we see Department of Education standing back again as thousands of survivors were told in writing that their cases were closed.<sup>146</sup> We believe the Government should take more responsibility for ensuring the on-going care of survivors happens and be accountable if it does not;
2. Survivor Engagement and Empowerment – It is common for survivors of the institutions to have a deep mistrust for those in authority. Most survivors wish to be in control of their own lives rather than being told by officials how to live it which often results in re- traumatisation. Survivors feel Caranua has re- traumatised and dis-empowerment survivors in many ways through its policies such as “preferred suppliers” rather than allowing survivors choose their own, or its lack of survivor consultation in the original design of Caranua and in any changes made in policy such as the introduction of the €15,000 cap. We do not consider Board representation by survivors, on its own, as adequate survivor engagement and empowerment.

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<sup>145</sup> Meeting Survivors Needs’ June 2018, by Anne Marie Crean and Fionna Fox, page5

<sup>146</sup> Report March 2017 : ‘Review of the Effectiveness of Caranua’ Page 14 by Fionna Fox Solicitor and advocate for survivors

Engagement needs to happen at several levels i.e. in the design of the any organisation, setting policy, implementation, management and monitoring, not simply in the governance process or sitting on Boards. It needs to be deeper than this, with survivors being centre- stage and supported by or co- produced with trusted partners to fill the gaps in survivors' skills;

3. Organisation & Management - In addition to poor survivor/client services mentioned above, the poor management of applications, written determinations, appeals process and very long delays in dealing with cases reported to the Education Committee<sup>147</sup> is a real concern to us.

Many survivors are dismayed at the money spent on the administration of Caranua which they regard as survivor funds (e.g. in 2015 operational costs were: €1,786,159)<sup>148</sup>. Survivors also say to us that they feel distribution of funds to survivors was deeply unfair. Also the 'Prioritisation Policy', which gave priority to new applicants over eligible re- applicants, they contend was applied indiscriminately, and subsequently investigated by the Appeals Officer who describes it as "bad practice" in his 2015 Annual Report<sup>149</sup>. "It would appear that the Government allowed this policy to continue to adversely impact on survivors." The inequity built into the system is still a cause of much anger.

On Communication policy it would appear that, similar to poor advertising of the Mother and Baby Homes Commission<sup>150</sup>, many were not made aware of the services and supports available, particularly "those abroad or in the most vulnerable care settings such as homeless shelters."<sup>151</sup>

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<sup>147</sup> Engaging with Caranua' – submission for Education Committee, by F Fox April

<sup>148</sup> Engaging with Caranua' – submission for Education Committee, by F Fox April 2018

<sup>149</sup> Review of the effectiveness of Carnua', page 10, March 2017, by F Fox, Solicitor.

<sup>150</sup> The Clann Report' by JFM Research and Adoption rights Alliance, page 134.

<sup>151</sup> Review of the effectiveness of Carnua', page 4, March 2017, by F Fox, Solicitor.

Having considered alternative support models for survivors in Australia and Canada<sup>152</sup> we make the following preliminary recommendations:

1. In recognition of the wider societal impact of Ireland's institutional legacy, the State should consider developing a new National Survivor Strategy in collaboration with survivors who believe they have been significantly impacted by their experiences in these institutions.

Part of this should include conferring lead responsibility on a single senior Minister with overarching policy responsibility for addressing all aspects of survivors' needs and institutional legacy. Given its importance, such a function might possibly rest with the Taoiseach or Tánaiste. This should be backed up by creating properly resourced divisional structures within a central Department to ensure delivery of key health and well-being services and other wider objectives relating to this legacy;

2. The State should consider (as part of recommendation 1 above) a new Communications Strategy for informing survivors about the availability of health and well-being services. We are concerned at the number of times we are advised that survivors are not aware of what is available to them, particularly those living overseas.

This Communication Strategy should also cover the provision of communication services (and related staff resourcing) to enable survivors to obtain information on health and well-being supports (e.g. helplines, listening services, online/digital messaging services etc.);

3. The State should continue to support and provide sustainable funding for survivor lead organisations<sup>153</sup> and regional centres to deliver health and well-being services to their specific survivor groups. The survivor lead organisations should be designed and developed by survivors working in collaboration with trusted partnerships. Survivor organisations should be funded according to

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<sup>152</sup> See APPENDIX 7

<sup>153</sup> Survivor Organisations should be run in collaboration with mothers and children who formerly resided in Mother & Child Institutions and County & Protestant Institutions.

criteria set out in the National Survivor Strategy on governance, competency, financial and other strategic objectives for organisations;

4. In order to support Survivors in running their own survivor lead organisations, we recommend that the State provide funding for education and training of survivors in the specific area of health, counselling, therapy, management, governance and other areas related to health and well-being;<sup>154</sup>
5. In its policies and actions, the State should ensure that no survivor is treated unfairly on account of their gender, religion, race, traveller ethnicity or disability;
6. In order to learn lessons from the Caranua experience, we would support the State's funding of an independent investigation into the operations and governance structure of Caranua and its impact on survivors. This investigation should help inform decisions to be made on any future health and well-being organisations/structures developed for survivors of other institutions, such as Mother & Child Institutions and County & Protestant institutions.

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<sup>154</sup> See the Health 'Calls to action' in Canada's Truth and Reconciliation Report. 'Canada's Residential Schools: Reconciliation' Murray Sinclair page 226



*“History, as nearly no one seems to know, is not merely something to be read. And it does not refer merely, or even principally to the past. On the contrary, the great force of history comes from the fact that we carry it around within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do. “*

James Baldwin, American author.

Because of the influence of history on conscious and unconscious behaviour it is critical that the truth about Mother and Child Institutions be told, that those who suffered are acknowledged and that this awareness is carried forward so as to help protect against history repeating itself.

Memorialisation is therefore essential. It can serve to acknowledge and to honour all mothers and babies both living and dead who are/were held in Mother and Child Institutions in Ireland. It is part of a key process to reinstate their honour, dignity and integrity.

It is also a means of revisiting and examining afresh this dark hidden history in Irish society. By so doing, it can offer a means of guarding against such human rights abuses occurring in the future.

Finally, memorialisation can enable and encourage community and civic engagement about this past. It can promote discussion of the values of human rights of women and children in Ireland.

Against this background of complex and diverse aspects to memorialisation the subject is considered and recommendations advanced in this chapter across the following headings:

- National Monument;
- Data research, forensic discovery, and protection of Burial grounds;
- National Curriculum - teaching about Mother & Child Institutions;
- A Living Memorial to survivors of Mother & Child Institutions;
- Local and National Commemoration of survivors of Mother & Child Institutions.

### **A National monument.**

The Forum recommends a National monument to reflect and honour mothers and children who were incarcerated in such institutions. This would serve to provide the dead with respect and dignity which was not afforded to them in life. It would acknowledge the devastating consequences felt by being an unmarried mother\* and that these were not just confined to institutions but were also manifest in private facilities. (\*widows, separated women, and married women were also held in these places.)

The monument should reflect all those who were affected at a time when the discrimination towards mothers for being pregnant outside of marriage, and their children, was experienced by survivors to be both cruel and inhumane. The monument should also reflect the difficulties of the travelling community and mixed race children who report being faced with additional discrimination. A monument to be all inclusive.

The Forum recommends that this significant monument should be located in the Phoenix Park. It should be incorporated into a landscaped garden of Truth/Remembrance. There should be a quiet space for seating and reflection.

The Forum further recommends that former detainees from across the various institutions be involved in scoping this project, that it be subject to public tendering, and that the services of a key public official with expertise in art history be also engaged.

It is recommended that data gathering be undertaken in order to have a comprehensive list of names for recording on the monument. Ideally, the monument should have the names of every mother and child who died whilst in or under the care of the institutions. (Provision should be made for names that come to light at a later date so that they can be added). The monument should provide a written account of the reasons as to why it was built and what it represents.

### **Data research, forensic discovery, and protection of burial grounds.**

At present the record of deaths of babies and others in Mother & Child Institutions as compiled by such institutions are incomplete and haphazard. By drawing on the extensive

records held by the GRO a fuller, clearer, more truthful picture can be established and the identities of those who died confirmed and remembered. This can serve to support the listing of names on the National Monument.

The General Register Office has offered to make available access to records so as to facilitate this project. The Forum warmly welcomes and endorses this offer

The Forum therefore recommends that a research project be undertaken to match records of deaths as held by General Register Office (GRO) with contemporary records of those in local Mother and Child Institutions and similar County and Protestant institutions.

In addition sources such as local authorities, religious interests and TUSLA should be brought within the scope of this research. In this way a more complete record of those who have died in such can be compiled for memorialisation.

It is recommended that this project be overseen by the Forum and that the selection of the site for the initial phase of research be determined by it. The initiative should be resourced with appropriate professional research expertise, as well as from among Forum members with practical experience in this area.

### **Protecting private burial grounds.**

Legislation from the nineteenth century governs private burial places and derives from the Cemeteries Clauses Act, 1847. It is felt by the Forum that it falls seriously short of any reasonable standard of good practice in terms of records, maintenance of graves and access to burial grounds. Yet this is the legislation which applies to the graves of babies, children and adults who died and are buried in the grounds of church run institutions.

At this time, insufficient protections are in place to protect the burial places of those who died and were interred in burial grounds adjacent to such institutions. Many such burial grounds are and have been sold without any archaeological survey being undertaken, the denial of access by family to graves, as well the loss of an important part of Irish historical heritage.

It is sobering to reflect that the extensive research undertaken at Tuam and the subsequent Government decision to approve its excavation would not be possible if the site were in private ownership.

The Forum therefore recommends that both primary and secondary legislation be amended to address the current lacunae.

As regards primary legislation, the Forum recommends that the following be addressed in new legislation:

- All records of deaths/burials at such institutions be handed over to the National Archive and become part of the public record;
- The area of such burial sites to be identified, their full extent marked out, and that they be protected;
- Free and unfettered public access to such burial places to be provided;
- Sanctions to ensure compliance with requirements for preservation of such places and the protection of associated records.

The legislation will bring control of private places of burial directly under State control, it will enable the dead to be identified and respected, it will provide access to such burial sites, prohibit their destruction and it will honour those who lie in unmarked graves. It will also respect the families of relatives buried at such places, by enabling access to records, graves and memorialisation.

As regards secondary legislation, the Forum urgently requests that Planning Regulations under the Planning and Development Act, 2000 be directly amended to require an archaeological survey be undertaken as part of the normal planning process whenever development proposals for premises or adjacent lands to former Mother & Child Institutions, County and Protestant Institutions, Magdalene Laundries, Orphanages, Reform and Industrial Schools are presented.

Where burial is identified, the site can be acknowledged as a cemetery and kept intact, or, if small scale, possibly remains could be exhumed, identified and reburied elsewhere.

This will serve to secure the protection of the place of burial all those within these sites which have traditionally remained unmarked within the landscape. The amendment would apply to all applications under consideration of the time of the passing of the amending regulation as well as subsequent applications.

The Forum also recommends that archaeological surveys take place at all Mother & Child Institutions and similar for evidence of burial and to determine the full extent of any such burial of non-religious persons. An appropriate strategy for exhumation and reburial should also be put in place

These surveys can identify places of burial generally and respectfully acknowledge those buried there. Where burial is identified, the site can be acknowledged as a cemetery and kept intact, or, if small scale, possibly remains could be exhumed, identified and reburied elsewhere. An appropriate strategy for exhumation and reburial should also be put in place

These measures are also appropriate to protect our heritage, acknowledge the past and respect those who have been buried at such locations.

**National Curriculum - telling the reality of Mother & Child Institutions through our education system.**

*“Lest We Forget - The education of future generations in regards to this dark history of Ireland.”*

**Secondary level.**

The Forum recommends that across all second level schools in Ireland a module be provided in the history curriculum which tells the true story of the Mother and Child Institutions. This material should also be included in Civics, and Social and Political Education.

To this end it further recommends that survivors to be seconded to the academic team to assist with the creation of course material. Literature from Survivors of Mother and Child Institutions should be included as part of the curriculum reading.

In addition, Mothers and Children from every institution should be facilitated to set up a speaker's bureau in every county and as, part of the truth telling process, they would be available to speak to children in schools of their experiences.

Further interactive digital models such as the Industrial Memories Project from UCD\*, which is a learning tool of future generations of school children, should be used to tell the story.

### **Third Level - Universities & Colleges.**

The Forum recommends that courses for undergraduates in universities and colleges be provided on the history and social conditions that led to the creation of Irish institutions.

Curriculum programmes and courses which should include this module are - Social Studies, Gender studies, Human rights, Constitutional Law Courses, International Law Courses, History, Politics, Irish Studies, Religious History, Teacher training, Human Trafficking, Medical Studies, and Ethics Studies.

\*Industrial memories project UCD article by Emilie Pine, Susan Leavy and Mark T Keane

Again the Forum recommends that survivors be actively involved in the design of this module. In addition, Universities might consider resourcing survivors to lecture on specialist topics in this area, or take up related academic positions.

### **A living memorial of Mother and Child institutions and similar.**

The Forum recommends a living memorial reflecting the Mother and Child, as well as similar County and Protestant, institutions.

This should serve to support the historic preservation of this long episode in our country's history and bring together a complex combination of factual history, collective memory, trauma, politics, design and possibly public art. It should also reflect the full range of Irish identities including the Traveller community, people with disabilities, R. Catholics, Protestants, and Mixed Race.

The living memorial could be the digital, audio or visual presentation of information and individual narratives illustrated or spoke in a sensitive, dignified and creative medium. A separate space could be devoted to the system of death and burial of children. Their mothers could explain the system of illegal birth registration, falsified documents and

how, if or when, mothers were told of the deaths of their children as experienced by them. This would include information being available on how the system of fostering and adoption was conducted in Ireland.

These institutions spanned over 60 years, since the establishment of the State, and the experience for the mothers and children was characterised mostly by harsh brutality. A living memorial should illustrate, possibly by a virtual re-enactment, of daily living conditions of the mothers and children at different points throughout the 60+ year span of the institutions existence.

The location of a living memorial ideally should be centrally located to provide easy access and anonymous access to interested individuals. Online/website access should be provided for.

It should be the resource and reference point for individuals from the Diaspora and the Diaspora of silent Ireland, to find out, understand, remember and explore the experience of being a mother or a child in such an institution.

The living memorial should be live and interactive so that individuals who are still in the process of learning their story or the story of their family members can place their narrative on record in this living memorial.

It should also be an academic space providing the historical, political and legal context and study as to how the R. Catholic Church in Ireland came to have/was given such power and authority, how other Churches came to exercise such autonomy in the treatment of vulnerable citizens, and how Mother and Child institutions came to exist and thrive and ultimately ended.

Finally, consideration should be given to the emotional support for individuals accessing information or hearing of their family members possible experiences through the living memorial.

**Local and national commemoration of Mother & Child institutions and similar, burial plots and a National Memorial Day.**

The Forum recommends:

- Government encourage and facilitate annual gatherings and commemorations at each such institution;
- Memorials be erected at each such institution;
- A National Reflection/Memorial day to honour and remember all survivors.

### **Encouraging annual gatherings**

Earlier in this Chapter the Forum recommends appropriate legislative remedy to address control of private burial sites, access thereto and full provision of related burial records to the National Archive.

Government should financially support annual local commemorative gatherings. Memorials to be erected at each Mother and Child institution, and at similar institutions.

Memorials at each of such institution should be provided for, through Government funding, to record, remember and respect survivors. Where there are local groups these should be actively engaged in partnership with a lead public body in the design process, and ultimate custodianship.

A Bethany institution memorial, which was unveiled in 2014 in Mount Jerome, constitutes an initial step in this process.

As noted previously research would be required to underpin the identification of those to be included in local memorials. The General Registry Office could assist in validating the names of the babies and children who died for inclusion the Memorials. Names would have to be cross referenced with the details recorded across other sources previously listed in this chapter.

### **A National reflection/memorial day.**

The Forum strongly endorses a national reflection/memorial day. While the focus of a national day would naturally be at a national memorial, it is anticipated that remembrance events would also be held at individual institutions across the country.

It advocates that the community of survivors should be involved in choosing the date for the event.



Clearly the concept of a reflection/memorial day would resonate with other survivors groups including those from Industrial Schools and the Magdalene Community.

Consideration might be given having a single memorial day to remember people from all such institutions, as well as those who suffered from forced and illegal adoptions, and children placed in orphanages.

Finally, the feasibility of a central theme or symbol for the national day should also be considered.

**APPENDIX 1.****Respect for Mothers.**

Adoption loss NPNI has operated our helpline since 1998 – a full 20 years. We must have received thousands of calls over that time. Most mothers start by saying “My baby was adopted in 19XX” rather than calling themselves by any term at all. Some will say “I’m an unmarried mother”, others will say “I’m a natural mother”, and a minority will say “I’m a birth mother”. It often depends on the age of the woman – younger ones will have been told they were “birth” mothers by the social worker they dealt with at the adoption agency. We never question or challenge them about the language they use – they’ve had enough traumas in their lives. We never ask their names or any other identifying information. Our role is to listen – because in the majority of cases they are speaking about the loss and pain of losing their child for the first time in their lives. We go on to inform them about the services they can avail of. We also hear about the problems they encounter as they start their journey. This helps to gather details which inform the political side of our NGO in making submissions to the Government, HSE and Adoption Authority in order to improve services and enhance rights. Can I say also that we have unequivocally demanded the right of adopted people to their Birth Certificates as a human right since our inception.

About a quarter of our calls and emails are from adopted people (although we have never presented ourselves as advocating for anyone other than natural parents). The majority of them start by saying “I’m an adoptee” or “I’m an adopted child.”

Again, we never correct them in this. And we usually suggest they contact their own peer group – the ARA, and previously the APA. But often, their difficulty is that they’re dealing with problems in their natural family and want to get advice from us about these specific issues.

Our NGO was the first in Ireland set up to represent our constituency. And from the outset we declared ourselves to be natural parents who rejected the term “birth mother” (or more hilariously “birth father”). We consciously decided that fathers should be included in our organisation and we have a re-united father on our committee who is very much in his daughter’s life and who helps by taking calls from other men on our helpline.

We are in regular contact with NGOs who represent parents separated from their children by adoption throughout the world. They are generally in unanimous agreement in their rejection of the demeaning “birth” terminology.

The “birth mother” tag was invented by the American novelist Pearl S Buck – an adoptive mother – in an article she wrote for the “Women’s Home Companion” in 1956 in which she said inter-alia “What chance has the child born out of wedlock to find a wholesome family and community life if his mother keeps him” and “We can free the children (by adopting them)”. She further championed the term “birth mother” in a 1972 article in “Today’s Health” where she spoke about the seven children she had adopted.

An American adoption social worker in the 1980s - Marietta Spencer in Minnesota - devised what she called “Positive Adoption Language” (PAL) – stating that “PAL acknowledges the thoughtfulness and responsibility of birth parents who make an adoption choice.” Another American – Patricia Irwin Johnston, an infertility and adoption educator – coined the term “Respectful Adoption Language” (RAL) which continued to push the “birth mother” tag and stated it was for “Those of us who feel that adoption is a beautiful and healthy way to form a family and a responsible and respectable alternative to other forms of family planning.”

From the 1980s onwards, PAL and RAL were endorsed throughout the world by adoption agencies, adoption social workers, adoption lawyers and adoptive parents groups. Their pressure on their respective countries’ legislators meant that it began to appear in adoption legal texts.

We contend that they were completely wrong and lacking in foresight. Since then, surrogacy, donor sperm and egg donation has become widespread and adoption in the

western world particularly has developed from foster care. Adoption in these circumstances is playing havoc with the “birth mother/father/parent/grandparent” terminology.

For the majority of adoptions in Ireland – both legal and illegal – the children were conceived naturally. For most of the time, the term “unmarried mother” and “unmarried father” was the code word that described parents who had lost children through adoption. But all the while, the term “natural mother” was used in legislation and adoption and social work practice. No-one had a problem with that. It seems that change came only when the Women’s Movement began and started to question why women had to be married in order to be allowed to keep and rear their own children.

Adoption social workers and adoption agencies felt threatened by the rise in mothers keeping their babies, and adoptive parents’ groups felt aggrieved by the shortage of babies “available” for adoption. It was only then when the condemnation and questioning began in earnest. That’s when the “birth mother” tag was pushed for the “responsible woman” who gives up her child to proper “respectable married adoptive parents” as opposed to the “unmarried mother” who scrounges off the State and is often categorised as drug or alcohol addicted.

The term “birth mother” is hurtful, insulting and inaccurate. It reduces the connection with our children to the few hours of their birth. And those hours are the least questioned about when we reunite with our children! The term “biological mother” is even worse – our children were not conceived in petri dishes in hospital laboratories!

To use a cliché – if it isn’t broke, why fix it? We did not call for the term “natural mother/father” to be changed. It has been thus for many thousands of years. We are talking about the coining of a disgusting, insulting and inaccurate word to describe us and which was forced into legal documents and legislation by adoptive parents’ groups and adoption agencies.

To quote Betty Jean Lifton in 2006 – “I argued for the term natural mother because it was the one used in all the historical texts. It was the term I used in my memoir “twice born” which came out in 1975, and I still prefer it. But somehow the struggle with the agencies and adoptive parents’ groups narrowed down to “birth mother” and “biological mother”.

And Rickie Sollinger at the "Shedding Light in Adoption" Conference in 2006 said:  
"Language is a way for a powerless group to reclaim power and fight exploitation and oppression". Surely that is what we are trying to do in this process for those who suffered under the Mother and Child Institution system.

November 2018

## APPENDIX 2

### **The criminalisation and classification of unmarried mothers and their children in twentieth century Ireland**

As American author James Baldwin has said, in writing about America's history of slavery:

*"History, as nearly no one seems to know, is not merely something to be read. And it does not refer merely, or even principally, to the past. On the contrary, the great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do."*

#### **The criminalisation and classification of unmarried mothers in Ireland.**

The criminalisation and classification of the unmarried mother within the Irish State has carried a legacy of language still in use today.

Fr. Richard Devane (1876-1951), an influential primary definer and organiser of public opinion (along with Mary Cruice of the Catholic Rescue Society) described the necessity for the containment of the unmarried mothers thus:

'unmarried mother was in so many cases the prolific mother of degenerates imbecility, insanity, venereal disease, blindness. In a word a physical and moral degeneracy can be to a considerable extent referred back to her as a source...'

Former survivor:

'I have concerns about the fact that I should believe What I was told from social workers that my mother, and extended family are truly are my biological family, how do I know that this is in fact true? I was told that my mother was dead. She was also told that her son was dead. Social workers have lied to me in the past stating that I had attended school during my time in the mother and baby home in Tuam, to which point I have never attended school during my time there. Am I really supposed to believe what a stranger tells me?'

The language tone of the 1927 Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor (October 1927) embedded the discursive shift

towards criminalisation: all unmarried expectant mothers were offenders but there were two classes of offender defined, those who may be amenable to reform, and the 'less hopeful cases'.

Both class of offender had a pathway laid out. The 'first offender' required moral up- building and could be sent to mother and baby homes, the second class of 'offender', the 'less hopeful' cases, the 'residue' and least open to good influences could expect a lengthy period of detention. The third time pregnant 'offender' came with the recommendation that the Board of Health should have the power to 'power to detain' for such a period as they think fit having considered the recommendation of the Superior or Matron of the Home'.

(Paul Michael Garrett).

Thus the unmarried mother was to be viewed as deviant, troublesome pariahs and a cost to the tax payer.

From such language the unmarried expectant woman was a source of evil, danger and expense to the community and it is no wonder that the unmarried pregnant woman was considered part of the criminal class. The children of these women were not exempt from this classification albeit, their plight was that of poor innocent children in need of rescuing for the salvation of their souls and who better to offer that salvation but the countless of good and married people present in every town and village in Ireland – all these good folks needed was a good connection with their local parish priest who rewarded their Christian contribution by providing a recommendation to the local Mother and Baby Institution as a suitable alternative set of parents.

### **Gendered language of discrimination.**

This was therefore where the seeds of a cultural and gendered imperative by the new Irish Free State of 1922 to deter the women of Ireland from deviating from accepted norms as dictated by the Roman Catholic Church in partnership with leading State agencies such as the Police, Administrative and Judiciary arms of the State. Hence we arrive at a situation of the containment, detainment and internment of the unmarried expectant mother that was so common and accepted by Irish society by the mid twentieth century. Thus, it was not an uncommon

experience for the unmarried expectant mother unwilling to comply with an order to enter a mother and baby institution, found herself escorted by local law enforcement and returned to the mother and baby institution or county home. Indeed this policy extended outside the borders of the Irish Free State where the Irish Government, used the full apparatus of the State via the Catholic Rescue Society to deport both unmarried Irish mothers and their the children; some of these children were 15 years old. (See Paul Michael Garrett 'The Abnormal flight; the migration and reparation of Irish unmarried mothers')

The miss education of the women of Ireland, largely undertaken by the Roman Catholic Church with powers delegated by the Irish Free State included an enforced ignorance of reproductive functions making it more likely that women did indeed 'fall from the state of grace' and to 'fall from a state of grace' was worse than death for the single woman. In this brave new Irish Free State, women were to be weaned from the workplace and returned to the home, divorce banned, and removal of women from jury service; women's reproductive rights and sexual morality consistently featuring as controversial issues still in play today. A desire by a male homogeneity to extend control over aspects of women's lives in general (Clancy 1990) and this control, recognised in the new Irish Constitution is still on the Statute Books even today. An example of this cultural control over women's knowledge of their rights under the Irish Constitution would be the widespread ignorance of unmarried expectant mothers about the 1973 unmarried mother supplementary allowance.

### **Racial profiling of mixed-race infants.**

Now we turn to look at the role the language of 'race' played in the treatment of the Irish unmarried expectant mother carrying a non-Irish child. For the mixed-race community, it is only upon inspecting our own much redacted files that we can conclude with some confidence that it appears there was a policy in place denying us the opportunity of being offered for adoption to caring families or even appropriately vetted foster parents and that the rationale behind this policy was the colour of our skin. Those of us with some access to our files found that our



colour has been listed under 'defects' on the admission forms to mother and baby institutions. So many of us found ourselves dispatched from mother and baby 'homes' in favour of Irish Industrial Schools, that we believe it would be folly to believe that this was by accident or mere coincidence.

This attitude can be seen in an official report as follows: In 1966, a report sent to the Minister of Education, Donagh O'Malley (previously Minister for Health), and stated "A certain amount of coloured children were seen in several schools, their future presents a problem difficult of any satisfactory solution. Their prospects of marriage in the country are practically nil and their future happiness and welfare can only be assured in a country with a fair multi-racial population, since they are not received by either black or white...they are also at a disadvantage in relation to adoption...these unfortunate children, in particular the girls who are frequently hot-tempered and difficult to control (author's emphasis)." (Excerpt from the Ryan Report 2009).

Again, we see the use of language to disown children from normative language used towards favoured children, white, two parents within married families.

In the case of mixed-race infants there are clear memories that they were segregated from white babies and 'left on potties all day because staff at St Patrick's Mother and Baby 'Homes' were afraid to touch us for fear of contamination by our brown skins', that they routinely were never offered for adoption - the preferred route being to shuffle our community off to Industrial School. We know that too many of our members were sent to Industrial schools at just 14 days old – touch down at St Patrick's on the Navan Road and then dispatched with all speed across the country – out of sight out of mind.

Quote from Mixed Race survivor from St Patricks;

"My mother left me in St Patrick's mother and baby home in Dublin at six months old believing that a family had been found for me and that my life was secure. I was abandoned and left unaccompanied for 18 years in institutions (MBH and then Industrial school)...this was because of the colour of my skin, my father was African. I left the mother and baby home with two others, and two out of the three of us were mixed race. So more mixed-race children than white children were left for

Industrial school that day...I remember this well as we were all crying in the back of a car.

Even then I was never adopted nor fostered out, I was left without a family life. All my records at that time show I was racialised and racially profiled...for example all records referred to my colour and ethnicity even my medical records as if I had a serious disease that marked me out as inferior...this indicated a mind-set that saw me as some problem child.”

Newspaper article circa 1965 in which a foster dad, a Vincent Dunphy was found not guilty of murder of 6 year old mixed-race child, Mary Josephine Stevenson but guilty of manslaughter. Dunphy had entered the bedroom of Mary at 1.30 in the morning and battered her to death. His counsel, Mr Peter O'Malley, appealed for leniency on the grounds that the child was “a waif, a stray and a coloured at that” Dunphy was given just 12 months for the murder of this mixed-race 6-year old child.

Quote from mixed-race unaccompanied child:

“I thought ‘Nigger’ and ‘Bastard’ were my names they were shouted at me so often”. Quote from mixed race survivor of St Patricks:

‘My mother started dying when her kids were taken away, the Nuns promising to keep us together and at the same time stealing us away...’

Language as a tool side line rights of natural mother.

Of course motherhood is a natural biological condition so for policy makers the question becomes how to reinvent this condition? Well let's invent language that make the child of the unmarried expectant woman the opposite to natural ‘unnatural’, let's invent scenarios such as the natural mother who can demonstrate that she can be ‘saved from her fall from grace’ by ‘giving up’ her new born infant up for adoption. No, in the vast majority of cases within the Irish State, the new born infants of these unmarried mothers had their children ‘taken’ from them. Period. And, with the willing consent of society, unmarried expectant mothers with zero support from a cowed family that would allow them to care for their new born infants, were routinely consigned to mother and baby institutions and county homes where the last thing in evidence was care and compassion, this

is evidenced we believe by the exceptionally high mortality rates within these institutions.

If Devane's view was the framework in which to manage and control the moral well-being of Irish society, a gendered role held exclusively for the women of Ireland, then perhaps the views of Mary J Cruice, Founder of the Catholic Rescue Society is more apt in the treatment of the community of unaccompanied children in Mother and Baby 'Homes':

'..a pity very often for the poor children themselves that they live at all'

Quote from survivor of Tuam:

'I was in Tuam home for 5 years, it was overcrowded, children were sick, children had large bellies from hunger. I had a very hard time after I was ashamed when I was asked where was I from my name was never used I was only ever known as bastard'.

Quote from survivor of Tuam:

"I was there until I was 6 and a half. I remember it was cold I remember being dirty. I was only cleaned up when someone came into the home. I remember not {being} giving food or drinks I remember being shouted at I was told I was a bastard and my mother didn't want me that I was the result of the devils work. I want all those who treated us badly apologise for the pain and suffering we have went through."

Quote from child of County Homes:

"I can remember my mother crying to be left out of there and she was holding me in her arms, little bastard was the name I answered to, I remember been left lose around the place there was a morgue attached the place I used to wander off go into where they used to be laded out."

Quote from survivor of Tuam:

"I was born in the mother and baby home and I left when I was 6 and a half. The only thing I can remember is being hungry and being scared of old women who dressed funny. Can't get no records of my medical background. Can't get any records of my time spent in the mother and baby home as if I never existed. I was there for 7 years. I can remember not being fed rightly crying with pains in my stomach. I

remember being given medication but I don't know what it was for. I never went to school there. I remember been sent in an ambulance at night to Dublin. I use to walk with my head down as this was what I was taught to do I was ashamed of where I came from I have no records of my time in the Tuam home only records I have is when I was born there and when I was discharged from there. I had a hard job to get a birth certificate and I was lucky to get this. I was called a little bastard and was told my mother was dead."

We then, still ensuring the salvation of the 'fallen' expectant unmarried mother, turn to the use of language to cleanse the unmarried mother of their sin; enter the term of 'Birth Mother', a term invented in the USA, a term without a legal status and 'orphan' - Ireland had at least 100,000+ 'orphans' an extraordinary high number for a democracy not in a state of war.

In a successful effort to promote the 'new' parents in a favourable light; a new positive language for the new adoptive parent was invented and promoted by the leaders of opinion, the Judiciary, Civil Service, Policy and of course the Roman Catholic Church. The good unmarried expectant woman would naturally 'give up' her new born infant to the childless Catholic couple and let's not forget the issue of class; most children taken were from working class women.

Quote from Adult Mixed-Race Adoptee:

"Not only did the Nuns give me away but they informed my adoptive parents that it would be advisable not to open to door to strangers for at least a year as the 'mother' hadn't signed the papers and legally 'she' had a year to come back and get me. But how could she come and get me when they wouldn't tell her where I was?"

It can be readily seen that terminology has been and continues to be used to define normative standards of behaviour for entire societies, that language enters the culture of any society and concepts behind that language enter common sense expectations of society and that deviations from that behaviour can and should be punished in order to maintain a predefined social order. Acts of cruelty not normally tolerated by society can and have been reasoned away because of perceptions of a common good. The legacy of terminology directed at the civil and moral control of

Irish women, the thousands of natural mothers, their children, unaccompanied and now adult adoptees is inestimable and continues to devastate, alienate and hurt Irish citizens for generations. The intergenerational effects are inestimable from loss of parenting skills, family violence, addictions, lower levels of health, and higher levels of suicide, poorer education and more complex PTSD. I am reminded of Canada's First Nation legacy where in 2010 there were 80 thousand survivors, the intergenerational effect from that 80,000 adult survivor has now swelled the ranks of survivors to 287,000 and that Canada First People have said that it took seven generations to get into their mess and they estimate that it will take seven generations to heal the hurts, Ireland is at generation two.

Quote from Natural Mother:

'My experiences in the St Patrick's on the Navan Road left a gaping void in our lives, subsequently filled throughout the raising of my children with anger, frustration and guilt and incompetence. The older I get the more time I think about my now, adult children as babies, I am left drowning in sadness and resentment. I failed them on so many levels'.

## **APPENDIX 1 – Basis for health care services recommendations.**

There is extensive evidence as to the stress, trauma and consequential damage to health arising from survivors' experiences in Mother & Child Institutions.

Testimonial records to this fact are below in Appendix 3. These cover real life stories from Mothers, Children (now adults), women referred from Magdalene Laundries, and Children referred on to Industrial Schools. These make for harrowing reading.

In approaching our work and developing our recommendations, we have been influenced by two key precedents for Health care provision in Ireland to survivors:

- Health care provisions of Residential Institutions Statutory Fund Act 2012<sup>155</sup> (Caranua) provided for the following:

Health and wellbeing;

Housing support;

Education, learning and development.

- Healthcare under the Redress for Women Resident in Certain Institutions Act 2015<sup>156</sup> for Magdalene Laundry women. This provided the RWRCI Medical Card, following the recommendations in The Quirke Report of 2013. However, we note that this does not allow for the following which was recommended:

Privacy in terms of choosing a GP or consultancy services;

Prescriptions (latest in medicines and appliances) are limited to the HSE Reimbursement list which limits the choice referred to by a private GP or consultant;

Private physiotherapy once referred by a GP;

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<sup>155</sup> <http://www.irishstatutebook.ie/eli/2012/act/35/enacted/en/html>

<sup>156</sup> <http://www.irishstatutebook.ie/eli/2015/act/8/enacted/en/html>

Comprehensive private dental care – limited to the basic medical card; Chiropody/podiatry services in private and referred by a GP; Complementary therapies once referred by a GP;

Private audiology services;

Private advanced ophthalmic services – it's restricted to medical cards.

We view the above services as an essential part of a private health package to survivors particularly the diaspora, whose country of residence do not recognise HSE Reimbursement Lists nor Irish Medical card prescription lists and Dental Treatment Services lists. It is important that constructive discrimination is not built into any scheme. Our recommendations are also informed by testimony from members of the Forum; Survivor support group commentary on health of their members; Testimony from the Mother and Baby Institutions Facilitated Meetings in Dublin in June 2017; JFM Research Reports; Canada's Residential Schools, Truth and Reconciliation Commission, health recommendations<sup>157</sup>, and surveys of survivors.

A comprehensive health care package is recommended because people who passed through the Mother and Child Institution system are still suffering the long term health impact of the stress and trauma on both their bodies and mind.

In framing these proposals we also believe it is important to avoid the mistakes of the past, particularly in relation to the following areas:

- imposing burdensome obligations on elderly living abroad seeking to avail of support from the Irish State towards health services in their country of residence. Magdalene Laundry survivors abroad complain that reimbursement process currently used by the HSE is a particular administrative burden and the value of a medical card in Ireland is nugatory;
- excluding survivors who, despite spending years in Mother & Child Institutions and Industrial Schools, missed the Ryan Redress Board and were not allowed health supports from Caranua;

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<sup>157</sup> Canada's Residential Schools: Reconciliation|| Murray Sinclair, p 226 Calls to Action. Truth and Reconciliation Commission [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls\\_to\\_Action\\_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)

- an insensitivity to the privacy needs of elderly survivors and the trauma of engagement with a State body.

In addition to the issue above there is the complex diversity of survivors all with differing needs who have been through different pathways, including further institutionalisation in Magdalene laundries, industrial/reformatory schools and boarding-out to work. Those who have left Ireland to live overseas have specific challenges in accessing services which would require a form of monthly health stipend to purchase health cover that ensures simplicity and out of pocket upfront costs.

For these reasons we are recommending a Comprehensive Health Care package equivalent to that proposed in the Quirke Report of 2013 which includes GP services, prescriptions and appliances, dental, ophthalmic and aural services, homes support and nursing and other health services. An all-encompassing package will ensure no survivor falls through the net.

#### **APPENDIX 2 – List of medical services and appliances that should be included:**

1. Private GP, Surgeon/Consultant or hospital;
2. Comprehensive private dental service and appliances – to include the latest in medical technology;
3. Ophthalmic services and appliances;
4. Aural services and appliances;
5. Access to homes support services;
6. Access to home nursing;
7. Access to private chiropody/podiatry and physiotherapy services;
8. Access to a dedicated medical liaison officer;
9. Access to pharmacy services (e.g. prescriptions for drugs, medicines and appliances).

#### **APPENDIX 3 – Testimonies of trauma and ill health.**

The natural mothers testify to real physical damage stemming from these institutions.

“I was set upon and raped at a party and when I got pregnant I was sent to Bessborough. We didn’t even know what sex was in those days. I was in labour for



days in the mother and baby home and then when the blood showed they couldn't control it I had to be sent urgently to St Finbar's hospital for a blood transfusion. When I walked out of that place I was a completely broken person and I was in shock for eight months after. The stress has brought a lot on me. I have Rheumatoid Arthritis and no one else in my family has ever had this.

I've had five back operations, both hands and my neck were done as well as my two knees and I am taking nerve blocking injections for pain in my shoulder. I believe this is happening to me because of the stressful experiences I have had experienced in Bessborough and the flashbacks" (Natural mother).

"For my experience I suffered severe shock after the birth being deprived of any kind of medical assistance I have also suffered depression and to this day have continual kidney problems. I still suffer flash backs as a result of all this, bearing in mind I was only seventeen and am now seventy one. I also have bowel problems which I attribute to Sean Ross we had to have continuous enemas before our baby's birth. I know I already told you when I started labour I was put in a room on my own and to this day have no recollection of the birth this was 9<sup>th</sup> of Feb. my Son said his birth cert. says 11<sup>th</sup> Feb. which means two days without any knowledge of what happened. My G.P. verified that I went into severe shock stopping my menstrual cycle for eight months." (Natural mother).

"Medical care is needed for such things as scarring and or gynaecological problems"<sup>158</sup>

Children (now adults) also testify to health issues from their stressful childhood experiences.

"I was born in the Clonakilty County home and stayed there for 5 years. I don't remember a whole lot, but I do have flashbacks...There was a mortuary in the County home. I went into the mortuary and saw dead people. I would be left wander off and find them. I was frightened to see the bodies. Looking back I don't feel we were looked after...I was boarded out to a family. The State paid a certain

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<sup>158</sup> Report on Facilitated Meeting with Former Residents of Mother and Baby Homes and County Homes and those affected by their experiences of them', Jim Halley, P18

amount of money to families who fostered kids from the Home and you were brought out to farm the land...I was there strictly to work.

Every day I sowed potatoes, corn, hay and went to the bog to cut turf. I was only six or seven years old. I was working too young and exhausted as a child. I was boarded out three times and when I was in a home owned by St Vincent de Paul's I was sexually abused by Mr XXX who ran the place. I have a lot of health issues, which have been attributed to when I was very young. These issues were not taken care of and now I'm suffering from high blood pressure and heart problems as well as diabetes. I have been on anti-depression table for the last 25 years. We didn't have any children because of a botched circumcision job and I also got the mumps which was untreated and I believe these things affected my ability to have children and I blame the State for all this."(Male survivor)

"Our survivors battle cardiac disease, cancer, kidney disease, mobility problems – lack of bone strength – osteoporosis, breathing difficulties – COPD – perhaps exposure to harsh climate in early years and susceptibility to colds/flu without medical treatment which impacted negatively on lungs and lung function causing irreparable damage. Neglect in the home which produced rickets and skin ailments in the children can have a damaging life- long effect – including to bones, eyesight, etc. and they may continue to suffer today due to such neglect in early years. Lack of nourishment in diet and a type of starvation too can have long term physical and mental effects – osteo issues – bone formation, etc. and from a wellbeing perspective resulting in the psychological damage where the survivor cannot abide waste of food – and insists upon children/grandchildren eating their entire meal. Hearing loss / impairments appears to affect a significant number of survivors with many dependent on hearing aids in their latter years." (Children of Tuam Mother and Baby Home)<sup>159</sup>

"Many of our now elderly group of survivors suffer from hearing impairments, a substantial number – which is explained by one survivor who was older than others upon leaving. He explained the Nuns regularly pulled his ears. Many now wear hearing aids and we know the cost implication of those together with ensuring the

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<sup>159</sup> Tuam Home Survivors Network, email dated 22 Oct 2018

most non-invasive and effective technologies are available to survivors.” (Children of Tuam Mother and Baby Home)

“I recently got my records from TUSLA and in it were my medical cards which showed I had measles 4 times in St Patrick’s Navan road. I don’t know how I survived this place. I was so badly neglected with nappy rash that I had to go to St Kevin’s to be circumcised, then on top of this I was so neglected that I had become desensitised and the doctor recommended that I needed to be stimulated. This is so distressing for me to think when babies were being adopted in weeks that the doctor only signed me fit for adoption at two years of age...I believe I was just left there abandoned. I should have died in that place. I even remember having measles again after I left that place at 4 years old. This early childhood stress on me must have real long term health implications for me and my family. I’m middle aged now and I want to live a long and healthy life if I can and enjoy my children.” (Male survivor)

#### **APPENDIX 4 – Access to health supports abroad.**

Experience to date and an alternative approach.

##### **USA**

In the USA the Federal Medicare Service covers only 80% of out-of-pocket expenses for health services. However people can buy the additional 20% top-up private insurance cover known as “Medi-Cap” which covers the shortfall.

We know that Magdalene Laundry survivors living in the USA received the RWRCI medical Card, this piece of plastic they receive in the post can only be used by traveling to Ireland. This medical card therefore does not cover the 20% shortfall. So they received the card but it has no value in the USA.

We understand that these survivors have to submit receipts for equivalent health care services and claim reimbursement from the Irish government. We believe that putting elderly women to the bother of keeping receipts, photocopying them, writing to the HSE, waiting for a cheque in the post, lodging that cheque after

paying a fee to have it converted from Euros to UK Sterling or US Dollars is too complicated and unnecessarily burdensome.

“..although the US government says it wants senior citizens to remain healthy, neither medicare nor supplemental insurance pays for hearing tests or hearing aids, eye exams nor glasses, nor does it pay for dental hygiene or any dental issues. In essence if you are elderly and you can’t see to prepare healthy meals which you can’t eat and you can’t hear the fire alarm in your home when you burn the dinner that you can’t see that is perfectly fine with the government.” (Survivor in USA)

“Medicare pays 80% but every month Medicare takes \$183.00 from my meagre old age pension to fund that 80%. In addition I pay \$20 for my prescriptions which include my PTSD medication. I also have to have supplemental insurance to cover the 20% medicare won’t pay for. This insurance costs me \$207.00 a month, so my medical costs are a total of \$410.00 a month out of my pension. This is before I pay my mortgage, food or utilities.” (Survivor in USA)

There are several insurance companies in the USA tailored for specific health needs (e.g. eye dentistry, hearing etc.). This means that for multiple cases of illness a survivors may have he/she has to pay up front and then go to the bother of reclaiming from the HSE in Ireland.

In addition, the cost of health cover is prohibitive for many. For women on a limited income, perhaps dependent on social security, this means there is a financial disincentive to seeking out the most basic of preventative health care because they are not able to pay the additional 20% (up front).

For these reasons we recommend that the State set up a ‘Health Fund’ in the USA out of which all survivors permanently resident in the USA receive a regular life-time Health Stipend, to cover the health costs of “Medi Cap” and other services not covered by Medi Cap and Medicare. This payment mechanism will ensure privacy, self-autonomy and simplicity for the survivor.

### **Survivors living in the United Kingdom and other countries.**

In the UK not all health needs of survivors are covered by the NHS<sup>160</sup> and many services have long waiting lists or may not be provided in certain areas of the UK (e.g. eye tests, podiatry, chiropody, physiotherapy etc.). Also for certain cancers there might be new treatments available privately that are licensed in the UK but haven't yet been approved for use on the NHS.

For this reason we would recommend that survivors in the UK and other countries have access to a Health Stipend to allow them to purchase top-up health cover (above public services) that would give them access to health services equivalent to private services provided in Ireland under a comprehensive medical card.

### **APPENDIX 5 – Basis for health and screening recommendations.**

In arriving at this set of recommendations our key sources of influence are the testimony from members of the health and wellness sub-committee and the testimony of Mother & Child Institutions (see Appendix 6 below) facilitated meetings in 2017. We have also drawn on data available from the NHS Health Check study, private health organisations, and the Clann Report 2018.

Because of the acute sensitivity by many former survivors as to the past, the option of availing such screening in a local public hospital is not feasible. Privacy is paramount in this regard and access to private healthcare at a venue of their choice essential.

The benefit of health assessments and screening are well recognised. They detect and prevent illnesses and thereby improve life expectancy and wellbeing.

The key benefits of private health assessments are:

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<sup>160</sup> WHAT CONDITIONS AND TREATMENTS AREN'T COVERED ON THE NHS – AND HOW MUCH DO THEY COST?  
[HTTPS://WWW.TELEGRAPH.CO.UK/MONEY/CONSUMER-AFFAIRS/CONDITIONS-TREATMENTS-AREN'T-COVERED-NHS-MUCH-DO-COST/](https://www.telegraph.co.uk/money/consumer-affairs/conditions-treatments-arent-covered-nhs-much-do-cost/)

- It would enable survivors to get quick health screening/assessments without having to go on waiting lists in public hospitals (in Ireland and overseas). This is a major benefit of private health provision;
- It would help older survivors who are concerned about illnesses later in life. They can have their entire health assessed and then appropriate medical treatments can be caught on time. This will make their remaining lives more comfortable and perhaps even avoid dying younger than is normal;
- Provides medical health information to vaccine trial survivors and those who do not know their biological medical history;
- For overseas survivors where there are no public screening services or screening is exorbitantly expensive this will give them the same entitlement to survivors in Ireland. For example Magdalene Laundries survivors in USA cannot use the RWRCI medical card there but have to travel back to Ireland. We consider this to be discriminatory;
- It would give survivors autonomy and the freedom to choose their own health provider. This would give privacy to many survivors who still hold secrets about their past and suffer the stigma of being in institutions or giving birth outside marriage.

The results of a study into the NHS Health Check by Open Access Research<sup>161</sup> in the UK revealed the following outcomes for the presence of additional diseases (new comorbidity):

- new cases of hypertension was 1 case in every 27 checks;
- new cases of diabetes was 1 in 110 checks;
- new cases of chronic kidney disease (CKD) 1 in every 265.

In addition to the above:

- risk factors such as raised blood pressure, raised sugar levels and obesity requiring further follow up were recorded in more than 1 in 5 attendees;
- 1 in 20 attendees resulted in recurrent statin prescription;
- 1 in 25 attendances resulted in recurrent antihypertensive prescription;

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<sup>161</sup> <https://www.healthcheck.nhs.uk/document.php?o=1293> 'Emerging evidence on the NHS Health Check: findings and recommendations'

- For those at the higher CVD risk 19.3% were prescribed recurrent statins and 8.8% were prescribed recurrent antihypertensive prescription therapy.

Identifying the above results from health checks enables appropriate treatment and prescriptions to be provided early.

We found that in the UK in 2009 an NHS health screening programme was offered to certain people and over a 4 year period 12.8% of the 1.6m offered attended a screening<sup>162</sup>. It is important to note from this, that not everyone will want to take up an offer of a health assessment (therefore less costly for the state), but for survivors who are concerned and worried about what is lurking inside them or are worried about lack of family medical history we would strongly recommend that we give them this choice of getting checked if they so wish.

“The trial sheets recorded a range of reactions to the products. These included vomiting...excessive regurgitation...stool colour (yellow, grass green, olive green...”<sup>163</sup>

“One survivor had just completed breast cancer treatment and stated that knowing her family history was important to her treatment and for predicting whether her daughter would be at risk”<sup>164</sup>

## **APPENDIX 6 – Testimonials relevant to health screening.**

‘I was fine in my early years but it was only later in life that I went onto anti-depressant tablets’ (Elderly male survivor).

“Two weeks ago I paid €200 for private consultation with a kidney problem...now my next trip to Dr XXX for my bladder to be scraped could cost up to \$800 and I don’t have much in my pension”. (Natural mother)

“I had to see the Doctor the reason being from the time I had given birth I had no menstrual cycle, the Doctors opinion that I had such a severe shock to the system.

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<sup>162</sup> <https://bmjopen.bmj.com/content/bmjopen/6/1/e008840.full.pdf> : ‘The NHS Health Check in England: an evaluation of the first 4 years’ Open Access Research

<sup>163</sup> Clann: Ireland’s Unmarried Mothers and their Children: Gathering the data’ Hogan Lovells 2018, Vaccine Trials P70 para 2.29.

<sup>164</sup> Facilitated Meeting Report by Jim Halley P9 – Aug 2017

I went into labour....I have no memory of it...they gave me no painkillers...with regard to my kidney specialist...I do have a medical card, but my GP reckoned it could take two years before I could get a public appointment” (Natural mother)

‘I had to be tested for a genetic condition known as familial hypercholesterolemia after tracing my father, who had died young of a heart attack in his 50s..it was so upsetting for me to find he had died when I finally traced him and his family, but I don’t know anything about my mother’s family medical history who knows what I have on that side’ (Male survivor).

“My doctor recently asked me for my family medical history, which I obviously don’t know. I was struck by the fact that I have no idea what could be lurking around the corner for me...this is causing me anxiety, not only for me but for my own daughter”<sup>165</sup>

Health assessments should also include tests for genetic illnesses and disorders.

“My father was African so I could be a carrier of sickle cell anaemia. I don’t think I have it thank god but it’s common in people of African descent. I could be a carrier and pass it on to my children so people of mixed parents may very well need or want this checked out if they don’t know their biological families.”(Mixed race survivor)

‘Haemoglobinopathies occur throughout the world. The commonest, sickle cell disease, occurs in black Africans, the Caribbean, parts of the Middle East and some parts of Asia. Thalassaemia is common in parts of Mediterranean Europe and SE Asia. Children from these areas and those where the racial origin of biological parents is unclear should be tested. Detection of the homozygous state is important for the medical management and health prognosis of the child, while being aware that the child is a carrier of a haemoglobinopathy is important for the child’s future.

Haemoglobinopathy screening should include full blood count and ferritin as well as a request for haemoglobin electrophoresis’<sup>166</sup>

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<sup>165</sup> Clann: Ireland’s Unmarried Mothers and their Children: Gathering the data’ Hogan Lovells 2018, Medical Records P102 para 2.29

<sup>166</sup> Health Screening of Children Adopted from Abroad’, BAAF Adoption and Fostering Practice note 46 [https://www.actionforchildren.org.uk/media/5772/baaf\\_health\\_screening.pdf](https://www.actionforchildren.org.uk/media/5772/baaf_health_screening.pdf)



“it is a massive issue and one that needs addressing not least due to the fact that survivors are unable to access medical records related to their parents. Hence hereditary diseases, are not detectable early and we all know that in many cases makes the difference between survival and death or worse, existence with no quality of life.”(children of Tuam mother and Child Institution)<sup>167</sup>

### **Screening for DNA to support verification and recording of identity and genealogy:**

This screening service could be done as part of an overall screening by a medical practitioner or specialist when screening blood for genetic illnesses. They could also keep this test for subsequent DNA testing. The purpose of this is as follows:

1. To add to family medical history for children and grandchildren. Mothers who were separated from their children may wish to build up a repository of their medical records/history as well as DNA data on any genetic illnesses. This could be given as a gift to any adopted child or grandchild who may later want to trace their mother and who may want to know their medical history/heritage. A doctor will need to be advised that someone wishes their medical records to be deposited in a repository. Where and how this repository would be maintained would need to be further researched, perhaps as part of the history and memorial repositories or centre for Institutional legacies. Mothers would also have to be assured that this information would not lead to contact if they do not wish to be contacted by their child but simply want to pass on the information.

“I don’t know any mother who wouldn’t want to give their child information about their medical history. We should try to facilitate this if we can” (Natural mother).

2. To act as evidence in proving paternity. Many children who were born outside marriage in Ireland (both non-adopted and adopted), do not have their father’s name on their original birth certificate and records at the Registry Office. The section for fathers name on the birth certificate/entry is blank. For those who know their father and wish to have this recorded on

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<sup>167</sup> Tuam Home Survivors Network, email dated 21 Oct 2018

their birth records at the Registry office they must go through a legal/court process to make a subsequent birth re-registration and obtain DNA evidence of paternity. This is an important issue for the dignity and the identity of a person who wants to ensure his/her descendants know the paternal line. Having a blank on a birth certificate is often a distressing reminder of one's former "illegitimacy" status in Ireland. The State should facilitate and pay for this process including any legal/court fees necessary.

"It took me years but I did find my father and his family eventually, but I want his name on my birth certificate. I may one day want to take his surname. This is hugely important for me and my children, so they know who they are" (Male survivor)

## **APPENDIX 7 – Canadian and Australian survivor organisations.**

### **A. Canadian organisations:**

#### **1. Inuvialuit Regional Corporation (runs the Resolution Health Support Program)**

Established in 1984 to manage the settlement outlined in the Inuvialuit Final Agreement (IFA), Inuvialuit Regional Corporation (IRC) represents the collective Inuvialuit interests in dealings with governments. IRC's goal is to continually improve the economic, social and cultural well-being of the Inuvialuit through implementation of the IFA.

Inuvialuit beneficiaries directly control IRC and its subsidiaries through a democratic process of elected directors from each of the six Community Corporations.

Over 180 employees, both full-time and casual, work for IRC. Inuvialuit beneficiaries currently make up over 80 per cent of IRC and Inuvialuit Development Corporation (IDC) staff positions, including those at the senior divisional management level. Both corporations are committed to increasing the per cent of employed beneficiaries throughout all levels of the organization. A broad range of external and internal staff training, internship and advancement opportunities are available to beneficiaries to help reach this goal.

## **Resolution Health Support Program.**

The Resolution Health Support Program (RHSP) provides mental health and emotional support services to former residential school students and their families. The program continues to be implemented by the Community Development Division in the Inuvialuit Settlement Region (ISR).

(<http://www.irc.inuvialuit.com/program/resolution-health-support-program>)

RHSP educates and empowers survivors and intergenerational survivors to take the lead in their lives. RHSP staff develop and deliver workshops in the Beaufort Delta Region that help individuals look at the many different traumas of residential school and tools in their surroundings and daily lives to move forward one day at a time.

Cultural Support Workers (CSW's) are located in each community – Ulukhaktok, Sachs Harbour, Paulatuk, Tuktoyaktuk, Aklavik and Inuvik – to give frontline support or referral to the RHSP. What RHSP can do for survivors:

- Provide frontline emotional support for former students and their families;
- Provide Workshops in your community, leaving you to empower each other;
- Attend Independent Assessment Process (IAP) hearings;
- Provide referrals to lawyers for additional assistance with IAP claim;
- Provide referrals to either in-house counsellors or other Health Canada counsellors traveling to Inuvik and surrounding communities;
- Assist with other residential school programs that come forth by Health Canada Each Inuvialuit community, including [Aklavik](#), [Inuvik](#), [Paulatuk](#), [Sachs Harbour](#), [Tuktoyaktuk](#) and [Ulukhaktok](#), has a Community Corporation which is made up of six elected directors and one chair. Through these corporations, eligible Inuvialuit beneficiaries directly control Inuvialuit Regional Corporation (IRC) and its subsidiaries.

The goals and objectives of the Community Corporations include:

- Setting the criteria for membership in accordance with the applicable provisions of the Inuvialuit Final Agreement;
- Identifying Inuvialuit who qualify to be active members of the corporation;
- Identifying Inuvialuit who qualify to be honorary members of the corporation;
- Regulating matters of local concern to the members of the corporation;

- Participating as a member of (and together with the other Community Corporations) IRC;
- Exercising control over any development activity on Inuvialuit land approved by Inuvialuit Land Administration or IRC;
- Receiving and distributing funding from all sources for community purposes;
- Establishing the [Inuvialuit Community Corporation Hunters and Trappers Committees \(HTCs\)](#) and determine the qualifications for membership.

## **2. The National Indigenous Survivors of Child Welfare Network.**

The National Indigenous Survivors of Child Welfare Network is a coalition of Indigenous people (Métis, First Nation and Inuit) and organizations which provide leadership, support and advocacy for Indigenous people affected by Indigenous Child Removal Systems in Canada – regardless of where they reside.

The NISCW Network is a not-for-profit organization comprised of an Indigenous board of directors. Each director has their own story of being apprehended by social services, being torn from their communities and families and placed in a non-Indigenous environment. The board of directors exists to assist survivors and their families.

The Objective of this network is to provide a national forum for the members of the National Indigenous Survivors of Child Welfare Network where they are free to express their needs and concerns on behalf of Indigenous people affected by Indigenous Child Removal Systems in Canada.

This group of Indigenous adopted people recognise the need to create a forum for other survivors – those that experienced foster care and inter-cultural adoption due to forced child welfare removal policy and practices during the era known as Sixties Scoop. Since 2013, the NISCW Network has been involved in a number of initiatives, focusing on issues related to Indigenous Child Welfare reform both past and present. They have facilitated gatherings for survivors, organized rallies, ordered calls to action and advocated for our survivors.

### **3. National Centre for Truth and Reconciliation.**

A shared vision held by those affected by Indian residential schools was to create a place of learning and dialogue where the truths of their experiences were honoured and kept safe for future generations.

They wanted their families, communities and all of Canada to learn from these hard lessons so they would not be repeated. They wanted to share the wisdom of the Elders and Traditional Knowledge Keepers on how to create just and peaceful relationships amongst diverse peoples. They knew that Reconciliation is not only about the past; it is about the future that all Canadians will forge together. This vision is the legacy gift to all of Canada.

As the permanent home for all statements, documents, and other materials gathered by the TRC the NCTR will ensure that:

- former students and their families have access to their own history;
- educators can share the Indian Residential School history with future generations of students;
- researchers can more deeply explore the Residential School experience;
- the public can access historical records and other materials to help foster reconciliation and healing; and
- the history and legacy of the residential school system are never forgotten

### **Background.**

For over 150 years, residential schools operated in Canada. Over 150,000 children attended these schools. Many never returned. Often underfunded and overcrowded, these schools were used as a tool of assimilation by the Canadian state and churches. Thousands of students suffered physical and sexual abuse. All suffered from loneliness and a longing to be home with their families. The damages inflicted by these schools continue to this day. In 2009, the Truth and Reconciliation Commission of Canada began

### **B Australian Support Organisations:**

## **1. 'Find & Connect'- support services and records.**

The Find & Connect web resource has been developed by a team of historians, archivists and social workers from the University of Melbourne and Australian Catholic University, with funding from the Australian Government. Its website is: <https://www.findandconnect.gov.au/>

All organisations connected with forced adoption, adoption and maternity homes were asked to centralise their records to one site. The Find & Connect web resource brings together historical resources relating to institutional 'care' in Australia and can be used to;

- read information about and view images of children's Homes;
- get help to find records about your childhood in 'care';
- connect with support groups and services in your State/territory

There is no personal information or private records on Find & Connect. This website contains only information that is already published and/or in the public domain, or information that stakeholders have agreed to place in the public domain to help those who experienced out-of-home 'care' access records. However, this website can help to locate and get access to personal records which may be kept by government departments or past providers of 'care'.

## **2. Origins.**

Origins is an organisation that has been in existence for over 23 years. It was founded in 1995 by a group of Mothers who lost children to past adoption practices basically from the 1950s through to the later periods right up to and beyond the 1980s. ([www.Originsnsw.com](http://www.Originsnsw.com))

Origins was formed to research the legal, historical and the social and psychological implications and side effects of adoption, such as, mental health disorders and other issues associated with child separation.

Their research also comprises other elements: foster care; institutional care; and Aboriginal child removal. Origins is an international organisation with branches in the USA, Canada, UK, Ireland, and NZ.

Origins has for many years had the opportunity at a representative national level to observe the issues of most aspects and effects of family separation.

Origins believes that as an organisation it was fortunate to be in a position to be able to do that due to its commitment to advocating and studying the effects of adoption and child removal, based over the past two decades Origins has contributed to many Senate and Parliamentary inquiries, departmental consultations, academic research projects and exhibitions to name a few, and our extensive library focused on adoption and child separation issues.

Origins SPSA Inc. is an unfunded organisation that relies on the memberships and donations of those that support adoption advocacy. It has not been funded by Federal, State or Church to promote adoption awareness and to the support the aims and objectives of Origins. They rely on those that believe in truth and justice for those affected by past practices, they have a large resource library that is considered to be a national asset that has enabled us to make Federal and State governments accountable for past unlawful practices.

- Provide frontline emotional support for former students and their families;
- Provide Workshops in your community, leaving you to empower each other;
- Attend Independent Assessment Process (IAP) hearings. Provide referrals to lawyers for additional assistance with IAP claim;
- Provide referrals to either in-house counsellors or other Health Canada counsellors traveling to Inuvik and surrounding communities;
- Assist with other residential school programs that come forth by Health Canada.

## Notes to Chapter 4

Archaeological surveys should be conducted by accredited archaeologists with experience in the identification of marginalised burials, under the direction of a public body. Their research should take into account the expansion of an institution including the introduction of pathways, new sewerage systems and building extensions. To support this process a register of licenced archaeologists by county should be established with the involvement of each County archaeologist. A survey once completed should form part of the planning record held by the local authority and publicly accessible.

Archaeological surveys should have full access to all historic and private maps, deeds and documentation for the site, including relevant photography held by the owner or religious congregation previously resident. Failure to comply or the wilful destruction of records should invalidate the planning application and incur significant monetary sanction.

\*Resources which help inform the living memorial material:

- Memorials and a national reflection day: Paul Redmond, September 2018.
- Proposal for a national monument and national history curriculum: Mary Harney
- The urge to remember: The role of memorials in social reconstruction and transitional justice: Judy Barsalou and Victoria Baxter.
- [Memorial museums: The global rush to commemorate atrocities: Paul Williams](#)